

**Providence Health and Services  
Community Needs Assessment**

**Focus Group Findings**

**Yamhill County**  
November 2010

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*An economic problem, you can solve that easily.  
But a health problem is not easily solved.  
And so for me, a great treasure is for my family to be healthy.*

--A migrant farmworker in the Yamhill County focus group

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## Background

As a not-for-profit Catholic health care ministry, Providence Health & Services continues to answer the call for greater social justice. Their mission to care for poor and vulnerable populations guides them in advocating for a better health care delivery system that will improve the lives of families in the communities they serve.

Every three years, Providence conducts a mixed-method, multiple stakeholder assessment to evaluate the effectiveness of their services and identify unmet needs. The assessment includes: 1) community interviews; 2) a Providence employee survey; 3) a direct mail survey to Oregonians; and 4) relevant information from secondary data sources.

This year Providence added a series of focus groups with vulnerable populations to the tri-annual assessment. They did so because they believe a crucial step towards building long-term solutions for vulnerable populations in the communities they serve is to engage individuals in in-depth discussions about their health needs.

The study included six focus groups: two each in Clatsop County, Yamhill County, and inner city Portland. Providence contracted with Eliot & Associates, a local qualitative research firm to work in collaboration with Portland State University's Institute on Aging to design and conduct the focus group study. This report outlines the findings of the groups that were conducted with residents of Yamhill County.

## Focus Groups

Focus groups allow us to genuinely get in touch with the target audience and discover their reality. Within focus group discussions, individuals are able to share insights and information unavailable through other data collection methods such as surveys. But unlike surveys, focus groups do not depend on large participant numbers and statistical tests to sanction the validity of findings. Instead, the patterns and themes that emerge from focus group discussions create an increased understanding about the issue under study. Whereas surveys stand on a breadth of findings drawn from large numbers of people, confidence in focus group findings comes from the generation of in-depth understanding of a few focused issues.

Because focus groups are most commonly used to further refine survey generalizations and better understand complex issues, they rarely stand alone. The findings in this report point to several opportunities for further inquiry and are most useful when compared with the other Yamhill County data collected by Providence in the current multi-method assessment.

## Primary Objectives

The primary objectives of the focus group study were to:

- Identify unmet health needs of low income and vulnerable populations
- Identify gaps in services or service delivery among low income and vulnerable people
- Explore what's working with regard to health care services and delivery
- Identify who Providence should partner with to meet the needs of vulnerable populations

Information gathered in the focus groups will enable Providence policymakers, and others committed to improving the health of vulnerable populations, to shape effective responses over the next three years.

## Key Findings

**For the migrant farmworkers who participated in the two Yamhill County focus groups** (and their families), seven major findings emerged from the study. The report that follows is a detailed narrative of these key findings.

1. **Good health is most strongly associated with** quality nutrition, time spent with family, positive outlook, and belief in God.
2. **The most prevalent health issues** include diabetes, hypertension, hyperlipidemia, hypothyroidism, breast cancer, and asthma.
3. **The main source of health care** is the Virginia Garcia Memorial Health Center; emergency room visits are essentially non-existent.
4. **The primary roadblocks** to accessing needed health care are lack of transportation, cost-prohibitive medications, and unworkable bill payment schedules.
5. **The top unmet health needs include** adult dental services, optometry, and support groups or informational groups (in Spanish).
6. **The most frequently requested approach** to health improvement was group support: breast cancer support groups, general support groups, nutrition education groups, stress reduction groups, and information sharing groups.
7. **An overarching appeal** was that migrant farmworkers be included in discussions to improve the health of their community (as they were in the focus groups).

## Methods

Twelve individuals participated in the two Yamhill County focus groups. One group consisted of seven women and the other group of five men. All participants were drawn from the migrant farmworker community in Yamhill County. All were monolingual Spanish-speakers.

A migrant outreach worker employed by the Virginia Garcia Memorial Health Center (VGMHC) in McMinnville—a clinic at which many farmworkers seek out health services—recruited all focus group participants. The close, trusting relationship she has developed with the farmworkers over time, her Spanish language skills, and her eagerness to do the recruitment made her an ideal candidate for the job. She was provided with a detailed recruitment information sheet and received training by phone from the researcher.

Spanish flyers detailing the time, date, and location of the focus groups were developed. Over a two-week period, the recruiter enlisted seven men and eight women but during confirmatory phone calls, the day prior to the focus groups, learned that two men and one woman would not be attending.

Both groups were conducted on October 20, 2010 in a conference room at the Virginia Garcia Memorial Health Center in McMinnville. A closed-door policy—no Providence employees, media, county officials or other spectators allowed—increased the trust and confidentiality that supports participants in providing open and honest responses. Groups were conducted in English and orally translated into Spanish by a real time, professional Spanish interpreter/researcher. Each group took between two and two and half hours to complete.

A question guide comprised of seven open-ended questions (in English and Spanish) was used to guide focus group participants through the discussion. Questions were developed in collaboration with Providence officials to ensure alignment with the primary objectives of the study. Both groups were posed the same set of questions.

Prior to the start of each group, participants completed a consent form in Spanish to confirm their willingness to participate and ensure an understanding of their rights. Each group began with a welcome and thank you to participants followed by a review of the purpose of the group, an establishment of ground rules for interaction, encouragement to answer openly and honestly, and a guarantee of absolute confidentiality and anonymity.

A live captioner recorded participant comments word for word throughout the focus group discussions. Participants were assured that their names would be stripped from transcripts and identities not conveyed to Providence, providers, newspaper reporters, or participants in other focus groups.

Childcare was provided for participants with small children who otherwise would not have been able to attend. Participants received a \$50 honorarium at the completion of each focus group.

## Participants

Several participants were known or thought to be undocumented residents. To eliminate barriers or fears that collecting demographic information might impose, demographic information was not elicited from these participants. All were monolingual Spanish speakers; a few understood some English. Their ages seem to range from approximately 30 to 65. Either they, or a family member, were employed as temporary laborers in the arbors, orchards, and fields of Yamhill County.

## Focus Group Findings

Included in this section are notable findings that emerged from the two focus group discussions with Yamhill migrant farmworkers. Findings are organized according to six basic questions:

1. What does “being healthy” mean to you and your family?
2. What current health issues trouble you and your family?
3. What are the options for addressing your and your family’s health needs?
4. Where are the roadblocks to receiving the health care you require?
5. What’s working with regard to health services in your community?
6. What are your suggested solutions to improving health services in your community?

### “Healthy” Defined

When asked to define health for themselves and their families, many participants in both groups equated eating healthily with health. They associated good nutrition with normal blood pressure and glucose levels and also correlated it with teaching their children to eat fruits and vegetables. Several mentioned connections between exercise and health and good hygiene and health.

A few participants expanded the definition to include mental health. They said that being healthy meant having a positive outlook on life and taking time off to spend with spouse, children, and self. Reading books on health was also important to a couple of participants. Some attributed good health to God by way of their continual thankfulness and prayer.

### Health Issues

The most prevalent health issue among participants in both groups was diabetes, followed closely by hypertension and hyperlipidemia: “My dad died of diabetes, three uncles died of diabetes, and I have diabetes.”

Several individuals mentioned unmet dental needs. Three participants said they have thyroid disorders. Two have children with asthma and one woman has a son who recently lost both kidneys to kidney disease.

Breast cancer has been diagnosed in one of the female participants. She referred to her cancer as “the disease” because she said she cannot bring herself to say the word. One of the men’s wives was also recently diagnosed with breast cancer. Another described the cancer in his family:

Everyone should take care—it seems like the problem now is cancer. No one here smokes, but my mother died of it and my brother was operated on for cancer—they took a kidney. I think everyone in my family should have a check-up by the doctor.

## Options for Care

Understandably, since participants were recruited through the Virginia Garcia Memorial Health Center (VGMHC) outreach program, most said their primary health care needs are met there:

- “Since we don't have Medicaid, this is where we come when we have money to pay.”
- “My daughter has asthma, and I have high cholesterol . . . Since this is a place for low income, we come here.”
- “They (VGMHC) attend me well and always. I have high blood pressure, they always have the prescription and if they don't, they call the doctor and get the prescription for me.”
- “They've (VGMHC) always worked with me with payments or if I couldn't pay for it, they saw me anyway.”
- “When my children have a temperature, I call [VGMHC] and they ask how high is the temperature and depending on if it is very high they tell me to come here very fast.”
- “For myself I've had problems with GERD, and I came here and the doctor gave me very good medicine. So for the last seven months I haven't had problems.”
- “I have been through my last chemotherapy and I'm very grateful to God that the Virginia Garcia Clinic has been there to help me and grant me all the services in a timely manner.”

Only one participant mentioned accessing services through the emergency room, most likely attributable to the excellent primary care access migrant farm workers have at VGMHC.

For services that are not able available at Virginia Garcia, individuals are referred outside the clinic:

- “The clinic (VGMHC) organized for me to get operated on at St. Vincent. I had some arteries clogged and they changed the valves. And I also got operated on for the thyroid.”
- “Through this clinic (VGMHC) I was referred to the Pacific University in Hillsboro for an eye exam, and also for a mouth cleaning, a dental cleaning.”

- “For my wife [who has breast cancer] we've been to many different hospitals—to Salem, to Beaverton—and it was all referred to and appointed through the Virginia Garcia clinic.”

Some participants have been referred to the Providence hospital in Newburg for specialty care. One woman said she was “attended very well” at Providence for her varicose veins.

Another described the speed with which her newborn grandson was referred to Providence:

My grandson was born premature and when he was three or four weeks old he was crying a lot and his belly button was protruding out. The doctor here [at VGMHC] said it was normal that the baby cried. But I kept insisting to my daughter that this crying isn't normal. I said, ‘Let's go to Providence. Have them call and refer us to Providence.’ Within two hours we were seen in Providence.

Those whose children qualify for Medicaid can access services outside Virginia Garcia but usually do not, with the exception of dental care. One gentleman said that he sometimes sees a naturopath, a “Polish doctor.”

As with other low-income adult populations, these individuals have few options for dental care. One young mother said she saw a dentist during her pregnancy only because Medicaid covered the costs. She was not sure she would have been covered had she not been pregnant. Another, a gentleman who could not resolve his toothache, left the country to have it extracted:

One time my tooth ached, but they (VGMHC) didn't want to see me so what I did was to buy a medicine that you put on your tooth. What it does is just make it sleep; make it numb. It didn't help. So I went back to Mexico and they took out the tooth and put in a molar and that's what helped.

## Roadblocks to Care

Three situations—a shortage of timely and affordable transportation services, the unaffordability of prescribed medications, and the lack of reasonable payment options—pose major roadblocks to health for migrant farmworkers in Yamhill County.

### Transportation shortage

Though McMinnville provides some public transportation, focus group participants said it is expensive and inconvenient. A man who has heart problems and diabetes said he usually rides his bike to the clinic (VGMHC) except for when the weather is bad. He has missed appointments due to the unavailability of transportation when he was scheduled to be at the clinic. Twice he was forced to take an ambulance to the hospital at \$750 a ride, even though neither incident was an emergency nor required medically supported transportation.

Another participant described a recent incident:

The lady (VGMHC outreach worker) who is in charge of the van is constantly on the go. And, yes, there is public transportation, but sometimes the hours are not when you need them or the stops are very far away from where you have to go. There was a gentleman that I saw getting off the bus and he looked very weak. Since I knew him, I stopped my car and asked where he was going. He had just had dialysis. And from where the bus stopped to where he lives was very far away. So, yes, there is transportation, but it isn't accessible for certain people to use.

Even the customary bus fare is a burden for some:

I live by the 19 and it takes two buses so that's a \$4.00 round trip ticket . . . that could mean a lunch for me. And not only is it transportation, but having access to it, and the timing of the buses when they come.

Virginia Garcia Memorial Health Center has one transport van but it is not enough meet the demand. The VGMHC outreach worker who did the recruitment for the focus groups is also the van driver. She said it would take three vans to meet the need. She also said they had just learned that funding that had been targeted for a second van was recently rescinded due to budget cuts.

There are also those who do whatever it takes to get their children to the doctor:

I need to take my son to Hillsboro and it is very far away and I don't have transportation. I do take him, but I drive without a license. I'm know I am risking being stopped by the police without having a license.

### **Unaffordable medications**

"I have health care payments for medicine of \$300 a month that I can't afford," said one gentleman. Others said they purchase prescribed medications only when they can afford them:

- "One of my problems is that I'm undocumented and so since I don't have a stable job, I take the jobs that come. Now with the grape there is more movement and I have more income. But I buy the medication whenever I have the money."
- "We don't want to be sent to collection. So when that happens we send the money to pay for it, but then we can't pay for the next medication."

When they can no longer purchase the medication, participants said they do one of three things: stop taking the medication, take smaller than recommended doses, or try to get some from a relative or friend. It would be ideal, they say, if they could purchase medications on a payment plan like they do with the rest of their health care:

Sometimes I come and the medication is here but we can't pay for it. So I ask if I can just make payments, but that's not an option. And so you stop taking your medication and that is not effective.

One gentleman told us how disruptive it is to his entire health when he runs out of medication:

I suspend it if I'm unable to buy it. That's when my heart starts to . . . so it affects everything. If I can't take my heart medication, it affects my diabetes. If I can't take my diabetes medicine, it affects my heart. It affects my health overall.

### **Unreasonable payment schedules**

Paying medical bills within a traditional 90-day payment schedule does not coincide with the income cycles and financial capabilities of the farmworker participants. They want to pay their bills; they feel a sense of responsibility. But they would like to do so on a schedule that is more incremental and reasonable for them:

Just like everyone else we all have problems paying . . . I have had problems with the hospital in paying the bills. They have a policy of paying the bills every three months so I couldn't pay for it so I had problems there.

“There have been very expensive bills I didn't know how to pay for . . . they take away my sleep,” another participant said. He went on to describe why:

Sometimes there is just a set amount of time to pay the bill, and then you are sent to collections. One time they deducted the money and I went to my bank account and it was empty.

## **What's Working**

Unequivocally, the Virginia Garcia Memorial Health Center is what's working for migrant farmworkers in Yamhill County. There they receive high quality, patient-centered primary care services on a sliding fee scale.

Additionally, some participants applauded the services they had either received at the local Providence hospital or heard about through someone else who had:

Providence provides very good services. When they make an appointment from here (VGMHC) to there, you are seen very fast. And when I have gone, they have always treated me well.

Comments like these caused other participants to want to know more about the relatively new Providence hospital and the kind of services they provide. Some said they would make their next hospital visit to Providence instead of to the McMinnville hospital where they have been going.

Also mentioned were two programs that farmworkers can access to help them make co-pays and purchase discount medications: 1) the Program for Health for Farmworkers; and 2) the Wal-Mart’s \$4 Pharmacy Program.

One participant described the Program for Health for Farmworkers as one that subsidizes individuals who are on other entitlement programs:

This program pays for the co-payments and for some of the medicines. I have three daughters and two of them have Medicaid. The other one doesn't so this program helps pay for her services. It also covers us, [me and my wife], but we haven't needed to use it. It is for the whole family.

Wal-Mart’s \$4 Pharmacy Program covers some medications at \$4 for a 30-day supply and \$10 for a 90-day supply. The formulary is limited but does include common medications for treating diabetes, hypertension, hypothyroidism, and prostate disease.

The one man in the group who prefers to see a naturopath tries to manage his health through diet:

He (the naturopath) prescribed eating lot of seeds: peanuts, pine nuts, and sunflower seeds. He said that those seeds are good for the prostate, and thank God I don't have any problems with that. That is something they told me in Mexico, and here I was able to corroborate it.

## Solutions

Finally, focus group participants had several suggestions for how Providence Health and Services and Virginia Garcia Memorial Health Center might close gaps in health services and service delivery for migrant farmworker families in Yamhill County.

The table below outlines participant solutions, listed in top-down order relative to the frequency and intensity with which they occurred in focus group discussions.

<b>Solution</b>	<b>Discussion</b>
Provide transportation to and from health care visits	<ul style="list-style-type: none"> <li>• “It's one of the most important issues: having transportation.”</li> <li>• “There are certain people that can't take public transportation for health reasons.”</li> <li>• “Virginia Garcia has a transportation vehicle but the demand is so high</li> </ul>

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	<p>that she can't meet the needs of everyone.”</p> <ul style="list-style-type: none"> <li>• “We need everything—for the people to get from houses to the clinic and to go to Portland also.”</li> </ul>
<p>Provide support groups, especially in Spanish</p>	<ul style="list-style-type: none"> <li>• “Support groups would be nice because sometimes one is alone in confronting their own problems.”</li> <li>• “For people that have my illness (breast cancer), it would be good to come together to support each other and give each other hope. Between going to bed or going to a group, I would rather go to a group.”</li> <li>• “I asked in the hospital if there were support groups, but there were only support groups in English, not in Spanish. They said they would try to put something together but nothing [has happened] so far.”</li> <li>• “We really enjoyed the focus group. We were able to relieve some of the stress and the worries that we have and wish there was a focus group every week where we could come and share our worries because now we are leaving more relaxed.”</li> </ul>
<p>Provide nutrition education and resources, especially in Spanish</p>	<ul style="list-style-type: none"> <li>• “The most important thing is knowledge—knowledge about health, knowledge about nutrition. I would like to have information programs about nutrition and what foods to eat for better nutrition and that help the people even if they're undocumented.”</li> <li>• “Teach individuals how to obtain information through the Internet and also to question where that information is coming from—making sure that information is coming from reliable sources.”</li> <li>• “Provide knowledge in the kitchen for cooking like using olive oil instead of butter and organic milk and not milk that has hormones.”</li> <li>• “Give parents access to information to teach their children how to prevent future diseases. It is different treating them now than having had the prevention from earlier ages.”</li> </ul>
<p>Offer reasonable payment plans for all services</p>	<ul style="list-style-type: none"> <li>• “I would want to pay for their medication in the way that you pay for the consultations--on a sliding fee schedule.”</li> <li>• “I would like the opportunity to be able to pay medical bills over an extended period of time, even if it is just small payments.”</li> </ul>
<p>Provide dental services for adults</p>	<ul style="list-style-type: none"> <li>• “Children have dental care with the Medicaid, but there is nothing for adults.”</li> </ul>

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Provide optometry services	<ul style="list-style-type: none"><li>• “We also need eye doctors.”</li><li>• “There are no eye doctors in this clinic. In Cornelius, but not here.”</li></ul>
Provide adequate interpretation	<ul style="list-style-type: none"><li>• “Sometimes things are half interpreted so the doctor doesn't understand what we're trying to say.”</li><li>• “With children it can be a challenge because they can say it hurts here or here but once you get to the doctor’s office sometimes you cannot express fully what has happened.”</li></ul>
Gather input regularly from farmworkers	<ul style="list-style-type: none"><li>• “There must be meetings where we can talk about what is needed in the community because there is always going to be one problem, and that will get solved and another one will arise.”</li><li>• “Have more groups like these today to gather the information, experiences and opinions of the people and take it back to Providence.”</li></ul>

# Guía del Grupo de Enfoque

## Asesoramiento de la Comunidad de Providence Health and Services

	Cuestiones	Sugerencias
<b>Calentamiento</b>	1. Estamos aquí para hablar sobre sus necesidades de salud. Esas necesidades pueden ser de medicina, cuidado de los dientes, servicios de salud mental, necesidades médicas de emergencia, cuidados preventivos, o cualquier servicio que mejore su salud y bienestar. Pero, primero, dígame qué significa para usted y su familia estar “sanos.”	<ul style="list-style-type: none"> <li>• ¿Cómo se siente o actúa cuando está sano?</li> <li>• ¿Qué puede hacer cuando está sano que no puede hacer cuando no lo está?</li> <li>• ¿Qué es lo que le mantiene sano en particular?</li> </ul>
<b>Necesidades</b>	2. Ahora dígame las dos o tres necesidades de salud más importantes que usted y su familia tiene.	<ul style="list-style-type: none"> <li>• ¿Busca un doctor u otro proveedor de salud o consejero?</li> </ul>
<b>Necesidades de salud no atendidas</b>	3. ¿Cómo están siendo atendidas su necesidades de salud en este momento?	<ul style="list-style-type: none"> <li>• ¿Cuál fue su necesidad de salud? ¿Qué hizo usted para afrontarlo?</li> </ul>
<b>Agujeros en servicios</b>	4. O no? Por favor dígame de un ejemplo cuando usted o su familia no ha podido recibir servicios de salud que necesitaban? ¿Qué pasó?	<ul style="list-style-type: none"> <li>• ¿Qué necesidad(es) no fueron atendidas y cuál fue el resultado de ello?</li> <li>• ¿Alguna vez ha dudado de estar lo suficientemente enfermo para ir al doctor? Por favor explique.</li> </ul>
<b>Qué Funciona</b>	5. Ahora me gustaría escuchar ejemplos que ha funcionado para usted. En el último año o más, dígame de un ejemplo cuando usted o su familia ha necesitaba ayuda médica y recibió la ayuda que necesitaba.	<ul style="list-style-type: none"> <li>• Cuidado preventivo (vacuna para la Gripe, vacunas)</li> <li>• Prueba de detección (test de pap (anual de mujeres, test para la tuberculosis)</li> <li>• Cuidados intensivos (Cuidados de emergencia)</li> <li>• Cuidado a largo plazo</li> <li>• Dental/Vision</li> <li>• Cuidado crónico (diabetes, para el corazón)</li> <li>• Servicios de salud mental (y adicciones)</li> </ul>
<b>Soluciones</b>	6. Si usted fuera el jefe/la jefa de los servicios de salud de su comunidad, ¿qué tres cosas mejoraría inmediatamente usted de los servicios de salud para toda la gente de su comunidad? ¿Por qué?  ¿Qué agencias deberían proveer estos servicios?	<ul style="list-style-type: none"> <li>• (Cuidado de distribución)</li> <li>• (La estructura de cuidado)</li> <li>• (Gastos)</li> <li>• Terápias alternativas</li> <li>• Traducción</li> <li>• Ejercicio, clases de nutrición</li> <li>• Diabetes/grupos para la salud del corazón</li> </ul>
<b>Sumario</b>	7. Hay algo que no hemos hablado hoy que usted piensa que las persona en Providence Health & Services deberían saber sobre usted, su familia, su comunidad, y sus necesidades de salud?	<ul style="list-style-type: none"> <li>• Algo más??</li> </ul>

Pláticas sobre  
su Atención de Salud

**GRUPO DE DISCUSION**

Le pagaremos \$50 a cada  
persona que participe

- QUIÉN:** Que tiene entre 19 y 64 años de edad.
- DÓNDE:** Virginia Garcia Memorial Health Center  
115 NE May Lane, McMinnville
- FECHA:** Miércoles, 20 de Octubre de 2010
- HORA:** Mujeres: 3:30 - 5:30 pm  
Hombres: 6:00 – 8:00 pm

**DEBE LLAMAR POR TELEFONO ANTICIPADO, PARA  
RESERVAR SU LUGAR EN EL GRUPO DE DISCUSIÓN.**

**ESPACIO ES LIMITADO.**

**LLAMAR: ELVA SALINAS  
503-883-4713**