Master of Public Health

Integrative Learning Experience Report

RILEY COUNTY HEALTH DEPARTMENT: HISPANIC OUTREACH PROJECT

by

Melitza Rios Ramirez

MPH Candidate

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MASTER OF PUBLIC HEALTH

Graduate Committee:
Dr. Katie Heinrich
Dr. Emily Mailey
Dr. Mary McElroy

Public Health Agency Site:
Riley County Health Department
Manhattan, KS
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Site Preceptor:
Edward Kalas, MPH, RS

KANSAS STATE UNIVERSITY
Manhattan, Kansas

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Summary/Abstract

It has been predicted that by 2025, the Latino/Hispanic population in the United States will increase from 31 million to 59 million (Carillo et al., 2011). The Hispanic population has encountered several healthcare barriers regarding healthcare services, including language barriers for Spanish-speaking Hispanic patients (Hu et al., 2013). Having language barriers often leads to a lack of healthcare information, due to not being able to understand instructions, as well as miscommunication between the patient and provider (Hu et al., 2013). Patients with limited English proficiency (LEP) often delay seeing a healthcare provider, experience a lack of confidence and confusion when seeking healthcare services, and are often unaware of access of interpretation and of other services provided (Harari et al., 2008). These barriers to seeking healthcare services likely contribute to greater health disparities among the Hispanic population. The purpose of this project was to determine the needs, barriers to access, and awareness of services provided by the Riley County Health Department among the Spanish speaking community members of Riley County, KS.

Subject Keywords: Healthcare Barriers, Hispanics, Limited English Proficiency, Public Health, Spanish-speaking, Latino Health

Table of Contents

List of Figures

List of Tables

Chapter 1 - Literature Review

Health Literacy

Health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Manganello, 2008, p. 840). Health literacy is an increasing problem in minority populations such as the Hispanic population, of whom many do not comprehend or speak English (Zun et al., 2006). Individuals who cannot comprehend or speak English are known to have limited-English proficiency (LEP). LEP is defined as those who cannot speak, read, write, or understand English at a comfortable level that allows them to interact effectively with healthcare providers (Zun et al., 2006). It has been predicted that by 2025, the Hispanic population in the United States will increase from 31 million to 59 million (Carillo et al., 2011). There are various barriers the Hispanic population has encountered regarding healthcare services, such as the lack of access to healthcare information and knowledge of services in Spanish due to having low health literacy. Hispanic patients who speak Spanish face reduced access to healthcare, language barriers, negative cultural beliefs, and lack of cultural competence by healthcare providers (Cerososimo & Musi, 2011; Hu et al., 2013). Patients with limited English proficiency and low health literacy are often excluded from multiple healthcare programs and are treated unfairly in healthcare services (Zun et al., 2006). Having low health literacy can lead to a higher rate of hospitalization (Zun et al., 2006). In addition, having low health literacy can create greater health disparities among the Hispanic population.

Public Health’s Role

According to Rowlands (2012), health literacy has been a growing issue for public health and health promotion. Health literacy has public health implications because patients who lack health literacy have a difficult time completing medical forms, are not able to understand instructions for prescription medications, or have a difficult time comprehending provider instructions (Rowlands, 2012). Another concern for people who lack health literacy, especially during epidemic outbreaks such as the

current Coronavirus-19 disease, is that they would have limited participation in health education programs (Rowlands, 2012). Thus, they would not fully benefit from the media, campaigns, or educational programs due to their inability to read or comprehend the messages (Rowlands, 2012). Information about health, especially concerning COVID-19, needs to be understood nationally and made accessible to the Hispanic population due to their growing increase in numbers in the United States (Carillo et al., 2011).

Framework

In 2008, Mejia and colleagues proposed a conceptual framework for the receipt of oral health care among Hispanics in the United States. For this project, I have tailored their framework (see Figure 1-1.) to support health literacy in overall health care among Hispanics as it focuses on constructs that are part of the individual and their social environment (Mejia et al., 2008). The framework considers both antecedent and empowerment factors. Individual antecedent factors consist of risk markers such as Hispanic ancestry, age, sex, or marital status; predisposing factors (e.g., attitudes and beliefs towards oral health, perceived general health, prior dental care experience, or usual source of care); or need factors (e.g., pain, disease, or injury) (Mejia et al., 2008). The environmental antecedent factors consist of social constructs or the health culture of Hispanic subpopulations (Mejia et al., 2008). Empowerment factors at the individual level include enabling factors such as socioeconomic status, citizenship status, or health literacy knowledge (Mejia et al., 2008). Together the individual and environment antecedent factors influence the individual's intention to seek care, which is then influenced by environment empowerment factors including enabling social structures (e.g., family income, social support), geographical (e.g., characterization of region, accessibility, or distance from healthcare facilities), and the health care system (e.g., supply, availability, and quality of healthcare). These empowerment factors then determine the actual receipt of health care. The tailored conceptual framework in Figure 1-1. is helpful to identify key barriers for health care and determine how aware Hispanics are of the key antecedents including risk markers and predisposing factors.

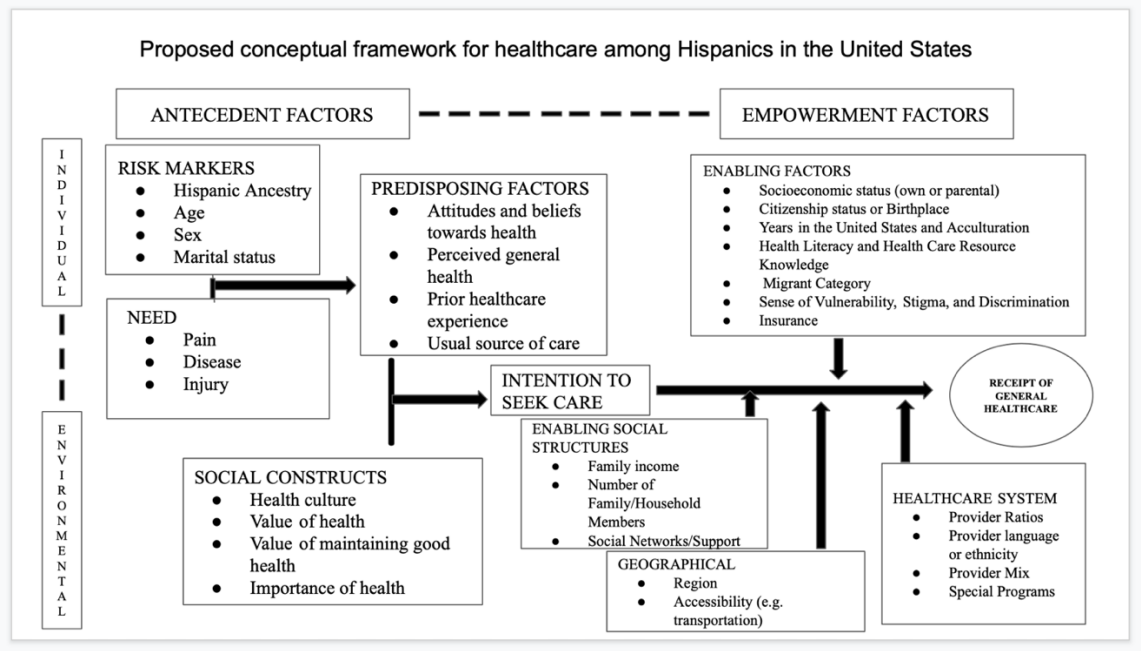

Figure 1-1. Proposed conceptual framework for healthcare among Hispanics in the United States

Language Barriers

Having language barriers often leads to a lack of healthcare information, not being able to understand instructions, and miscommunication between the patient and provider (Hu et al., 2013). Among Spanish speaking patients, language is the most important factor for effective communication between patients and physicians (Hu et al., 2013). Patients with LEP often delay seeking health care, lack confidence and experience more confusion when care is brought up, and are unaware of availability of the interpretation and services provided (Harari et al., 2008). Delays to seeking healthcare contribute to greater health disparities among the Hispanic population (Harari et al., 2008). Language barriers can also affect the quality of health care resulting in increased length of hospital stays, risks of infections, surgical delays, and chances of readmission due to having a miscommunication about how to manage a chronic disease (Showstack et al., 2019).

Hispanic Population in Kansas

In the state of Kansas, the Hispanic/Latino population has grown rapidly over the past 20 years and is continuing to increase (Showstack et al., 2019). In western Kansas, Hispanics/Latinos individuals make up more than 50% of the population (Showstack et al., 2019). Hispanic refers to having connections with Spain and Spanish culture and tradition, whereas being Latino refers to "the way that Latin Americans are connected to one another via their common history of colonization" (Anwar, 2014). For example, a person from Spain would be Hispanic but not Latino because Spain is a Spanish speaking country (Anwar, 2014). Brazilians would be considered Latinos but not Hispanic since their native language is Portuguese and not Spanish (Anwar, 2014). According to Chesser and colleagues (2016), 15.7% of Hispanics in Kansas have low health literacy. Latinos in Kansas also appear to have a low rate of health literacy (Showstack et al., 2019). In fact, Latinos have the lowest health literacy rates of any race/ethnic group in the United States (Showstack et al., 2019).

Previous literature has shown that Hispanics are more prone to get chronic diseases such as heart disease, cancer, and high blood pressure (Velasco-Mondragon et al., 2016). Hispanic health outcomes for these chronic diseases in Kansas have been poor and keep trending lower (Showstack et al., 2019). Kansas patients who only speak Spanish have experienced worse health outcomes compared to those who are bilingual and speak both English and Spanish (Showstack et al., 2019). In addition, the Hispanic/Latino population in Kansas lacks high quality certified interpreters or access to health care providers who are knowledgeable about their cultural practices (Showstack et al., 2019). Kansas does not ensure equitable care for LEP patients, yet health disparities among the Kansas Hispanic/Latino population can be reduced by improving language access (Showstack et al., 2019).

Manhattan, KS Spanish Speaking Population

According to the United States Census Bureau (2019), the Manhattan, Kansas population is comprised of about 7% Hispanics and 82.5% Caucasians, thus the city has a small population of Hispanics and is not very ethnically diverse. At Kansas State University (KSU), a key institution within the Manhattan, Kansas community, 7.6% of the

15,639 undergraduates enrolled in 2020 were Hispanic. Although a small part of the population, those with LEP may find it hard to find health care interpreters with language access services. As an intern for the Riley County Health Department's Hispanic Outreach team, I helped create, distribute, and analyze responses to a survey distributed to the Spanish-speaking/LEP population within Riley County to determine their needs, barriers to access, and awareness of health department-related services.

Chapter 2 - Learning Objectives and Project Description

The purpose of my Applied Practice Experience (APE) was to develop a more thorough understanding of the Spanish-speaking/ LEP population in Riley County to determine their needs, barriers to access, and awareness of health department-related services as well as other essential services. That purpose was addressed through the following learning objectives.

Learning Objectives and Expectations

- Identify evidence-based practices for effective communication with Spanish speaking / LEP populations (journal articles, contacting other health departments).
- Use survey data and evidence-based practices to develop recommendations for Riley County Health Department to improve communication with LEP populations.
- Determine healthcare needs and barriers regarding the Spanish speaking/ LEP population in Riley County.

Riley County Health Department Experience

I spent my Applied Practical Experience (APE) as part of the Riley County Health Department (RCHD) Hispanic Outreach team in Manhattan, Kansas. RCHD's mission is "To promote and protect the health and safety of our community through evidence-based practices, prevention, and education" (Riley County Health Department, n.d.). This was the inaugural year of the Hispanic Outreach Team at RCHD. My preceptor for the project was Mr. Edward Kalas, who was the health educator and the accreditation coordinator for RCHD. He has a Masters in Public Health, as well as a Registered Sanitarian credential. He helped mentor and guide this project to better support the Spanish speaking residents in Riley County. Mr. Kalas helped initiate this public health work focused on an underserved population. The main project was to develop, distribute, and analyze a survey that asked questions about the needs, barriers, attitudes, awareness of RCHD services, and the use of RCHD services and past

experiences by Hispanics with LEP. Our goal was to identify key barriers and provide recommendations to the RCHD for addressing the identified barriers.

Initial team meetings with Mr. Kalas were in person but gradually took place by Zoom (Zoom Video Communications, Inc.; San Jose, CA) due to the COVID-19 pandemic. We met every Monday morning for an hour and meetings consisted of updates, survey planning, and future steps for our product. My team members and I also met via Zoom to discuss the survey and goals more in-depth. Originally there were three members for this project but only two of us worked on the project for the full duration of the APE.

Products

The products for this internship included two surveys, a presentation that was given to the RCHD, as well as a survey report. My team and I created two surveys, a Spanish survey and a second survey for members of the health coalitions to fill out to inform us of their experiences with Spanish speaking/LEP patients, barriers, needs, and suggestions for improvement. Both surveys were created using Qualtrics (Qualtrics, Inc.; Provo, UT). However, prior to creating the surveys, my team and I wrote a list of tasks to help guide us. Our tasks included developing survey questions, evaluating Riley County resources, contacting different Kansas health departments, submitting the survey for human subjects approval through the Kansas State University (KSU) Institutional Review Board (IRB), posting about the survey on different social media platforms (e.g., Nuestra Salud Facebook page, Instagram, and the USD 383 local school district communications newsletter website), creating flyers about the survey and posting them locally (e.g. KSU campus common areas such as the Union, Hale Library, Ahearn Fieldhouse, and Engineering Building, local grocery store for Hispanics called La Estrella, and Hispanic restaurants such as Gordo's, El Patron, and Antojitos Taco Truck), analyzing survey results, and developing a presentation of the survey results including recommendations for improvements.

Process

First, we used evidence-based background information for the IRB application and also used evidence-based background information to help us formulate survey questions. I called over 20 health departments in Kansas to see what services they offered to their Spanish speaking patients. I also asked if they offered their information in Spanish. I learned that Southwest Kansas such as the Finney County Health Department in Garden City, KS provided more information in Spanish on the radio, made all printed and digital materials available in Spanish, distributed flyers and posters at local Hispanic businesses, and also provided Spanish health information at fiesta parades and cultural festivals. In contrast, other health departments such as Johnson County, Butler County, and Reno County, did not know whether or not information or services were provided in Spanish.

Once we received approval from the KSU IRB (approval #10213), the next task was to present our project goal to the Flint Hills Wellness Coalition in Riley. We presented this during a board meeting via Zoom. We received positive feedback from different health coalition members who seemed excited to see the results.

The next step was to start developing the survey. The survey was made in English first and was then translated into Spanish. This process took about a month. We created flyers to post at local Spanish speaking common areas. I posted flyers at a local store called, “La Estrella.” I also posted them with permission at Gordo’s restaurant, El Patron, Antojitos Taco Truck, and other common areas students used on the KSU campus. I also sent the flyers via email to Spanish speaking professors at KSU as well as the USD 383 local school district communications director to help promote the survey to Spanish speaking parents. It was challenging to get responses for the survey at the beginning. We offered a $50 gift card as an incentive to help increase our response rate. After offering this incentive, we received a small increase in responses.

The online survey was open for a total of eight weeks. The survey contained questions over each participant’s demographic information, ways they obtained healthcare and health information, awareness of RCHD programs, improving connections with the RCHD, barriers to accessing RCHD programs and services, and other healthcare barriers.

Participants

Inclusion criteria required participants to be Riley County residents, identify as Hispanic, and have LEP. Exclusion criteria were participants who were not Riley County residents and did not identify as Hispanic.

Additional Products Developed

Another product of my APE was translating health promoting COVID-19 posters developed by KSU MPH students from English to Spanish. These posters contained information regarding COVID-19 and public health that were then shared online. I helped translate the posters into Spanish in order to help communicate the information to Spanish speaking people in Kansas. These posters were shared on social media as well as emailed to individuals who wanted to share them with their communities. These posters can be accessed at this link: https://www.k-state.edu/mphealth/Student%20Posters.html

After the survey data were collected and analyzed, we created and gave a presentation to the Manhattan health coalition via Zoom. This presentation product provided an overview of survey responses including participant demographics, awareness of the RCHD programs, relationship with the RCHD, and the barriers to seeking healthcare. I also helped develop an infographic summarizing the same information which was also shared during our presentation to the health coalition.

Chapter 3 - Results

Survey Response Rate

As shown in Figure 3-1., there were 52 individuals who clicked on the survey link, of which 11 individuals did not access the survey. This left 41 individuals who started the survey. Of the 41 individuals that started the survey, 11 only completed the demographic questions. Of the 30 individuals still continuing the survey, 14 individuals dropped out prior to the RCHD services questions, leaving 16 individuals who completed the entire survey. Of the 41 individuals who provided demographic information, the largest group (n=23) of respondents were originally from Mexico, followed by Paraguay (n=7), and Puerto Rico (n=3). The average time it took to complete the entire survey was 22.5 minutes; the shortest time was five minutes and the longest was 80 minutes.

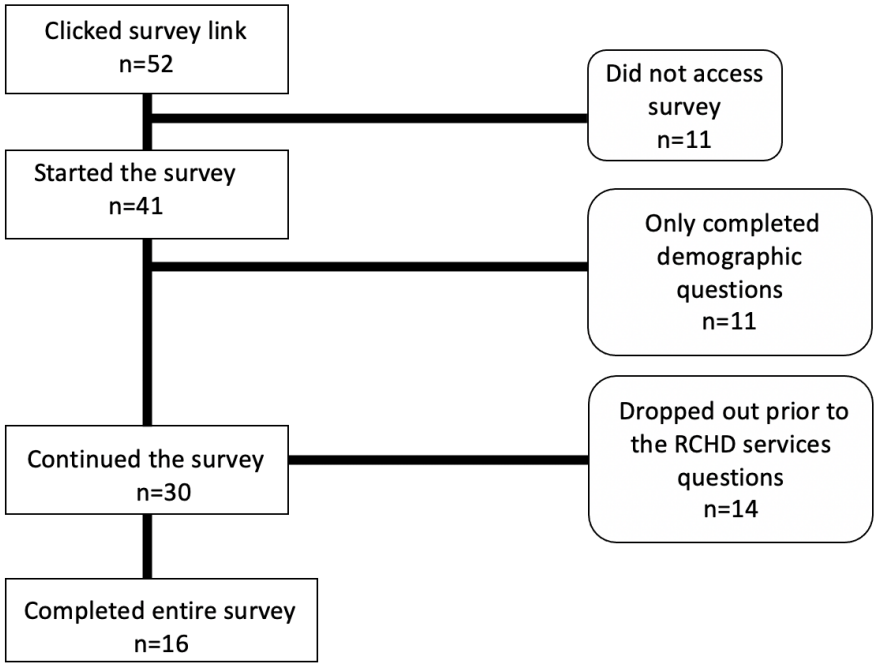

Figure 3-1. Flow diagram showing participant survey engagement.

Participant Characteristics

Most survey respondents were females (75.6%, n = 31); 61% (n = 25) of participants identified as Hispanic, 34.1%, (n = 14) as White Hispanics, and 4.9% (n = 2) were Afro Hispanic. All 41 respondents indicated their most comfortable language to speak, for which 58.5% (n = 24) were most comfortable with both English and Spanish languages and 36.6% (n = 15) were most comfortable with Spanish. Almost 29.3% (n = 12) of participants had received a bachelor's degree while 26.8% (n = 11) had only taken some university classes. Twenty-one participants (53.8%) were students. For employment status, 63.4% (n = 26) were currently employed, whereas 37.5% (n = 15) were not currently employed, although 11 of those participants were students. About half of the respondents 48.8% (n = 20) had health insurance, while 51.2% (n = 21) did not. Of those who had health insurance, 26.8% (n = 11) used their employers' health insurance to pay for most of their medical care and 12.2% (n = 5) purchased their own health insurance.

Participant Survey Responses

We also asked participants where they received their health information and the largest number of participants received their health information from a doctor or health professional (22.1%, n = 15), followed by the internet (20.6%, n = 14), their health department (14.7%, n= 10), and their family or friends (14.7%, n = 10). Participants' least preferred methods of receiving health information were from word of mouth (21.9%, n = 14), bulletin boards (20.3%, n = 13), or from calling someone on the phone (14.1%, n = 9). Some participants preferred to receive health information through email (34%, n = 19), whereas 14.3% (n = 8) of participants preferred text messaging. Most participants reported not knowing what services the RCHD offered (80%, n = 24), although 20% (n = 6) did know what services the RCHD offered. Most participants agreed that they would use RCHD services in the future. Their answers as to why they would utilize the services offered by RCHD are explained in Table 3-1. We also asked participants about ways they would be more connected to the RCHD and their responses are available in Table 3-2.

Table 3-1. Participants' written responses on their intention to utilize health department services again.

Would you utilize RCHD services again?

Respondents' answers in Spanish	Respondents' answers translated to English
"Si, por que no tengo a donde mas ir."	Yes, because I don't have any other place I can go to.
"Bueno y economico servicio"	It's good and service is economically friendly
"Fue rapida y eficiente"	It is fast and efficient
"Si, affordable and good"	Yes, affordable and good
"Sí, son muy amables, excepto el dentista, la atención es horrenda."	Yes, they are friendly, except the dentist, they have horrible attention.

Table 3-2. Participants' written responses on how to be better connected to services offered at the health department.

What are ways that can potentially help connect you to the RCHD?

Respondents' answers in Spanish	Respondents' answers translated to English
"Obtener information clara precise y rapida"	Receive information that is precise, clear, and fast
"Visitando sitio web, investigando sobre servicios, contactando por telefono, y, en su caso, en persona."	Visiting a website, researching services, contacting via telephone, and in person.
"promocionarlo mas"	Promote more

“Más información en español sobre los servicios”	More information about services in Spanish.
“NO USANDO ABREVIATURAS”	Not using abbreviations

As mentioned previously, from this point of the survey on, the RCHD-specific questions were only completed by 16 participants. Among the 16 participants who finished the survey completely, the age average was 29.4 ± 11.0 years old, 13 were women and 3 were men, and 8 were college students. The RCHD services that participants were most familiar with included vaccinations and dental care. The best ways to improve the relationship between the RCHD and the Hispanic community in Riley County included having more promotion of RCHD services around town, hosting virtual events, and providing more information in Spanish about services.

Participants were asked to select all that apply for, “Have you experienced any of the following barriers trying to seek healthcare services for you or your family from the RCHD?” The main barriers noted by survey participants, as shown in in Table 3-3., included lack of childcare options as one participant said, (“No tener opciones para el cuidado de niños”) (n = 3); Could not ask for time off from work due to fear of not getting paid or fear of getting fired, (“No poder pedir tiempo libre en el trabajo por miedo a pérdida de pago o pérdida de empleo”) (n = 1); participants chose “other” (n = 3) and stated their own barriers which included, “language barrier and I did not feel welcomed as one participant said, (“idiomas, malas caras;”) “lack of money as one participant said, (“dinero,”) and health insurance that did not cover medications or procedures as one participant said, (“Mi seguro medico no cobre todos los servicios.”) However, 10 participants did not report any barriers.

Table 3-3. Main barriers to accessing healthcare services in health department.

Barriers	# of people who selected response*	Respondents' answers in Spanish	Respondents' answers translated to English
Lack of childcare option	3	--	--
Lack of time	0	--	--
Could not ask for time off from work due to fear of not getting paid or fear of getting fired	1	--	--
Other (please explain)	3	1. "idiomas, malas caras" 2. "dinero" 3. "Mi seguro medico no cobre todos los servicios"	1. Language, lack of good service 2. Lack of money 3. Health insurance that didn't cover medications or procedures
None	10	--	--

**Note that participants could select all that apply.*

When asked to select all that apply for "Have you experienced any of the following barriers for trying to seek healthcare services for you or your family from the RCHD?

Participants were also asked to select all that apply for, "Have you experienced any of the following barriers trying to seek healthcare services for you or your family from the RCHD?" We asked the same question as in Table 3-3 but had different answer options. As shown in Table 3-4, the top barriers selected included "Provider did not

speak Spanish (and no interpreter was available), “El proveedor de servicios de salud no hablaba español (y no había un intérprete disponible) (n = 4); “the office was not accessible/welcoming and did not offer any information in Spanish, “La oficina no proveía información (como carteles y panfletos) en español (n =2);” “Office was not accessible or welcoming,” “La oficina no era accesible y/o afable/acogedora,” (n = 2) and “the provider did not show awareness/respect toward my culture,” “El proveedor no demostró conocimiento y/o respeto hacia mi cultura” (n = 1). However, 11 participants did not report any barriers.

Table 3-4. Participants’ barriers to accessing RCHD services.

Barriers	# of people who selected response*	Respondents’ answers in Spanish
Provider did not speak Spanish (and interpreter was available)	0	“El proveedor de servicios de salud no hablaba español (pero había un intérprete disponible)”
Provider did not speak Spanish (and no interpreter was available)	4	“El proveedor de servicios de salud no hablaba español (y no había un intérprete disponible)”
I could not feel like I can trust provider	0	“No sentí que podia confiar en el proveedor de servicios de salud.”
Office was not accessible or welcoming	2	“La oficina no era accesible y/o afable/acogedora”
Office was not accessible/welcoming and did not offer any information in Spanish	2	“La oficina no proveía información (como carteles y panfletos) en español”

Provider did not show awareness/respect toward my culture	1	“El proveedor no demostró conocimiento y/o respeto hacia mi cultura”
None	11	--

**Note participants could select all that apply and written responses for those who selected “other” are shown in Table 3-5.*

In response to, “Have you experienced any of the following barriers/challenges when seeking healthcare for yourself or a family member in Riley County? Please explain any of your answers above in as much detail as you are willing to provide. Do you have any suggestions for ways in which healthcare providers can improve your experience and access to care.,” participants’ responses (Table 3-5.) included, “Como una persona sin seguro no quiero acudir al doctor o a el departamento de salud por miedo a que el precio de la visita sea muy alta” meaning, “As a person with no health insurance, I have avoided going to see a doctor or visit the health department because I am afraid the prices would be too high.” Another response given in English included, “I personally haven’t had problems, however I have met several families who do not speak English and have a difficult time as not always a bilingual person is available to help them, so I have made calls for them.” Another response was, “Mayoritariamente los proveedores no hablan español, lo cual fue una inmensa barrera cuando vinieron mis padres (que no hablan inglés) al nacimiento de mi hija. Nadie de la sala de maternidad de Via Chisti sabía español. Los carteles en casi todos los servicios de salud parecen traducidos por Google translator, escasamente se entiende lo que quieren decir. Por culpa de ellos tengo que someterme a dos cirujías.” In English this response is “Majority of the time healthcare providers do not speak Spanish, which was a huge barrier when my parents came for the birth of my child who do not speak English. No one in the maternity department at Via Christi knew how to speak Spanish. Posters in mostly all heath service offices seem as if they have been translated using Google translator. It is Via Christi’s fault that I had two surgeries that were not needed.” More written responses are shown in Table 3-5.

Table 3-5. Participants' Written Responses to "Barriers Related to Accessing RCHD Services" to the questions above.

Respondents' answers in Spanish	Respondents' answers translated to English
"Como una persona sin seguro no quiero acudir al doctor o a el departamento de salud por miedo a que el precio de la visita sea muy alta"	As a person with no health insurance, I have avoided going to see a doctor or visit the health department because I am afraid the prices would be too high
Response given in English	I personally haven't had problems, however I have met several families who do not speak English and have a difficult time as not always a bilingual person is available to help them, so I have made calls for them
"Mayoritariamente los proveedores no hablan español, lo cual fue una inmensa barrera cuando vinieron mis padres (que no hablan inglés) al nacimiento de mi hija. NADIE de la sala de maternidad de Via Chisti sabía español. Los carteles en casi todos los servicios de salud parecen traducidos por Google translator, escasamente se entiende lo que quieren decir. Por culpa de ellos tengo que someterme a dos cirujías"	Majority of the time healthcare providers do not speak Spanish, which was a huge barrier when my parents came for the birth of my child who do not speak English. No one in the maternity department at Via Christi knew how to speak Spanish. Posters in mostly all heath service offices seem as if they have been translated using Google translator. It is Via Christi's fault that I had two surgeries that were not needed.
"Que ofrezcan más servicios en español"	Offer more services in Spanish
"Como una person sin seguro no quiero acudir al doctor o departamento de salud	As a person without health insurance, I don't want to go see a doctor or go to the

por miedo a que el precio de la vista sea muy alta”	health department due to fear of the cost being too high
“mas propaganda”	More information
“Yo hablo ingles y no necesito que el proveedor hable espanol. Sugerencia para dar servicio a quien no habla ingles: tener al menos a una persona bilingue y/o mantener un interprete disponible, tener materiales impresos en espanol, Si no hay interprete o servidor publico que hable espanol les recomiendo hablar claro y con ritmo (no rapido, no lento). Revisar el historial de la persona. El preguntar que idioma prefieres en la primer visita debe quedar claro para subsequentes visitas, al parecer no lo consideran.”	I speak English and I do not need the provider to speak Spanish. For someone that only speaks Spanish, there should be a bilingual person or have an interpreter available, have materials in Spanish, if there is no interpreter I recommend so speak clearly. Revise patent’s healthcare history carefully. If asking what language a patient is most comfortable with, the patient should have a person who speaks that language on the second visit.

Chapter 4 - Discussion

Overall Project

The goal of this project was to determine the needs, barriers to access, and awareness of services provided by the Riley County Health Department among the Spanish speaking/ LEP community members of Riley County, KS. A key survey finding was that a majority of respondents did not know what services the RCHD offered, yet they would like to use the services in the future. Survey respondents were most interested in the vaccinations and dental care programs in RCHD. Survey respondents stated that having more RCHD promotion around town, hosting virtual events, and providing more information in Spanish regarding services the RCHD offers would improve their connection with the health department. Of the six participants who had accessed RCHD healthcare services, key barriers included a lack of childcare options, having insufficient money or health insurance that failed to offer sufficient coverage, and the inability to ask for time off from work due to fear of not getting paid or of getting fired. Hispanics are less likely to be offered health insurance from employment, which also decreases the chances for them to access healthcare services (Weinick et al., 2004). This leads to them having to pay for medical expenses out of pocket when they lack adequate insurance for healthcare services, which can be costly. The Hispanic population lacks adequate healthcare, which is usually due to having disparities in use, availability, and quality of healthcare services being offered to them (Weinick et al., 2004). This was reflected in our survey results as a common barrier was not accessing healthcare services due to them not being offered in Spanish.

RCHD Survey Results

The main project for my APE was to develop, distribute, and analyze responses to a survey that asked questions about the needs, barriers, attitudes, awareness of RCHD services, and the use of RCHD services and past experiences by Hispanics with LEP. Our goal was to identify key barriers and provide recommendations to the RCHD for addressing the identified barriers. A key task of my APE was creating the Spanish survey which strengthened my research skills as I searched the research evidence for

survey questions that could be applied with this population. I was also able to expand my knowledge on the needs of Hispanic LEP individuals. Most health department informational materials are in English, which makes it difficult for Spanish speaking patients to understand health content. The Hispanic population also tends to have feelings of being discriminated in clinical settings (Mutchler et al., 2007). This prevents them from visiting the doctor's office.

Our survey results illustrate that the Hispanic population faces several healthcare barriers in Riley County, Kansas. Overall, those surveyed were mostly unaware of RCHD services. As mentioned above, the main barrier for those who did access the services was a language barrier as multiple participants explained in their answers that the RCHD did not make information available in Spanish or have bilingual employees who could help explain healthcare information for Spanish speaking patients. This agrees with previous research, finding language barriers as a commonly noted barrier in healthcare settings among LEP patients (Harari et al., 2008). This has led to further miscommunication in medical procedures (Showstack et al., 2019), or even extra surgeries as mentioned by one of our survey respondents.

Survey participants' written responses on their intention to utilize health department services again was also identified. Some responses included good experiences such as receiving service that is economically friendly. Responses to ways that can potentially help survey respondents get connected to the RCHD included providing information in Spanish regarding services, hosting virtual events, and RCHD promotion around town. It is clear that in addition to more marketing of available RCHD services, these healthcare barriers must be addressed in order to decrease the health disparities the Hispanic population faces.

Overall APE Experience

Overall, my experience with the RCHD allowed me to use the skills and knowledge I have gained through the MPH program at KSU. In particular, I learned how to strengthen my skills in evidence-based practice. Even though this was the first Hispanic Outreach project for RCHD, it was clear to me that this is a public health issue that needs further investigation. I learned that the Hispanic population in Manhattan KS

has encountered healthcare barriers. My applied experience helped me develop a better understanding of key aspects of this public health issue. As I read participants' survey responses, it was clear that there is work to be done with this population. My goal is to hopefully lower these healthcare barriers for this certain population by pursuing a career in health education with the Hispanic population. This experience strengthened my passion for Hispanic health, as well as strengthened my desire to help lower their healthcare disparities.

I enjoyed working closely with my partner, Sofia Scavones, as we worked hard together over the entire experience. This strengthened my teamwork and communication skills. We each worked on the same tasks and listened to each other's feedback on the survey and other materials that were completed. Mr. Kalas also allowed me to grow in a way where I needed to believe in my own ideas. He gave me the opportunity to be open minded and think about ways on how I could make a difference in the Hispanic community in Manhattan, KS. In addition, I used skills that I learned from my MPH classes in my APE. I am grateful for Mr. Kalas and the RCHD for allowing me to work on this first ever Hispanic Outreach project. It has allowed me to work harder towards my career goal, which is to be a certified health education specialist.

Strengths

Some strengths of this project included being cost-effective, targeting a sub population in Manhattan addressing a community health issue, and replicability. The project was cost-effective since it was an online survey and everything that was used was free except for the $50 gift card incentive. As this was the inaugural year for this project, it is a strength because the Hispanic population has encountered healthcare barriers which need to be addressed to better support them. Our survey helped address the main healthcare barriers faced by the Hispanic Spanish speakers living in Manhattan, KS. Lastly, this project is easily replicable as the survey can be modified to recruit more participants and discover additional healthcare barriers.

Limitations

Some limitations that were encountered during this project included dealing with the restrictions of COVID-19, the length of the Hispanic survey, a lack of incentives, and the vocabulary used in the Hispanic survey. Originally the plan was to meet in person with participants and fill out the survey for them as they verbalized their answers. However, due to COVID-19, we were not able to meet with individuals face to face as we had to follow the social distancing protocols. Due to this, the Hispanic survey was only offered online, which did not attract a lot of participants. An idea to recruit more participants would have been to make a booth outside a large store such as Walmart and talk to Hispanic LEP individuals about the survey. There was a lack of incentives when the survey was first administrated, and maybe giving an incentive from the start could have recruited more participants. We offered an incentive in the last two weeks when the survey was open. The length of the survey was another limitation because normally individuals are most likely to fill out short surveys, but this survey had 33 questions including several open-ended items. A shorter survey may have helped us obtain more responses. Some participants added a comment about the survey where they suggested for us to use simpler vocabulary such in ways to be more understandable. The survey contained more advanced vocabulary words; therefore, it would be helpful to decrease the reading level in order for it to be more understandable by participants. Finally, some survey participants did not report having any barriers which may be due to lack of knowledge about the healthcare services being offered at RCHD as most survey participants selected “No” when asked if they knew about what healthcare services the RCHD offers.

Conclusion & Future Directions

My recommendation is that the RCHD continue to have a Hispanic Outreach team as this population is underserved in our community. This team should create additional surveys to help gather information about barriers faced by more LEP Hispanic individuals, as we did not have enough time to widely distribute or modify the survey item wording. It is also important to provide more language services such as having both providers who speak Spanish, Spanish translators, as well as translated materials

to help the Hispanic LEP individuals with healthcare barriers as this is a community health problem in Manhattan, Kansas. Additional outreach is needed to inform LEP individuals about the services offered by RCHD. It would be more beneficial to get the healthcare coalition members involved by addressing the Hispanic population needs such as helping promote services in Spanish around Riley County in order to help decrease the healthcare disparity that the Hispanic population faces.

Future directions for future MPH students working on this project would also be to focus on the family dynamic aspect. This can be addressed by adding questions to the survey incorporating family culture. Hispanics are family oriented and like to do everything together collectively. In this generation, Hispanic parents tend to lean on their children for help translating and interpreting information for them, especially health information. Hispanic families know about every family member's health for this reason, which would help with also adding a question such as "Are you influenced by your family members' health care needs to seek services?" I would also suggest adding a question to better determine participant knowledge such as, "Here is a list of services the RCHD offers, which ones have you heard about?" Adjusting the language on the Hispanic survey to be at an 8th grade reading level would help to encourage more participants. Having participants take the survey in person and having the session to be recorded could also lead to identifying more healthcare barriers. Recommendations for the RCHD would be to provide health information in Spanish in order for the Hispanic population to be aware of what services are offered. In addition, the RCHD should institutionalize Hispanic health programs by adding a staff position in the department. This would attract more Hispanic individuals seeking healthcare services and help lower their disparities in accessing healthcare.

Chapter 5 - Competencies

Student Attainment of MPH Foundational Competencies

The summary of MPH foundational competencies are found in Table 5.1, which will be explained by the public health core knowledge areas (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences).

Table 5-1 Summary of MPH Foundational Competencies

Number and Competency		Description
3	Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	Analyzed qualitative data using Microsoft Excel from the Hispanic survey that was taken by Hispanic limited English proficient individuals. I also analyzed qualitative data through my research as part of the Functional Intensity Training (FIT) Lab. I analyzed supplement use among voluntary firefighters using Stata version 15.
7	Assess population needs, assets and capacities that affect communities' health	Assessing population needs through the Hispanic survey. This survey helped address population needs as our goal was to determine healthcare barriers, needs, attitudes, awareness of RCHD services, and the use of RCHD services and past experiences. MPH 720 and MPH 802 help address the communities' health in general.

19	Communicate audience-appropriate public health content both in writing and through oral presentation	Created a presentation about results of Hispanic survey for the health coalition meeting. This presentation focused on the survey results, including common themes in barriers, needs, awareness, and next steps. MPH 720 and MPH 818 have helped complete this competency by having me identify the causes of social and behavioral factors that affected the health of individuals and populations with specific emphasis on underserved populations.
20	Describe the importance of cultural competence in communicating public health content	Created an infographic and translated the COVID-19 posters demonstrating the importance of cultural competence in communicating public health content. The language was adjusted in the COVID-19 posters by making the information more understandable to Spanish speakers and limited English proficiency individuals. The infographic showed cultural competence by providing a concise summary of the Hispanic Outreach project. MPH 720 and MPH 818 help complete this competency by addressing cultural competency in our assignment presentations.
21	Perform effectively on interprofessional teams	My applied experience consisted of working with the Hispanic Outreach team. We attended meetings that allowed my team and I to collaborate and

		discuss ideas. The meetings also strengthened our communication and teamwork skills. In addition, my partner and I attended Manhattan, KS health coalition meetings to present our project methods and anticipated outcomes. MPH 720 and MPH 818 helped address this competency by requiring me to work on group projects with other students for most assignments.

Competency 3 involves analyzing quantitative and qualitative data. I addressed this competency in my applied experience by analyzing qualitative data from the Hispanic survey that was taken by Hispanic LEP individuals. The main questions that were analyzed from the survey included, “Would you utilize RCHD services again?”; “What are ways that can potentially help connect you to the RCHD?”; “Main Barriers”; “Barriers Related to Accessing RCHD Services”; and “Personal Responses to Barriers Related to Accessing RCHD Services.” The survey was completed online using Qualtrics, from which the data were downloaded into an excel document for thematic analysis. I also addressed this competency by analyzing quantitative data by being in the FIT Lab. I analyzed frequencies of supplement use among voluntary firefighters. Stata version 15 (a statistical software system) was used for data analysis.

Competency 7 consists of assessing population needs, assets, and capacities that affect communities’ health. I addressed this competency in my APE by creating and conducting the Hispanic survey. The survey targeted the Hispanic population in Manhattan, KS and helped assess population needs as our goal was to determine healthcare barriers, needs, attitudes, awareness of RCHD services, and the use of RCHD services and past experiences. This also helped address the community’s health in general. I also addressed this competency in my MPH 720 coursework by working on a community needs project where I analyzed qualitative data and helped develop a

program that consisted of helping a certain population in Manhattan, KS in trying to improve their overall health. MPH 802 fit this competency because one of the objectives is “Explain effects of environmental factors on a population’s health.”

Competency 19 consists of communicating public health content both in writing and by oral presentation. Once we analyzed our results from the Hispanic survey, we created a presentation about it for the second health coalition meeting. This presentation focused on the results including common themes for barriers, needs, awareness, and next steps. MPH 720 addressed this competency when I worked on an assignment with a team had to analyze qualitative mental health data that we then presented in class. MPH 818 also addressed this competency by having me identify the causes of social and behavioral factors that affected the health of individuals and populations with specific emphasis on underserved populations. In addition, this course identified basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice. From this content I communicated my findings through writing and oral presentations.

Competency 20 consists of describing the importance of cultural competence in communicating public health content. This was addressed by both the infographic and the COVID-19 posters describing the importance of cultural competence in communicating public health content. The language was adjusted in the COVID-19 posters by translating the information for Spanish speakers and LEP individuals. The infographic addressed cultural competence by providing a clear summary of the Hispanic Outreach project findings. MPH 818 addressed this competency by making sure our presentations showed cultural competence to our audience. MPH 720 also addressed this competency by addressing the importance of cultural competence in health care administration.

Competency 21 consists of performing effectively on interprofessional teams. My applied experience was completed as part of a team, the Hispanic Outreach team. There were three students that worked on this project at the beginning of my APE. We

all worked efficiently by communicating well on GroupMe. Two students remained in this project halfway through, but we still continued to work together effectively to finish the project. We attended meetings that allowed my team and I to collaborate and gather ideas. The meetings also strengthened our communication and teamwork skills. In addition, my partner and I attended Manhattan, KS health coalition meetings to present our project methods and anticipated outcomes as well as survey findings and recommendations. MPH 720 and MPH 818 also addressed this competency by requiring me to work on group projects with other students for most assignments. We worked effectively and efficiently to make sure the projects were completed on time with good content. In addition, we interacted with the Flint Hills Wellness Coalition as we presented project goals as well as project results.

Student Attainment of MPH Emphasis Area Competencies

The Physical Activity emphasis area competencies are listed in Table 5.3. Although my APE was not focused on physical activity, some of these emphasis area competencies were still addressed during my applied experience.

Table 5-2 Summary of MPH Emphasis Area Competencies

MPH Emphasis Area: Physical Activity		
Number and Competency		**Description**
1	Population Health	Investigate the impact of physical activity on population health and disease outcomes.
2	Social, behavioral and environmental influences	Investigate social, behavioral and environmental factors that contribute to participation in physical activity.
3	Theory Application	Examine and select social and behavioral theories and frameworks for physical activity programs in community settings.

4	Developing and evaluating activities and interventions	Develop and evaluate physical activity interventions in diverse community settings.
5	Support evidence-based practice	Create evidence-based strategies to promote physical activity and communicate them to community stakeholders.

Competency #1: Population Health

Population health is to "Investigate the impact of physical activity on population health and disease outcomes." In my applied experience I searched evidence-based practice information about Hispanic population health. The goal was to determine what healthcare barriers the Hispanic population has encountered. Although it was not physical activity-focused, we did determine healthcare barriers, if addressed, that can help improve Hispanic population health in the future. Health departments addressing the healthcare barriers can help decrease disease outcomes. This competency was also addressed in courses such as in MPH 754 during which I learned about disease outcomes in different populations. KIN 612 also helped address the impact of physical activity on population health as we had a project where we needed to write a policy to increase physical activity levels for a specific population.

Competency #2: Social, behavioral and environmental influences

The focus of this competency is to "Investigate social, behavioral and environmental factors that contribute to participation in physical activity." I learned about social, behavioral and environmental influences in KIN 805, MPH 818, and KIN 610. For KIN 805, I completed a needs assessment for physical activity behaviors among Hispanic college students at Kansas State University. I surveyed these students and analyzed their answers about feelings towards physical activity. For MPH 818, I learned about social issues and social characteristics among different populations. For KIN 610, I learned how beneficial it is to implement physical activity programs for certain populations to increase physical activity levels.

Competency #3: Theory Application

The focus of this competency is to "Examine and select social and behavioral theories and frameworks for physical activity programs in community settings." My courses that addressed theory application included KIN 805, MPH 818, and KIN 612. In KIN 805 we discussed different theories such as Social Cognitive Theory, Social Ecological Framework, Theory of Planned Behavior and more. I completed a project where I created my own theory that would help increase physical activity levels for a certain population (Hispanic students). In MPH 818 and KIN 612, we also discussed theories such as the Social Ecological Model, Health Belief Model, the Self-Efficacy Theory, etc. I applied these theories with assignments that were assigned to promote physical activity.

Competency #4: Developing and evaluating activities and interventions

This competency addresses "Developing and evaluating physical activity interventions in diverse community settings." This competency was addressed while being in the Functional Intensity Laboratory (FIT Lab). I helped evaluate physical activity interventions such as with Dr. Heinrich's Program Evaluation on K-State CrossFit members. We assessed fitness and health in CrossFit members including assessments of resting blood pressure and heart rate, body composition, balance, agility, flexibility, power, muscular endurance, aerobic endurance, and strength. These assessments were repeated to track improvements over time. This competency was also addressed in KIN 805. In KIN 805 I chose Hispanic KSU students as my target population and developed an intervention that will increase their physical activity levels.

Competency #5: Support evidence-based practice

This competency, "supporting evidence-based practice," means to "Create evidence-based strategies to promote physical activity and communicate them to community stakeholders." Evidence-based practice was used in my applied experience

to help create the Hispanic survey whose results were communicated to the health coalition and the Riley County Health Department. This competency was addressed in KIN 612 by using evidence-based practice to develop my policy project product. In this project, I worked with a partner on developing a policy on open streets for children. The goal was to develop a policy in which the children would increase their physical activity levels. Evidence-based practice was used in more projects in this course that helped promote physical activity to the community.

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Appendices

Appendix 1: Riley County Hispanic Outreach Survey

1. ¿Cómo describirías tu género?

Femenino

Masculino

Otro

2. ¿Cómo describirías tu raza?

- Caucásico/a
- Afroamericano/a
- Indígena americano/a o nativo de Alaska
- Asiático/a
- Nativo de Hawaii o isleño del Pacífico
- Multirracial
- Otro (especificar):
- Prefiero no contestar

3. ¿Cómo describirías tu país de origen?

- República Dominicana
- Puerto Rico
- Mexico
- Paraguay
- Cuba
- El Salvador
- Perú
- Otro (especificar):

4. ¿Cómo describirías tu etnicidad?

- Hispánico/a mestizo/a
- Afrohispánico/a
- Hispánico/a blanco/a
- No Hispano

5. Lenguaje con el cual te sientes más cómodo

- Español
- Inglés
- Español e Inglés
- Otro (especificar):

6. ¿Cuántos años tienes?

7. ¿Qué tipo de estudiante eres?

- No soy un estudiante
- Estudiante de K State
- Estudiante Internacional en K State
- Otro

8. ¿Cuál es el más alto nivel de educación que has completado?

- Menos que educación secundaria
- Una porción de educación secundaria
- Diploma de educación secundaria o G.E.D.
- Algunas clases de universidad
- Licenciatura
- Maestría/Especialidad
- Diploma profesional (Derecho, Medicina, etc.)
- Otro:

9. ¿Estás empleado actualmente? o ¿Tienes un empleo actualmente?

- Sí
- No

10. ¿Cuál es tu carrera u ocupación?

11. ¿Tienes seguro médico?

- Sí
- No

12. ¿Qué tipo de seguro de salud usas para pagar por la mayoría de los servicios de salud? Por:

- Tu empleador/a
- Empleador/a de otra persona
- Un plan que tú o otra persona compra
- Medicare
- Medicaid o Medical Assistance
- Militar, CHAMPUS, TriCare, o VA
- Indian Health Service (or Alaska Native Health Service)
- Otro
- No tengo seguro de salud

No sé

No quiero responder

13. ¿Qué fuentes usas y confías para informarte sobre asuntos/temas de salud? Por favor marque todas las opciones que apliquen.

Doctor u otro profesional del área de salud

Departamento de Salud (Condado _____)

Familia y/o amigos

Televisión

Internet (sitios web)

Redes sociales

Instituciones educativas

Iglesia, templo, u otra institución religiosa

Otro:

14. Por favor califique (1-5) sus 5 mejores fuentes de confianza donde recibe su información sobre salud. Por favor marque todas las opciones que apliquen.

0 1 2 3 4 5

Doctor u otro profesional del área de salud

Departamento de Salud (Condado _____)

Familia y/o amigos

Televisión

Internet (sitios web)

Redes sociales

Instituciones educativas

Iglesia, templo, u otra institución religiosa

Otro:

15. Formato o medio preferido para recibir información de el DSCR.

- En persona
- Correo Electrónico
- Text/Whatsapp/mensaje
- Llamando a alguien por teléfono
- Redes sociales
- El correo
- Tablón de anuncios
- Cotilleo/chisme
- Otro:

16. ¿Cuáles de las siguientes maneras de recibir información de salud no usará? Por favor marque todas las opciones que apliquen.

- En persona
- Correo Electrónico
- Text/Whatsapp/mensaje
- Llamando a alguien por teléfono
- Redes sociales
- El correo
- Tablón de anuncios
- Cotilleo/chisme

17. ¿Cuáles de las siguientes te ayuda a entender y recordar la información de salud que recibes mejor?

- Lo escuchas
- Lo lees
- Lo miras
- Lo discutes
- Otro:

18. ¿Cuántas veces has visitado el Departamento de Salud del Condado de Riley (Riley County Health Department)?

19. ¿Conoces los servicios que ofrece el Departamento de Salud del Condado de Riley?

- Sí
- No

Si tu respuesta fue “sí”, ¿qué servicios ofrecidos por el Departamento de Salud del Condado de Riley conoces?

20. Si alguna vez has visitado el Departamento de Salud del Condado de Riley, ¿volverías a utilizar sus servicios? Si tu respuesta a la primera pregunta fue “sí”, ¿por qué? Favor explicar tus respuestas con el mayor nivel de detalle posible

21. ¿Cuáles son tus intereses con respecto al DSCR?

- Examen para detectar cáncer de mamas y cáncer cervical
- Sondeo para cánceres
- Licencias para cuidado de niños
- Clínicas comunitarias: control de presión arterial, vacunas contra la gripe, y otros servicios de sondeos para poblaciones vulnerables en el contexto de sus comunidades, incluyendo sondeos de visión para bebés y niños pequeños.
- Educación sobre la salud

Vacunaciones

Salud maternal e infantil. Clases prenatales para asegurar un embarazo y un bebé saludables; programa de salud maternal e infantil (visitas mensuales, exámenes físicos, ayuda con la lactancia, educación, recomendaciones/derivaciones); visitas a casas con recién nacidos; programas de visitas al hogar. (Todos estos servicios son proveídos gratuitamente. Hay acceso a intérpretes de español.)

Prevención y respuesta al uso de opioides

Otros servicios clínicos: inyecciones de vitamina B12, detección de piojos, chequeos de presión sanguínea, chequeos de niveles de hemoglobina, tests de anticuerpos para hepatitis B y varicela, exámenes físicos para alumnos (planes de seguros médicos son aceptados)

Raising Riley (Criando a Riley): subsidios para el cuidado de niños

Raising Riley (Criando a Riley): Alfabetización, visitas a domicilio para apoyar el desarrollo infantil, clases para ser padres, actividades de divulgación de información.

Raising Riley (Criando a Riley): Asistencia técnica y desarrollo profesional para los proveedores de cuidado para niños.

Servicios médicos reproductivos: Reproductive Health Services: exámenes a mujeres sanas, test de papanicolau, tratamiento para vaginitis, tratamiento para infecciones de levadura/Candida, tests para la detección de infecciones del tracto urinario.

Eliminación de desechos afilados y puntiagudos (agujas de insulina, lancetas, etc.)

Servicios de WIC

22. Por favor explica tu selección de las respuestas de arriba con el mayor detalle posible:

23. ¿Cuáles son formas que podrían, potencialmente, ayudar a conectarte con el DSCR? Por favor explica tu respuesta con el mayor nivel de detalle posible:

24. En una escala de 1 a 5 (1 siendo “para nada interesado/a” y 5 siendo “extremadamente interesado/a”), ¿cómo describirías tu nivel de interés para recibir información sobre temas de salud de parte del Departamento de Salud del Condado de Riley?

_____(1-5)

0 1 2 3 4 5

Nivel de interés

25. En una escala de 1 a 5 (1 siendo “para nada interesado/a” y 5 siendo “extremadamente interesado/a”), ¿cómo describirías tu nivel de interés para utilizar otros servicios de parte del Departamento de Salud del Condado de Riley? _____ (1-5)

0 1 2 3 4 5

Nivel de interés

26. ¿Cuándo fue la última vez que acudiste a un profesional de la salud?

- Durante el último mes
- Hace 1-6 meses
- Hace 7-12 meses
- Hace más de 1 año
- Hace más de 5 años

27. ¿Cómo describes tu salud hoy?

- Excelente
- Muy buena
- Buena
- Decente
- Mala

28. ¿Has pospuesto una visita a un centro de salud en los últimos meses?

- Sí
- No

29. ¿Has experimentado alguna de las siguientes barreras al intentar acceder a servicios de salud para ti o tu familia en el Condado de Riley? Marca más de una opción, si se aplica a tu caso.

- Falta de tiempo
- No tener opciones para el cuidado de niños
- No poder pedir tiempo libre en el trabajo por miedo a pérdida de pago o pérdida de empleo.
- Otras razones personales. Favor detallar:
- No

30. ¿Has experimentado alguna de las siguientes barreras al intentar acceder a servicios de salud para ti o tu familia en el Condado de Riley? Marca más de una opción, si se aplica a tu caso.

- El proveedor de servicios de salud no hablaba español (pero había un intérprete disponible).
- El proveedor de servicios de salud no hablaba español (y no había un intérprete disponible)
- No sentí que podía confiar en el proveedor de servicios de salud.
- El proveedor no demostró conocimiento y/o respeto hacia mi cultura.
- La oficina no era accesible y/o afable/acogedora.
- La oficina no proveía información (como carteles y panfletos) en español.
- No

Por favor explica con el mayor nivel de detalle tus respuestas de arriba, si puedes. ¿Tienes algunas sugerencias en la que proveedores de servicios de salud pueden ayudar a mejorar tu experiencia y facilitar tu acceso a servicios de salud?

31. ¿Alguna vez has experimentado alguno de estos tipos de discriminación al intentar acceder a servicios esenciales en el condado de Riley?

Trato discriminatorio por:

- Raza/etnicidad
- Mi lenguaje
- Falta de seguro médico o por el tipo de seguro médico que tengo
- Inhabilidad de pagar por procedimientos o servicios costosos
- Otra razón. Favor detallar:
- No ha experimentado alguno de estos tipos de discriminación

32. Al buscar acceder a servicios de salud u otro servicio esencial en el condado de Riley, ¿has tenido que rechazar o posponer servicios por alguna de estas razones?

- Los servicios eran demasiado costosos.
- Los medicamentos eran demasiado caros.
- El seguro médico no cubría los servicios.
- Otra razón:
- No

33. Si has experimentado alguna de las dificultades detalladas en la siguiente lista al buscar acceder a servicios de salud en el estado de Riley, favor explicar con el mayor detalle posible

- Falta de transporte o dificultad para coordinar medio de transporte.
- Inhabilidad de agendar una cita (ya sea online/por el Internet, al teléfono, en persona, etc.)
- Inhabilidad de acceder al sitio web u otros recursos porque no existía una versión en español.
- Inhabilidad de visitar al proveedor de servicios de salud de mi preferencia.
- No

34. ¿Estás dispuesto a participar un grupo focal en el futuro? (Un grupo focal es un grupo de discusión)

- Sí
- No

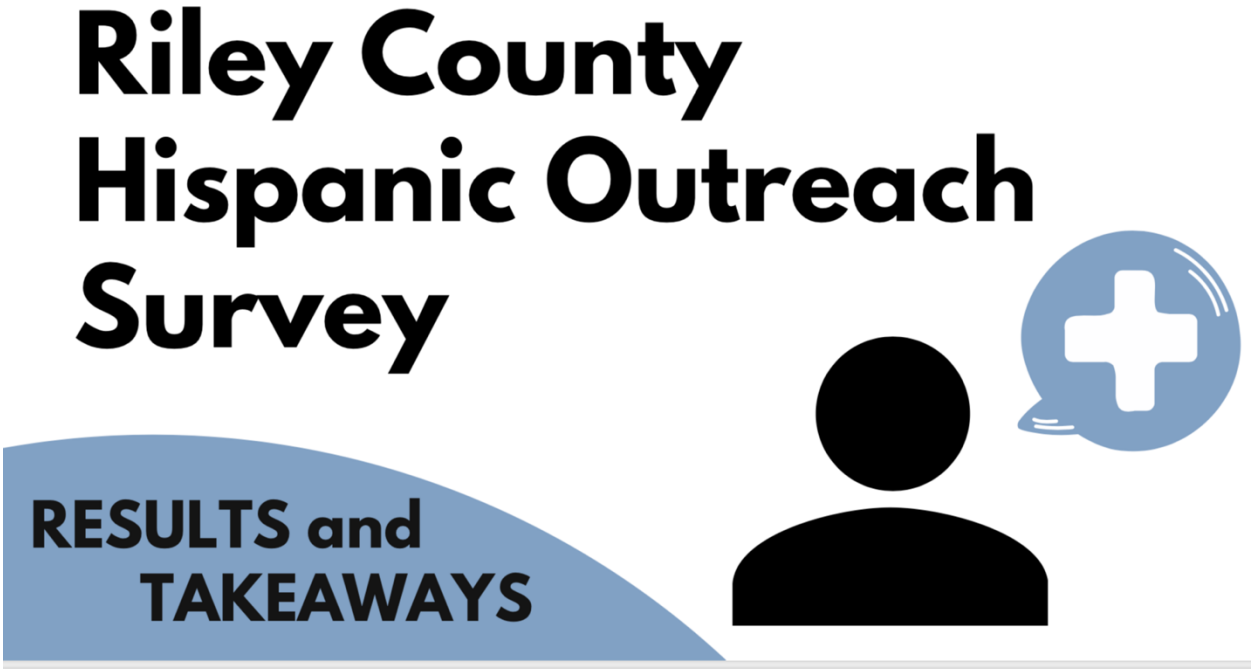
35. Si tu respuesta fue "sí", ¿Cuál es la mejor forma para contactarnos contigo?

- Por teléfono:
- Correo Electrónico:
- Otra forma:

Si le gustaría participar del sorteo de una gift card con un valor de 50 dólares, escriba su correo electrónico o su número de teléfono o celular para que podamos contactarnos con usted en caso de que gane el sorteo

Appendix 2: Riley County Hispanic Outreach Survey Report

Report given to the Manhattan, Kansas Flint Hills Wellness Coalition.



An overview of the survey

- **SURVEY OPENED ON AUGUST 26 AND CLOSED ON OCTOBER 19**
  allowing for a total of 54 days to complete it

- **TOTAL NUMBER OF QUESTIONS = 33**

- **WE INFORMED POTENTIAL PARTICIPANTS VIA**
  physical flyers in various Manhattan locations and social media posts

Survey results (part 1 of 4)

DEMOGRAPHICS

- Countries of origin of most participants: Mexico (20), Paraguay (7), and Puerto Rico (3)
- **46** participants in total, of which **16** filled the survey in its entirety.

- Among the 16 participants who finished completing the survey:
  - the **age average** was **30** years old.
  - there were **13 women** and **3 men**.
  - **8** were **student**s, **8** were **not students.**
  - the **average time** it took to fill out the whole survey was **22.5 minutes**.
  - the **shortest time** to complete the survey was **5 minutes**, while
  - the longest time was **80 minutes**.

Survey results (part 2 of 4)

AWARENESS OF RCHD PROGRAMS

The RCHD services that participants were most familiar with were:

- vaccinations

  and

- dental care

Survey results (part 3 of 4)

IMPROVING RELATIONSHIP WITH THE RCHD

The best ways to improve the relationship between the RCHD and the Hispanic community in Riley County, according to survey takers:

- more **RCHD promotion** around town
- hosting **virtual events**
- more **information in Spanish** about services

Survey results (part 4 of 4)

BARRIERS TO SEEKING HEALTH CARE

Main barriers cited by survey takers:

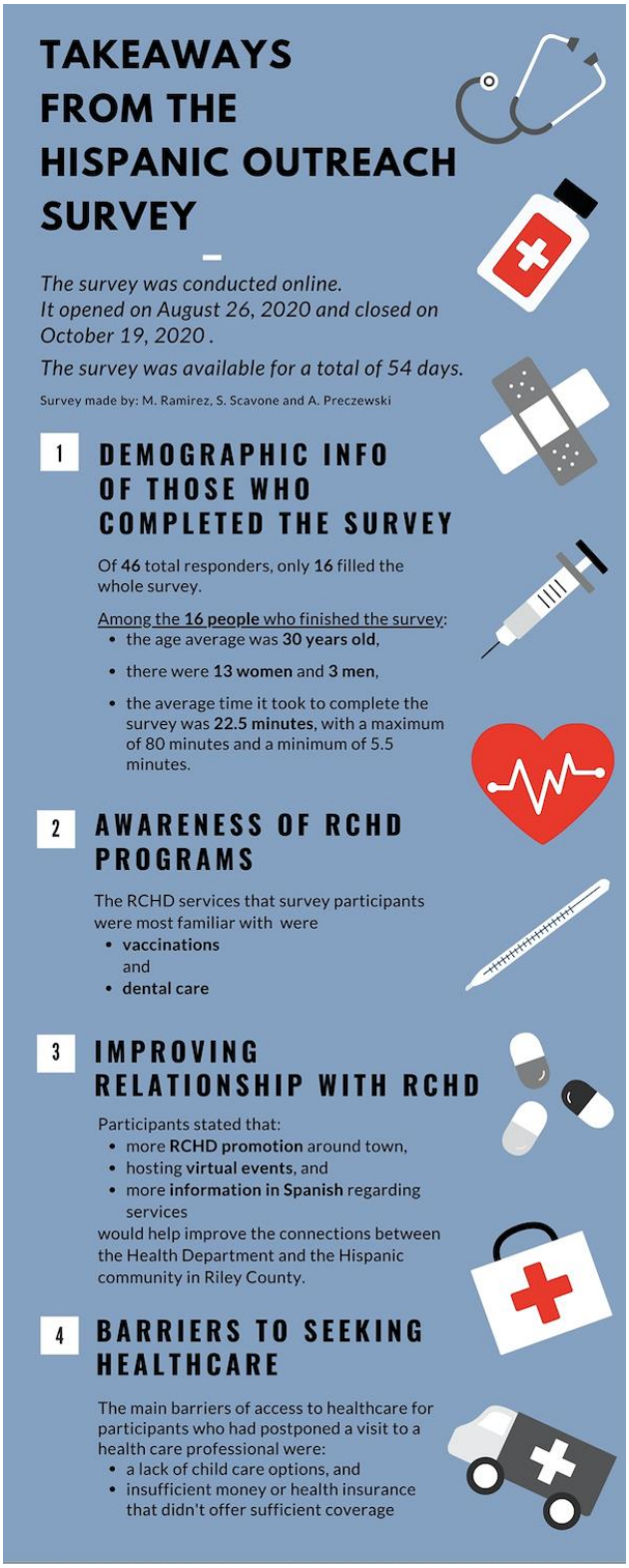
- lack of child care options
- lack of money
- health insurance which didn't cover medication/procedure

Thank you!

Do you have any questions?

Appendix 3: Hispanic Survey Infographic

Infographic on Hispanic Survey take-aways presented to the Health Coalition.



Appendix 4: Translating COVID-19 Posters

Link to COVID-19 translated posters:

https://www.k-state.edu/mphealth/Student%20Posters.html