Hispanics’ Perceptions of Health and Other Services Available in Columbus, Ohio

A Thesis

Presented in Partial Fulfillment of the Requirements for the Degree Master of Arts in Allied Health Management in the Graduate School of the Ohio State University

By

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The Ohio State University
2002

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ABSTRACT

The population of Hispanic patients served by those in the Allied Health fields is rapidly growing, especially the population of recent Hispanic immigrants. Those in management of health care delivery will provide better services if armed with an understanding of Hispanic perceptions of such services. This study investigated the perceptions of recent Hispanic immigrants to the Columbus, Ohio area, regarding health, legal and social services, as well as their opinions on certain assumptions made about their community by service organizations. The study also aimed to gather information about how organizations could effectively market their services to this population. The problem was two-fold. First, the network of service organizations geared toward Hispanics of Columbus, Ohio was largely disjointed and not working together to maximize resources. Second, it was unclear whether or not assumptions about the Hispanic community were driving policy decisions, and so it seemed important to know how Hispanics felt about these assumptions. A sample of fifteen recent Hispanic immigrants were referred to the study by community contacts in three different areas of Columbus. The contacts already had established relationships with the subjects. Each subject was interviewed, one-to-one, with the help of a Spanish-speaking interpreter, and the results transcribed into English for analysis. Subjects were generally well aware of available services, or at least of contact persons who could refer them to services,
especially on the West side of the city where organizations have focused outreach efforts. Awareness of available medical services was better than awareness of legal services, and most subjects discussed job placement assistance when asked about social services. All subjects expressed a clear desire to improve their English skills. Regarding effective marketing strategies for service organizations, the subjects indicated that the use of flyers in apartment rental offices, and neighborhood Hispanic stores, along with the use of direct mail and local Spanish newspapers, would be effective. An overriding theme of responses was the importance of service organizations offering sincere and personal service, and so several recommendations suggested ways that an organization could create an atmosphere of formal yet friendly cultural competence. Only one of the assumptions researched was invalidated. The responses to the interview questions indicated that the subject did consider preventive health care important, but that barriers such as lack of financial resources, and the inability to speak English, often prevented them from seeking the care of a physician. The other three assumptions were validated by the responses. The subjects indicated that they felt most recent Hispanic immigrants do use home remedies to self-medicate. The subjects also indicated that they felt most recent Hispanic immigrants hold more than one job, and get information via word-of-mouth. Several recommendations about policy and service delivery decisions were made to service organizations based on the results concerning these assumptions.

Because so many factors affect a sub-population’s perceptions of available services, and therefore its use of those services, several topics of inquiry were included in this thesis, and not just perceptions of health care services specifically.
ACKNOWLEDGMENTS

I would like to acknowledge my graduate studies committee members, Drs. Melanie Brodnik, Jane Case-Smith, and Sandra Cornett, for their guidance in accomplishing this thesis. Their time and commitment to my scholarly interest has been much appreciated.

I would like to acknowledge my husband, Eduardo Tiscareno, who served as interpreter and cheerleader for this project. Without his willingness to accompany me on interviews, I could not have completed this study.

I would also like to acknowledge Angella Morales-Arteaga, for her peer review of some of my interpretations. Her input allowed me to feel more confident about the conclusions made in this thesis.
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FIELDS OF STUDY

Major Field: Allied Health Management
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CHAPTER 1

INTRODUCTION

This thesis project examined perceptions of the Hispanic population of Columbus, Ohio in three areas: awareness of health and social services available, communication strategies to best reach the Hispanic community, and assumptions made by service organizations about the Hispanic community. The thesis project began as an inquiry into the health related perceptions of recent Hispanic immigrants to Columbus, Ohio. Once preliminary research was conducted by talking to various service organizations in the community, it was discovered that many things contribute to the health related experiences of a sub-population, and that to answer questions about perceptions would entail researching several components of the community members' experiences. This is why the areas of communication strategies and assumptions about the Hispanic community were incorporated into the study.

Background of the Problem

While trying to focus on health related perceptions of Hispanics in Columbus, a large but largely disjointed network of health, social, and legal services geared toward Hispanics was discovered. This network of services is growing because the Hispanic population in Columbus is growing rapidly and becoming recognized as a population in
need of services. However, these “advocate organizations,” as they will be referred to, have not yet found the means to truly network with each other. In most cases, it seems to be due to a lack of financial or personnel resources. This conclusion is based on observations made while conducting preliminary research on available services in the community. For example, an administrator at a local low-cost clinic revealed that she was in need of a Spanish-speaking educator who could teach a parenting class to many of the clinic’s Hispanic patients. Later, it was discovered that a volunteer with another advocate organization, was already offering that exact service, but was not going to start another class unless she found more young mothers interested in attending. Both women were trying to fill a recognized need among Hispanic community members, yet neither knew of the other’s existence. Limited time and resources had prevented them from working together.

All of this is not to say that Hispanics are new to Columbus, but rather that the community has seen a tremendous growth in the last few years, and organizations geared toward serving the community are still finding out how to work together to maximize their efficacy. The United States Census Bureau recorded 9,236 Latinos in Franklin County in 1990, and 24,279 Latinos in the county in 2000, an increase of 163%. The 2000 data revealed that 49% of these Latinos were of Mexican heritage, followed by Puerto Rican (15%) and Cuban (4%).
Problem Statement

The problem this thesis will address is the disjointed nature of advocate organizations in Columbus that are trying to help the Hispanic community, emphasizing recent immigrants. The problem is two-fold.

First, the problem is rooted in the preliminary research, mentioned above, on the state of locally available services, and the resulting impression that only part of Columbus’ Hispanic population is benefiting from the advocate organizations’ efforts. Based on the preliminary research (expanded upon in Chapter 3), it was concluded that these organizations’ limited resources are generally focused on the West side of Columbus, so their efficacy may be limited to only a portion of Hispanic community members. The means by which advocate organizations market themselves may have a direct impact on the level of awareness among Hispanics regarding what services are available. This is the rationale for research questions that surround awareness of available services, and communication strategies for reaching the Hispanic community.

Second, the problem is also rooted in the assumptions brought up by different people during the preliminary research on available services. Some of these assumptions are found in the literature, and are areas of confusion surrounding recent Hispanic immigrants in general. Regarding health care specifically, providers have historically been unsure, and therefore presumed, that Hispanics as a whole do not consider prevention of illness a priority and prefer to use home remedies over American medicine. However, rather than considering prevention of illness unimportant, the research shows that Hispanics find the formal medical system in the United States as impersonal and ineffective (Boyer 2000, Larkey 2001, Warda 2000, Vega 1994). Also, the research
shows that barriers to healthcare services add to Hispanics’ decisions to avoid seeing a physician and plays a part in their decision to use home remedies instead (Larkey 2001, Warda 2000, LeClere 1994, Vega 1994). Two other assumptions were uncovered during the preliminary research, but were not specifically found in the literature review. One was the assumption that most recent Hispanic immigrants have two or more jobs, which in turn reduces their participation in educational opportunities or their use of health care services. The last assumption that was mentioned by several people in advocate organizations was that Hispanic immigrants get most, if not all, of their information by word-of-mouth, and so it would be a waste of resources to use traditional forms of advertising such as newspapers.

All of these assumptions have an impact on the policy decisions and service delivery decisions of advocate organizations. For example, with limited resources, an organization may decide not to market themselves via newspapers. They may decide that focusing limited dollars on the creation of another English as a Second Language (ESL) class would be wasteful since Hispanics cannot attend because they are always working. The fact that several people mentioned these assumptions during the preliminary research, and that they are part of the literature on barriers to health care for Hispanic immigrants, established the rationale for proposing research questions surrounding how Hispanics in Columbus feel about these assumptions.

**Purpose of the Study**

The purpose of this study was to gather information about Hispanics’ awareness of services available to them in Columbus, their perceptions regarding the best ways to
market services to them, and their opinions on the assumptions made about their community. The hope was that information gathered during this study would provide practical information to organizations so that they could distribute their limited resources and work together more effectively.

**Significance of the Study**

The significance of this study is that it will gather information that may be practical and useful to advocate organizations, which might improve the delivery of services to the Hispanic community. The study is also significant in that it may reinforce or question existing assumptions about the Hispanic community that currently impact how this population is viewed and served.

**Research Questions**

1. What is the level of awareness, among Hispanics in Columbus, of the health, social, and legal services available in the community?
2. What, according to Hispanics, would be the best way for an advocate organization to inform the Hispanic community about its services?
3. How do Hispanics feel about certain assumptions made by advocate organizations about their community?

**Definition of Terms**

The following terms are defined for clarity in the context of this thesis:
1. "Hispanic community" is meant to indicate the members of the Columbus community who are recent immigrants, less than ten years in the United States, and fairly new to Columbus, who consider themselves of Latin heritage. These people may refer to themselves by any number of terms including, but not limited to Hispanic, Latin, Hispanic-American, Latin-American, Central American, South American, Cuban, Puerto Rican, Mexican, Mexican-American, Chicano, or any other specific Latin nationality.

2. "Advocate organization" is meant to indicate any organization whose mission it is to better the lives of the Hispanic community, as defined above.

3. "Awareness" is meant to indicate any knowledge of an advocate organization's existence, or suspicion of an available service, even if the details of the services are not known.

4. "Communication" is meant to indicate the successful advertisement by an advocate organization to members of the Hispanic community that results in an awareness of that organization's services, even if the community member chooses not to use those services.
CHAPTER 2

OVERVIEW OF RELEVANT LITERATURE

This review of literature will discuss previous studies related to the major issues affecting the advocate organizations’ efficacy. Literature on Hispanic healthcare behaviors and perceptions seemed most relevant, and literature was sought that discussed the concept of culturally competent healthcare services. In researching this first topic, the assumptions that Hispanics do not consider healthcare a priority, and that they consistently use home remedies over formal medicine, were kept in mind while searching the literature.

The second issue was the communication and marketing of services to Hispanics in Columbus. Literature was sought pertaining to specific methods of targeting the Hispanic population in order to convey information about services or products, to improve the rates of participation or use by Hispanic persons. In researching this second topic, no literature was found specifically discussing the marketing of healthcare services to Hispanics, other than articles on cultural competence of healthcare providers. The focus for this part of the literature review was to find information on how to get the word out, so to speak, about an organization’s existence, and how to encourage Hispanic persons to participate in the organization or to use its services. The assumption that most Hispanics in Columbus do not have the time to participate or use services because they
probably work two or more jobs, was kept in mind while reviewing the literature. No literature was found that pertained to the assumption that Hispanic persons obtain their information about locally available services largely through word-of-mouth.

Several academic databases were searched to conduct this literature review. Databases included topics on medicine and health, business, economics, sociology, Chicano studies and politics.

**Healthcare Behaviors of Hispanics**

The literature suggests that Hispanics view health, in general, differently from mainstream American Whites, and this different outlook is what causes Hispanics to seek health care services in different ways (LeClere, 1994). However, this different outlook has led to the assumption that Hispanics do not consider health care a priority. Hispanics tend to place greater emphasis on family involvement in health care decisions (especially Hispanic women), and are likely to postpone decisions until they can be discussed with family members (Boyer, 2000). The rate of cervical cancer in Hispanic women is almost double that in White women, and Hispanic womens’ death rate from the disease is second only to that of Black women (Boyer, 2000). In her research on Hispanic womens’ perceptions regarding cancer screening, Boyer references other studies that determined Hispanic women tend to define illness in terms of pain rather than prevention. Also, she discusses the concept of “fatalismo”, which is the attitude that one’s future is in the hands of God, or other powers, and that not much can be done to influence the outcomes. These concepts, coupled with the fact that matters involving sexuality are often taboo in Hispanic households, work together to yield the higher death rate from cervical cancer.
among Hispanic women. In general, concludes Boyer, Hispanic women seek health care in hopes of a rapid cure and symptom relief, and not for prevention.

In her 2001 article on Hispanic health behaviors in the face of symptoms, Larkey surveyed and interviewed 90 insured Hispanics, mostly Mexican-American men and women. She found that participants tended to delay visiting a doctor even in the face of symptoms. To explain this, she suggests that most analyses of Hispanic health behaviors do not consider the concepts of “confianza” (trust) and “personalismo” (personalized caring) that are important to most Hispanics. If Hispanic patients do not think they will encounter these qualities in a health care provider, they may choose to self-manage symptoms or, once again, turn to family and friends or alternative home remedies first. However, Larkey found that a strong faith in God contradicted the concept of fatalismo in that faith in God was associated with earlier visits to a doctor among these participants. This finding supports Warda’s idea of “spiritual dualism,” by which she means that Hispanics actually feel that God and man can work together to create health (Warda, 2000). In her study on Mexican Americans’ perceptions of cultural competency, Warda found that fatalismo was rarely observed.

Boyer (2000) found that family also played a big part in motivating women to undergo screening for cervical cancer since women who were more likely to have had a PAP test were more likely to have followed someone else through the experience of dying from the disease, or to have experienced potential symptoms themselves. These women also expressed a desire to remain healthy so that they could continue to take care of their families. Fear of spousal infidelity and STDs in general were also motivators to being screened. Boyer found that Hispanic women seek general health care just prior to
marriage or trying to conceive, and to obtain contraception medication. She suggests that health providers emphasize the idea of remaining healthy for the family’s sake as a way to motivate Hispanic women to seek health care and cancer screenings. She also suggests providing these women with female providers, and encouraging screening in emergency room and inpatient settings. In fact, Boyer calls for “social action by nurses” to improve Hispanic women’s health.

Larkey (2001) concludes that among Hispanics’ personal motivators to visit a doctor, advice from trusted others such as a curandero (to be discussed) and family members (especially husbands seeking advice from their wives), a feeling of trust in the provider, and seriousness of symptoms, are important. Motivators to avoid visiting a doctor included emotions such as fear or denial of a diagnosis, privacy concerns and feelings of shame, and previous negative experiences with a doctor. Because Hispanics place such an emphasis on family involvement in health care, and on feelings of trust and personalized care, Vega (1994) suggests that preventing disease in Hispanics will require increased employment opportunities for Hispanics in the allied health professions, and as health outreach personnel in Hispanic communities.

**Barriers to Health Care Experienced by Hispanics**

By far, the most common barrier cited for Hispanics to access health care is the inability of patients to speak English, and the lack of Spanish-speaking providers. Warda (2000) argues that this language barrier leads to a feeling of “powerlessness” that only compounds Hispanics’ difficulty in obtaining information about health care choices. LeClere (1994) concludes, not surprisingly, that a recent Hispanic immigrant has more
physician contact if he has a family member that speaks English. Warda cites these other barriers to health care access: low family income, employment at low paying jobs that do not offer health benefits, restrictions to Medicaid eligibility, and illegal status. She refers to 1991 data that revealed 33% of Mexican-Americans were uninsured and three times more likely than Puerto Ricans to never have had a routine physical. The data did not include undocumented Mexican workers. In contrast, Larkey (2001) refers to previous research that speculates health care services are underused and compliance is low even among insured Hispanics owing, again, to personal health behaviors such as the use of alternative medicine, and a general lack of knowledge about the benefits of prevention and detection services. Vega (1994) confirms the suspicion that even when financial barriers are eliminated, other barriers take their place, specifically provider characteristics such as inconvenient locations, language barriers and a lack of cultural competence as perceived by Hispanics. In general, Warda argues, Hispanics see the formal medical system as cold and unresponsive. She adds that previous research has found that Hispanics perceive that visiting a doctor entails high costs, long and crowded waits, inconvenient appointment times, difficulty finding child care, and discrimination. These barriers, especially high costs, are why Hispanic patients find it almost silly to see a doctor when they feel well, and why they decide to wait until they or their child is actually ill, before suffering through such an experience (Boyer, 2000).

**Cultural Competence in Delivery of Health Care to Hispanics**

In a 1998 mailed questionnaire, generating 54 responses from Hispanic-Americans (40% women), Dolinsky looked into the relationships between cultural
affiliation and the importance to Hispanics of health care provider attributes. He found that out of 16 attributes, the following were most important to respondents, though not in this particular order: time allowed before payments were due, nurses’ and other staff’s knowledge/skill, ease of scheduling appointments, shorter time spent in the waiting room, courtesy of staff, comfort of the waiting room, and respect for one’s physical privacy. Only respondents with higher levels of education stated that the doctor’s knowledge was important, and time to make payments became less important. Larkey suggests that providers understand that the desire to avoid inconveniences comes from a Hispanic patient’s desire to feel that he is in a caring environment, and that providers want to offer services on a more personal level – the concept of “personalismo.” After all, if a nurse had a guest over to his or her house, that guest would not wait alone for half an hour in the living room without being acknowledged.

Boyer’s results from her cancer screening study showed that Hispanic women prefer a Spanish-speaking female provider, which makes them feel more comfortable, less embarrassed, and better empathized with, since a female provider, according to Hispanic women, is more likely to understand what the patient is going through. Among less acculturated Hispanics, male providers of health care to women are seen as paternalistic. Hispanic women expect a male provider to treat them with respect and dignity, and to some extent, these women fear inappropriate behavior on the part of male providers (Boyer, 2000).

In addition to the positive cultural attributes such as personalismo, which she describes as “formal friendliness,” Warda found in her focus groups of 22 Mexican-American participants, that negative experiences with health care services included
system barriers (discussed above), and blaming and discounting. These last two experiences have to do with providers failing to acknowledge the Hispanic client’s perception of the medical situation, and sometimes even failing to believe the patient history. As a vivid example, Warda relates the story of a Hispanic parent who had taken her young child to the emergency room with symptoms of chicken pox only to be told that the boy was fine. When the boy began having trouble walking a week later, his parent returned to the emergency room with him and encountered a different doctor, now more concerned, who repeatedly asked, “Why didn’t you bring him in earlier?” Despite the parent’s continued report that the boy had been in a week earlier, the doctor did not believe her until he was able to obtain the medical record and read the previous doctor’s note.

An article by Manoleas (2000) specifically addressing cultural competence in the practice of mental health providers to Mexican-Americans, revealed that 65 Spanish-speaking therapists averaging 12 years in practice, felt clinicians treating Hispanic patients need to learn to be familiar with racism and the immigration process, and to strive for biculturation instead of assimilation. Additionally, the clinicians felt that they needed to translate concepts, rather than strict language. For example, instead of translating the term “my inner child” into Spanish, they were more likely to say “mi otro yo” (my other me). An awareness of culture and a heavy involvement of family and friends, often using group therapy, were important. In fact, these clinicians reported that they were more likely, with a Hispanic patient than a non-Hispanic patient, to call or visit the home, inquire with neighbors and family or “compadres” (co-parents, literally, but figuratively, almost any adult close to the family), and were more likely to self-disclose
to the Hispanic client. Manoleas refers to other research in the mental health field that concludes that better outcomes and less drop-out rates result from matching Hispanic and Asian-American clients with therapists of the same ethnicity (Manoleas, 2000). However, Manoleas acknowledges that most administrators do not have the luxury of enough ethnic staff to match with clients, and so cultural training of non-minority staff has been increasing since the 1980’s (Manoleas, 2000).

In general, Hispanics come from a culture of collectivism as opposed to the mainstream American value of individualism, and so Hispanics value patience and attentiveness from their health care providers (Warda, 2000). In fact, Warda argues that interpersonal behavior from a provider can be more important to Hispanic patients than task achievement. She concludes that Hispanic persons would rather spend a little more time talking to a friend, even if doing so would make them late for an appointment, and Hispanics are more likely to use the professional services of a friend even if that friend is not the most competent professional. Hispanic patients appreciate a handshake when being greeted by providers, and, after getting to know each other, Hispanic patients feel even more comfortable when providers offer reassuring and welcoming touches on the hand, arm, shoulder, or even a hug.

By way of suggestions, the literature offers the idea that providers of health care services keep in mind the importance of family involvement and perhaps even make arrangements for family consultations when important decisions need to be made. Hispanic persons retain their sense of obligation to family, even distant extended family, despite levels of acculturation. (Warda, 2000). Larkey (2001) suggests that Hispanic lay persons could even be integrated into a provider’s practice, perhaps as trained volunteers,
to provide cultural comfort to both patients and practitioners, while providing patients with basic information on the major warning signs of common conditions. She even suggests that public health campaigns could promote health education by acknowledging the role of spirituality among Hispanics and by implying a "partnership between God's divine help and God's earthly helpers – health professionals" (Larkey, 2001).

Use of Curanderismo and Folk Remedies by Hispanics

One of the assumptions questioned in this thesis is that Hispanics use home remedies with some regularity. A related question is Hispanics' use of a curandero, which is not directly researched in this project. A curandero practices curanderismo, which Padilla defines as a "diverse folk healing system of Latin America" based on the belief that "gods punish sins in the form of illness and therefore, illness is supernatural in nature" (Padilla, 2001). Curanderos use prayer, massage, herbs and reassurance, usually in the home of the client. Padilla cites the Hispanic Health and Nutrition Examination Survey (HHANES), which surveyed Hispanics in the Southwest between 1982 and 1984. This study found that 4.2% of respondents used the services of a curandero within the last five years. Padilla surveyed 405 Hispanic outpatients of primary and urgent care clinics in the Denver area and found that their overall 5 year rate was 18.5% and that 91.3% of respondents knew what a curandero was. Both Padilla and the HHANES found that time spent in the United States, often a sign of acculturation, had a minor effect on these use rates. Of special interest to health care providers, Padilla found that 81.4% of respondents said that their physicians did not know of their use of a curandero. Padilla places the responsibility for this lack of communication between patient and physician on
the shoulders of both parties. He argues that physicians and allied health professionals are not routinely trained to ask about the use of alternative therapies when taking health histories from patients. Even so, curandero’s are not expected to treat major medical conditions, and most reputable curanderos will refer a client to a trained medical professional when then condition is beyond his capability to treat. Hispanics also use other forms of alternative therapies. The use of unprescribed medications, especially antibiotics, is well documented in Latin American countries (Warda, 2000). Also, the use of a “sobador” was mentioned in Warda’s article, which is a person who specifically uses massage to promote healing.

The literature suggests that many physician visits in the United States are a result of psychological conditions that are somatized by patients, and that perhaps recent immigrants in ethnic communities have lower use of health care services because they have “valid alternative forms of care” (LeClere, 1994). Likewise, Larkey suggests that these alternative forms of treatment should be acknowledged as having value and that “ethical concerns generate a responsibility to understand the responses to symptoms without an a priori judgement that visiting the doctor is always the best response…” (Larkey, 2001).

General Marketing of Products and Services to Hispanics

Aside from considering cultural competency issues, no specific literature was found discussing how to market health care services to a Hispanic community. Most marketing literature was in the realm of business. With Hispanics estimated to be the largest ethnic minority in the United States by the year 2005, businesses are starting to
experiment with marketing to this heterogeneous population (Zbar, 1999). In fact, business of all kinds are recognizing that the Hispanic population has long been referred to and studied as one large group, rather than the highly variable subgroups in this population. More and more, Hispanics are referring to themselves in specific ways. Some of the most common terms include Latino, Latin-American, Mexican, Mexican-American, Hispanic, Chicano, Central American, South American, and any number of specific ethnicities. In the 2000 Census, six million Hispanics, or 28% of Hispanics, checked the “other Hispanic” box. This represented an increase from 23% in 1990 (Paul, 2001). Paul goes on to argue that the United States can no longer be neatly subdivided into the Mexican Southwest, the Puerto Rican New York City area and the Cuban Miami area. She quotes the publisher of the Spanish-language magazine, People EN Espanol, as calling the recent immigration of affluent and educated South Americans from Chile, Columbia and Peru the “largest increase in foreign-born Hispanics since the 1960s.” (Paul, 2001).

In September 2001, CBS ran Spanish and Bilingual ads for the first time during its prime-time hours while airing the Latin Grammys, and Nickelodeon was the first major English-language cable station to run bilingual ads during its regular programming. The fact that this action was taken by a children’s cable network is a reflection of the estimation that Hispanic youth is the largest growing subset of Hispanics, and more Hispanic youth are embracing their biculturalism rather than trying to be “American.” Information from the 2000 Census showed that 54% of Hispanic teens called themselves “Hispanic only” or “More Hispanic than American,” and more than 75% of Hispanic youth is bilingual (Gardyn, 2001). Paul also quotes the Vice President of a Hispanic
public relations firm as saying that marketers will start to move away from a national campaign perspective to a more local or even neighborhood one. Marketers realize now that targeting Hispanics takes more than just translating English campaigns into Spanish, but rather it involves an understanding of the cultures as well. AT&T, one of the top four marketers to Hispanics, found that original advertisement copy geared toward Hispanics did better than straight translations (Zbar, 1999).

Other potential avenues for targeting Hispanics include direct mail, since research shows that Hispanics open nearly all of the direct mail advertisement they receive simply because they receive so little of it (Mummert, 1994). Mummert’s article also suggests that language is not the only concern, but that direct mail should be especially clear about the product and should emphasize family benefits from using the product or service. Regarding health care services in particular, Boyer’s article on cancer screening did mention that whatever strategy used to advertise screening services should be explicitly clear about the purpose and process of screenings, even if it means portraying the harsh realities of dying from cervical cancer. She suggests that this straightforward strategy might change the relaxed attitude that some Hispanic women have toward their risks of cancer.

**Effects of Acculturation on Hispanics’ Social Participation and Use of Health Care Services**

Since some of the efforts of local organizations to conduct health education and research were met with minimal participation by Hispanics from the community, this researcher wondered if the organizations’ marketing and communication schemes were
not the only cause, but whether or not acculturation of recent immigrants was having an effect as well.

According to the US Census Bureau in 1998, Hispanics make up 11.4% of the United States population and is the fastest growing minority group. Historically, researchers have used models of acculturation that were based on English language facility, length of time living in the United States, generation status, and age at arrival into the United States, among other factors (Arcia, 2001). However, Arcia, in his research relating models of acculturation and health behaviors among Latino immigrants, argues that these indicators of acculturation may be flawed since most of them are related to social and economic status. For example, a non-English speaking, well-educated and affluent European presents with different health care choices than a non-English speaking Hispanic immigrant who is also bound by low socioeconomic status. Also, Arcia points out that research projects often involve participants from a particular ethnic population, but then the results are projected onto the entire spectrum of “Hispanics”. Actually, it is this forced homogeneity that causes Vega to insist that “..variations in health status among Hispanics necessitates that health data be disaggregated..” (Vega, 1994). Arcia goes on to discuss that acculturation has long been thought of as beneficial to the immigrant since mainstream American values were preferred over the immigrant’s values and culture. The inevitability of acculturation is no longer the rule. More and more, immigrants are choosing to stay grounded in their heritage and embracing biculturalism rather than complete assimilation (Arcia, 2001).

After interviewing 150 Mexican-Americans and Puerto Ricans, Arcia found that duration in the United States had different effects on the two ethnicities. First-generation
Mexican-Americans identified more with being Latino, while later generations of Mexican-Americans identified more with being bicultural. The first generation mainland Puerto Ricans, on the other hand, saw themselves as bicultural from the start. Arcia used this finding to question the broad assumption that Hispanic immigrants experience "acculturative stress", and suggested that this phenomenon may only be experienced by Mexican-American immigrants. In fact, Kaplan, using data from the HHANES study, concluded that young acculturated Mexican-Americans experience a period in which they abandon their ethnic heritage and community base, but discover and embrace it later in life (Kaplan, 1990). This finding may be due to the younger Mexican-American immigrants' desire to attain social and economic status in the United States, only to become frustrated by discrimination.

Actually, a theory exists that Mexican-American’s minimal use of the formal health care system has indicated some sort of cultural immunity to stress. However, in his 2000 study on job loss and major depression among Mexican-Americans, Catalano found that young Mexican-American males, especially, were quite vulnerable to the acute stress of job loss (Catalano, 2000). With regard to young Mexican-American women, Catalano concluded that their social network helped them to cope with chronic forms of stress. This long-believed "stress immunity" is more likely attributed to the fact that immigrants are often young and can withstand the natural selectivity of "immigration streams" and legal barriers against entry into the United States that hinder those persons who are in poorer health (LeClere, 1994). Despite poverty and lack of education, Mexican immigrants experience lower infant mortality rates, better birth outcomes, and better survival rates for chronic conditions than their more acculturated counterparts.
(LeClere, 1994). After ten years in the United States, however, these immigrants exhibit no statistically different health outcomes from native born Mexican-Americans. Vega cites several previous studies that conclude that the following health status indicators worsen with increasing acculturation among Hispanic immigrants: increased infant mortality, increased incidence of low birth weight, increased incidence of overall cancers and high blood pressure, more adolescent pregnancies, higher cigarette smoking and alcohol consumption, and worsening dietary habits followed by obesity and higher rates of diabetes. Vega (1994) postulates that the reasons higher acculturation is related to worsening health status is that the immigrants’ support networks are disrupted, and they have to adapt to the economic and social systems of a different culture. Also, discrimination, prejudice and frustration take their toll on health, as well as having to suddenly internalize a “minority” identity.

Switching gears to acculturation and its effects on social participation, Miranda (1993) studied questionnaire responses from 168 bilingual Hispanic men and women, and found that higher cultural loyalty, which she associated with lower acculturation, was linked to less “social interest,” which she described as participation in the host culture. A study by Hritzuk of political participation involving 453 Hispanics, mostly Puerto Ricans, Dominicans and Central Americans in New York City, found that an Hispanic’s politically active social environment had a large impact on that person’s political participation, significantly more so than it would for whites and blacks. An Hispanic person was much more likely to be politically active if they were directly connected with other politically active persons, affiliated with political organizations, active in church and targeted by mobilization campaigns. Hritzuk also found evidence that contradicted
the "sojourner model" of participation, a theory advanced in the 1980s that suggested ties to one's native country promoted non-participatory behavior among Hispanics. Hritzuk concluded that a politically active "social milieu" had such a profound effect on Hispanics versus whites and blacks because Hispanics were generally less familiar with the political process in the United States, and a political environment filled their need for knowledge and socialization (Hritzuk, 2000).
This thesis project is a qualitative study that used in-depth, one-to-one interviews to obtain data. The specific procedures for obtaining a sample of interviewees as well as the step-by-step procedure for data collection and analysis will be discussed. Finally, issues of ethics such as the credibility, role and bias of the researcher along with the trustworthiness of the results will be considered.

This thesis reflects action research in that it will attempt to draw conclusions about how service organizations, hereafter referred to as “advocate organizations”, can better reach and serve the Hispanic community of Columbus. The role of this researcher was to do more than just gather and process data. Issue of ethics, bias, and credibility concerned with this type of research, including the potential impact on the subjects, the advocate organizations and the researcher will be discussed. The discussion section attempts to mesh personal experiences and theories of the researcher with the knowledge gained by the study process, in an attempt to draw helpful and practical conclusions for use by advocate organizations.

**Background Study on Available Services in Columbus**

Approximately two months were spent learning about organizations in Columbus that serve the recent immigrant Hispanic population either directly, or indirectly by
serving poorer members of the city in general. A general survey of health care access for immigrant Hispanics revealed a network of community clinics that function under a sliding scale system in which patients pay what they can, according to income. This network consists of nine clinics. Time was also spent volunteering at one of a few local free clinics that sees patients weekly for one-time episodic care, and then attempts to refer patients to one of the aforementioned clinics for ongoing primary care. Much time was also spent speaking to patient advocates at a local major hospital where Medicaid eligibility was discussed, along with various government-funded programs designed to defray the costs of emergency room visits and prenatal care for the uninsured.

Information from different health care sources was sometimes conflicting and often confusing, even for a graduate student whose first language is English. As the literature review illustrated, Hispanics are often unaware of the way the U.S. health care system functions, and it is not surprising that Hispanic immigrants find it difficult to learn about their options throughout the city.

The local chapter of the American Diabetes Association recently launched an educational initiative aimed directly at Hispanics of Columbus. The “DAR” program (which means “to give” in Spanish) was advertised via pamphlets and other written materials at the office of an apartment complex on the West side of Columbus that is known for having a large number of Hispanic tenants. The program was also advertised at La Clinica Latina, a free clinic directed specifically at Hispanics, as well as by mailing written materials to local businesses patronized by Hispanic customers. The DAR program’s first meeting, or class, attracted approximately 12 members of the community. Other diabetes education programs in Columbus based out of local hospitals and the
Central Ohio Diabetes Association were contacted, but none had any programs geared toward Hispanics, nor did they have any Spanish-speaking staff.

During this preliminary research, several organizations were repeatedly mentioned that offer social services and information resources to the community. A couple of these organizations offer interpreter services, and other "community services" and "social services." While one of these organizations had a bilingual receptionist who was very helpful in answering questions for this project, the other organization never returned the phone call left on its voice mail requesting information. Interestingly, one of these organizations was in the midst of conducting its own research into health perceptions of Hispanics. Focus groups were to be interviewed regarding the community's knowledge of diabetes. However, after running into one of the staff members of this organization several months later, she revealed that very few potential subjects had shown up to participate. While these organizations appear to want to serve the less acculturated Hispanic population and have the air of grassroots beginnings, there are also more formal organizations that offer legal, interpreter, immigration and a host of other services. However, these organizations are primarily funded by government sources, and thus make it clear that their assistance is only available to legal residents, thereby excluding the marginalized population of Hispanics that do not have legal status.

In an effort to bring all of these advocate organizations into one true network, yet another organization was started about one year ago. This grassroots organization was to be staffed by volunteers who could bring different areas of expertise to the group. Office space was donated and several committees were formed to address the subjects of education, community leadership development and health issues for the Hispanic
community. The group hoped to become the umbrella organization by which community members could discover all of the other services available to them. Unfortunately, the limited financial and personnel resources seemed to leave the group disheartened and frustrated at a meeting in late 2001. Shortly thereafter, the group went through a restructuring and resolved to focus on only one or two objectives, rather than maintain the lofty dreams of accomplishing so much. One thing that this organization succeeded in doing was creating a booklet filled with information on available services for the Hispanic community. This resource booklet contained information on everything from churches, restaurants and markets, to social, health and legal services all geared toward the Hispanic community. Unfortunately, the booklet was not printed and distributed in mass quantities and it is probable that not many community members have seen it. It was distributed at the West side apartment complex mentioned above, which has become known as the place to go to reach Hispanic community members. The management of this apartment complex has gone to great lengths to provide monthly social services meetings at which advocate organizations can advertise their services and connect with community members. For example, Catholic Social Services regularly places staff at this location to counsel tenants regarding job placement. Management has also instituted English as a Second Language (ESL), and literacy classes right there on the grounds of the complex. This apartment complex seemed to have just as much, if not more, impact on the Hispanic community, than some of the organizations that advertise at that site.

The last meeting attended during the preliminary research phase was on a collaborative effort spearheaded by the Columbus Health Department. Several advocate organizations for different minority groups in the city were trying to come together and
conduct a large-scale, professionally conducted research project. Interestingly, many of this group's objectives were similar to the questions formulated for this thesis project in regard to the Hispanic population. For example, this group wanted to understand access to and perceptions about the health care system. Also, they wanted to understand what could be done to increase communication, participation and to build awareness. However, different organization representatives wanted to focus on different minority groups, and it became clear that the professional research firm hired would conduct focus groups with whatever populations the various organizations would pay for to be interviewed. There was no strong indication that the Hispanic population would be a major focus of the study.

It was during this preliminary research on advocate organizations, that the first of several assumptions about the Hispanic community began to be mentioned by more than one person. It is assumed that Hispanics do not consider health care to be a priority, and are not concerned with preventive care services. As was discussed in the literature review, this assumption stems from the different ways in which Hispanics have historically used health care services. Researchers have found that Hispanics tend to delay visits to a physician because of fears of impersonal service, culturally incompetent providers, and language barriers. Evidence has not supported the ideas that Hispanics delay physician visits because prevention of disease is not important to them, or that wellness is not a priority.

Other assumptions made by representatives of advocate organizations were that recent immigrant Hispanics, in the country illegally, are most likely working more than one job, and don't have the time to take advantage of available services. Finally, several
people stated that Hispanics obtain most of their information from family and friends. In other words, word-of-mouth is assumed to be the primary means of spreading information and so more traditional routes of information dissemination, such as newspapers, would not be effective.

As mentioned in the introduction, the overall intent of this thesis is to produce practical suggestions and useful information for all of these advocate organizations. Most organizations seem to be in their infancy and are still looking to find their particular niche in the community. If they are ineffective, it is not due to a lack of caring and compassion for Hispanic immigrants, but probably due to the growing pains that any relatively new community faces when trying to establish an identity.

Research Questions

1. What is the level of awareness, among Hispanics in Columbus, of the health, social, and legal services available in the community?

2. What, according to Hispanics, would be the best way for an advocate organization to inform the Hispanic community about its services?

3. How do Hispanics feel about certain assumptions made by advocate organizations about their community?

Sample Selection

A purposeful, convenience sample of 15 Hispanic community members in Columbus, Ohio were recruited to participate in this project. Attempts were made to
interview approximately equal numbers of men and women, however the final group of subjects included more men than women.

It was decided that interviews should take place at different parts of Columbus for two main reasons. First, it was thought that doing this would lend more trustworthiness to the results since focusing only on one location might reflect more of a case study of a neighborhood, which was not the purpose of this study. Second, it was recognized that the West side of Columbus is widely considered the area of Columbus with the largest Hispanic population. A copy of an article in the Columbus Dispatch (date unknown), obtained from one of the advocate organizations, cited census data from 2000 that showed the Northeast side of Columbus has the second largest population of Mexicans in Franklin County, behind the West side of Columbus. This information directed the project to the Northeast and East sides of Columbus in addition to the West side.

Community members that have the means of referring such participants were contacted, and were eager to help in the project. These community contacts included two apartment managers and one restaurant manager. The participants themselves met the following inclusion criteria:

1. Have lived in the United States for less than ten years. Ten years was decided upon based on literature evidence that immigrants reach some degree of similar health and acculturation status as Hispanics born in the United States after ten years, and the objective of this project is to gather information about the immigrant experience. However, if a shorter duration in the United States were the inclusion criteria, for example, one year, then it might be very difficult to recruit many participants.
2. Primarily Spanish-speaking. This inclusion criterion was decided upon because the vast majority of Hispanic immigrants speak only Spanish, and the advocate organizations that this project intends to help primarily serve Spanish-speakers.

3. Participants were to be eighteen years old, or older.

4. Preferred that no two participants live in the same household. This last criterion was a preference only, and was based on this researcher's assumption that two people from the same household will influence each other's responses.

Fifteen people were interviewed, including eight from the West side, four from the Northeast, and three from the East side of Columbus.

**Instrumentation and Data Collection**

The interview guide (Appendix A) was written in English and translated into Spanish. The translation was done by native Spanish-speaking family members of this researcher, who are fluently bilingual, since this researcher does not consider herself fluently bilingual. A family member of this researcher was recruited to serve as an interpreter, and as the primary person conducting the interview. He is a native Spanish-speaker, bilingual in Spanish and English, and possesses the personal skills necessary to give the subject a reasonable sense of comfort with the interview questions.

Some basic guidelines for the interpretation and conduct of the interview were reviewed with the interpreter prior to the interviews. He was instructed to repeat
questions, or to state the question in a slightly different way if the subject seemed to be having difficulty understanding it. However, he was instructed not to provide multiple examples of possible responses. It was agreed that suggesting one example of a possible answer, if necessary to clarify the question, would be fine. He maintained a conversation atmosphere that was within the sophistication of the subjects, sometimes interjecting personal anecdotes that did indeed seem to make the subjects more comfortable answering the questions. The interpreter was instructed to allow the subject plenty of time to respond to the questions, and to use probes such as “...for example...”, or “...can you think of anything else?...” The interpreter was careful not to direct the interview too much, and risk making the subject feel that he or she was giving “wrong” answers. Consequently, there were some interviews during which the subjects did speak at length on tangents that were not really answers to the questions posed. In these situations, the interpreter simply allowed the subject to finish, and then tactfully asked the question again. It was decided that one interpreter for the project would be better than recruiting multiple interpreters since this ensured that all subjects were exposed to the same manner of questioning.

Finally, in regard to the transcription of taped interviews, the interpreter was instructed to capture the spirit of the response if not the literal translation of the words used by the subject. For example, several subjects used the phrase “...to raise up...” in reference to the Hispanic people. In English, it wouldn’t make sense to literally raise people up, so the translation became “...to get ahead in life...”, since that is what the subject really meant. Another example comes from a subject who used the words “...they don’t get close to the clinics...” when referring to Latino people in general, and
their use of medical services. The translation became "...they don't try to use clinics..." because the subject did not mean that Latinos literally avoid getting close to the clinic buildings, but rather that they don't take advantage of the opportunity to use those services. Whenever possible, the literal translation of words was adhered to unless it was obvious to the interpreter and to this researcher that the subject was using common phrases or slang to make a point.

The first eight interviews were conducted in a private room during an English as a Second Language (ESL) class with each subject taking time out of the class to participate. The next four interviews were held in the lobby of an apartment complex. This site was different from the first site since there were occasionally other tenants walking through the lobby. However, the lobby was big enough that the interview was basically still confidential. At no time were the responses of the subjects easily overheard by others. The final three interviews were held at a restaurant. The subjects were employees of the restaurant who had finished their workday. The area of the restaurant where the interviews were held was serving no customers. Occasionally, other employees would walk by, but when asked about this, none of the subjects indicated that they felt uncomfortable with the conduct of the interview.

The interview began with an explanation of the purpose of the study, the promise of confidentiality, basic instructions about responding to the questions (i.e. there are no right or wrong answers), the eventual availability of results to participants, and the opportunity for participants to ask any questions before beginning to give responses. The first five questions addressed the level of awareness of health, social and legal services available to Hispanics, and were intended to be general, open-ended questions. The next
four questions attempted to discover the subjects' thoughts on how organizations might better market their services to the Hispanic community, and what experiences the subjects felt might persuade Hispanics to use or not to use services geared toward them. The next four questions were actually statements of assumptions. The subjects were asked to give their opinions, or reactions, to these statements. Finally, the interview concluded with seven questions regarding demographics of the participants.

After obtaining the participant’s verbal consent to proceed with the interview, a tape recorder was used to record the interview, which lasted an average of 30 minutes. Because this researcher understands Spanish rather well, she was able to steer the interview in a manner that she felt obtained the most useful data. At the end of the interview, the participants were given a copy of the book on available community resources as one way of thanking them for their contribution. The organization that created the booklet was kind enough to give this researcher 24 copies to be distributed to project participants.

**Data Analysis**

Transcriptions of the tape recordings were done with the help of the interpreter, shortly after the interviews took place. Once the transcriptions were printed, the answers to each question were analyzed for similar responses. In the analysis, this researcher looked at general patterns among all subjects, as well as other patterns in responses when gender, the different areas of Columbus, and income levels were considered.

After transcriptions of the interviews were printed, the same numbered questions from each interview were compared and key concepts or words were written down on a
single sheet of notepaper. Then, any similar key concepts or words were easily distinguished. This single sheet of notepaper was the basis for the results section, which was, in turn, the basis for the discussion chapter. The discussion chapter was then used in analysis of the research questions and formed the basis for final recommendations.

**Trustworthiness of Results**

The trustworthiness of this study was strengthened by the inclusion of three different locations for interviews. Also, the interviews are recorded on tape for anyone to listen to and decide for himself whether or not the transcriptions were true to the spirit of the responses. Also, the technique of peer review was used. Aside from the interpreter used to conduct the interviews and aid in the transcriptions, another native Spanish-speaker was recruited to listen to excerpts of the tape recordings and offer her interpretation of the responses. When compared to the original interpretations made by this researcher and the first interpreter, the interpretations of the other native Spanish-speaker coincided very closely.

However, the researcher cannot be completely pre-occupied with the notion of truth, since readers of research will always know that the final discussion, especially in qualitative research, is an interpretation (Patton, 1990). The best a researcher can do is to be honest about her observations and biases, and the limitations of her methodology.

**Credibility of the Researcher and Ethical Issues**

Part of ensuring that the data obtained is trustworthy also includes the need for the researcher to be aware of personal biases that she carries. These biases could be in the
form of leading the interviews in directions that she expects, or in the form of interpreting responses toward meanings that she feels, a priori, to represent the truth. The notion of reflexivity is the idea that the research process will affect the researcher (Glesne, 1999). It is part of the responsibility of the researcher to be aware of this process in order to ensure that personal biases are openly discussed and potentially contributory in the form of reflective thought, rather than detrimental to the trustworthiness of the final interpretations.

Everyone has biases and those biases cannot be set-aside in an attempt to believe that one can be a completely detached observer and conveyer of information. Rather, the role of this researcher is to analyze her biases simultaneously with the data obtained from participants in this project. Just as important as biases, are the questions of what is owed to the participants of a study (Glesne, 1999). The researcher should ask herself, “What have I given back?” and consider whether it is ethical to take from participants their knowledge and time, and then disappear back into academia. This notion opens up consideration that the research process could be harmful to the participants. The researcher must constantly be aware of the possibility that an interview might be misleading to the participant, and ask herself, “Could I do harm to the subject?” (Kvale, 1996). In this particular study, this researcher is concerned that she will be interacting with people who are assumed to be less acculturated and more marginalized in relation to mainstream American society. They may see participation in this study as an opportunity to gain information about services, or to obtain assistance with very personal problems or situations. This researcher is concerned that participants will see her or the interpreter as
contact persons for future assistance with social or health needs, and this researcher is not trained to take on that responsibility.

For this reason, a resource booklet will be given to participants in the hopes that the subjects will not feel used or abandoned. The booklet, titled “Need Information? Services for the Latino Community in Columbus,” offers contact information for several types of organizations including hospitals and clinics, banks, social service agencies, stores, churches and restaurants.
CHAPTER 4

RESULTS

This chapter describes the demographic information collected on the subjects, and the responses to each of the interview questions. The interview process was guided by thirteen questions. Major patterns in responses to the questions are discussed.

Profile of Subjects

Ten men and five women were interviewed. Four men and four women were interviewed on the West side of Columbus. Six men and one woman were interviewed on the Northeast and East sides. The average age of the interviewees was 27.3 years with a range of 17-41 years. Although the inclusion criteria called for participants to be at least 18 years old, the age of the 17-year-old subject was discovered at the end of the interview. His responses were considered important enough to be included in the data analysis. Interviewees have been in the United States on average 2.8 years with a range of 0.5-8 years. The average monthly income was $980.00 with a range of $0.00-$2000.00 per month. The majority of the interviewees were from Mexico, one was from Honduras, and one was from El Salvador. Twelve subjects indicated that they were not legal residents, two were legal residents, and one had permission to work in the United States. The job titles held by twelve of the subjects included: embroidery worker, pet food packer, child care worker, solderer, construction worker, two restaurant cooks,
donut shop worker, bakery worker, retail worker, landscaper, and waiter. Three of the subjects were unemployed.

**Research Question 1: What is the Level of Awareness, Among Hispanics of Columbus, of the Health, Social and Legal Services Available in the Community?**

The first five interview questions were designed to answer this research question. A complete list of the interview questions, in English and Spanish, is found in Appendix A. The subjects mentioned two organizations in some of their responses. In this report, these organizations are referred to as “Organization A” (provides a range of services including assistance finding interpreter services, clinics and general community contacts), and “Organization B” (provides job placement assistance). Responses to each of the first five interview questions are discussed below.

1. What places, organizations, or people do you know that are trying to help the Latino people of Columbus?

   Five subjects named a contact person in their apartment complex rental office, and five subjects named “Organization A”. Four subjects named “Organization B”. Four subjects said they knew of no organizations, places or people that were trying to help Latinos specifically. Overall, subjects on the West side of Columbus had the most responses, especially the women, with five out of these eight subjects naming more than one organization, person or place. Among the seven subjects on the Northeast and East sides, only one subject gave more than one response.
2. If you have questions about medical services, how do you, personally, get answers?

Four subjects mentioned one of several clinics that charge on a sliding scale. Interestingly, only one subject mentioned one of the free clinics in town, in response to a different interview question. Four different subjects (two men and two women) mentioned a medical bus that visits a location on the West side of Columbus. The rest of the responses were mixed. Some subjects said they would go directly to hospitals, or they would ask friends, family or co-workers for advice. “Organization A” was again named by two subjects as a place they could at least call for advice on how to find medical services.

3. If you have questions about legal services or legal status, how do you, personally, get answers?

Seven subjects had no knowledge of who to turn to if they had questions about legal matters including legal status. Two subjects mentioned immigration offices in Cleveland and Detroit, and one subject said he had found advertisements in newspapers from Cincinnati and Toledo that claimed to be able to help people with legal matters. Two subjects said they would seek out a lawyer, but one of these persons had already done that, and the lawyer never returned his phone call. Lastly, two subjects said they had heard of people here in Columbus who claimed to be able to help Latinos obtain legitimate paperwork and social security numbers, but these subjects were suspicious of such offers because the assistance came at a high price. Both subjects indicated that they wished someone would just tell them what they had to do to get a legitimate social
security number. There was no distinct pattern in the way men versus women answered, or in the way subjects from different parts of town answered.

4. If you have questions about social services (for example, child care, housing, jobs) how do you, personally, get answers?

Six subjects, all male, said they would ask friends about finding work, and two men said they had used temporary agencies in the past. None of the women said they would rely on friends, but rather four out of the five women said they could go to their apartment complex rental office for advice on finding work. The fifth woman had no knowledge of such help. “Organization B” was mentioned by two subjects on the West side.

5. If you wanted to improve you English skills, what would you do?

The responses to this question must be analyzed in light of the fact that all interviews on the West side of town were held during an ESL class, so all of these subjects obviously had a strong interest in improving their English skills. Six of the eight people interviewed on the West side said they planned to continue taking advantage of the ESL class offered at the apartments complex, and one subject was concerned that the classes were not going to be offered during the summer. Four of these subjects were aware of other ESL classes in town, but said that either transportation or work were barriers to their participation in those other classes. One subject said he had learned of another ESL class in a local Spanish language newspaper. We failed to ask this question to one of the subjects on the West side. Only one of the six subjects on the East and
Northeast parts of Columbus had been to an ESL class, although they all expressed interest in attending a class. Two of these subjects were aware of a library on the East side that offered ESL classes, and three of these subjects were unaware of any ESL classes. One of these subjects said he already tries to talk to English-speaking co-workers, and makes an effort to listen to them speak and express themselves.

**Research Question 2: What, According to Hispanics, Would be the Best Way for an Advocate Organization to Inform the Hispanic Community about its Services?**

Interview questions six through nine were designed to answer this research question. The responses to these interview questions are discussed below.

6. If an organization existed that could give you services of any kind that you, personally, want or need, what would be the best way for that organization to get your attention?

There was no distinction among answers when men were compared to women, or when subjects from different areas of the city were compared. Five subjects said flyers were the best way to convey information, and that flyers could be left at apartment offices, on cars, or in public places such as restaurants and stores frequented by Hispanics. Three subjects indicated that they would like information mailed directly to their homes. Four subjects said radio would be effective although there are no Spanish radio stations operating in Columbus (one person said he thought there was a radio station operating in the evenings on channel 1580). Two subjects said that Spanish newspapers would be effective.
7. Are there any businesses or places that you feel would be good for organizations to post their information there? Can you name specific examples of these places in your neighborhood?

The majority of responses consisted of stores that sell Hispanic products, although four subjects did say that the best place in the neighborhood was the apartment rental office. The following are the businesses that subjects named specifically:

- La Marketa
- La Michoacana
- La Costena
- El Mariachi
- St. Stephen’s Church
- La Mexicana
- La Latina
- La Nueva Frontera
- La Nueva Zapata
- La Pearla
- La Linda Mexicana
- La Viva Zapata
- La Tapatia
- Meijer (East side)

8. What could an organization do or say to convince you to use its services?

Seven subjects indicated that an organization could best serve them by being sincere, truthful and personal in its delivery. Only two subjects mentioned concrete things that an organization could do, such as have Spanish-speaking staff, or operate during evening hours, as something that would persuade them to use the service. Many of the responses that suggested personal service was important, also suggested that the services be honest about their ability to provide assistance, and that the services provide something that the Hispanic community really is interested in. There was no distinct pattern among men versus women, or among subjects from different areas of town.

9. In the past, what has an organization done that made you avoid using its services?

Four subjects said they would avoid an organization that did not follow through with providing help, and two of these subjects described it as making promises that were not kept. The other two subjects gave specific examples of trying to find work through
an organization that offered job placement assistance. One subject was told that he could not be helped because he did not have his family here in the United States with him. The other subject said the organization was simply taking too long to find him work, and kept telling him to check back tomorrow. Two subjects said that experiences of discrimination would turn them away from the organization. Two subjects said that having Spanish-speaking staff was not enough, and relayed experiences when they felt the Spanish-speaker was not acknowledging them, or treating them well.

Research Question 3: How do Hispanics Feel About Certain Assumptions Made by Advocate Organizations About Their Community?

Interview questions 10 through 13 were designed to answer this research question. Four assumptions were gleaned from the literature and from the preliminary background research done in the Columbus community. The assumptions were read to the subjects, and they were asked for their opinion on the assumptions. Their responses are discussed below.

10. Assumption: Hispanic people do not want to see an American doctor to prevent illness. They only want to see an American doctor when they are sick. Follow up: If money were not a barrier, would Hispanics see an American doctor?

Four subjects said that lack of money was the reason people do not see an American doctor, and three of these subject said that if money were not a barrier, Hispanic persons would go. Five subjects indicated that the inability to communicate with English-speaking providers was the reason Hispanic persons do not see American doctors more often. Nine subjects said that Hispanic persons want to see a doctor, or
should see a doctor, or that they themselves make a point to see a doctor to prevent illness.

11. Assumption: Hispanic people still rely on home remedies for most medical problems because they believe this way is just as effective as seeing an American doctor.

There was a big difference in the way men versus women answered this question. None of the men plainly stated that they do not use home remedies. In fact, one man said he did use them. Five other men said that Hispanics use home remedies before they try to see an American doctor, and that home remedies are more natural than formal medications, or that the use of home remedies depends on the illness and personal custom. Four out of five women plainly stated that they did not believe in home remedies, and made efforts to see an American doctor. Two of these women said that a person should not put so much confidence in home remedies and that a persons should know what is wrong with them. The one woman who did say she used home remedies said that the cost of seeing a physician was the reason.

12. Assumption: If a Hispanic persons knew a class was being offered in a subject that he wanted to learn about, he would probably not be able to attend because he probably works two or more jobs. Follow-up: Do most of the people you know have more than one job?

Nine subjects indicated that most Hispanic persons do have more than one job, or work more than eight hours in a day, and consequently, were too tired to attend classes or meetings, or simply did not have the spare time. Two subjects said that immigrants come to the United States to better themselves, and by this they meant to make money. Four subjects stated they felt immigrants place priority on work over school. However, three
subjects said they would choose a class or seminar over work if they thought the information would be especially useful. These three subjects viewed education as a means to better oneself, rather than making more money. There was no difference in how men versus women, or subjects from different parts of town, answered this question. Three subjects said that family obligations sometimes keep people from attending classes.

13. Assumption: Hispanics get most of their information from friends and family, and don’t pay attention to advertisements.

Fourteen of the subjects agreed that Hispanic persons rely on friends, family members and sometimes co-workers, to obtain information. They further agreed that his was the best source of information. Three subjects mentioned using the newspaper, and two of those subjects mentioned a local Spanish-language newspaper by name. However, one of those subjects felt that this newspaper was filled with advertisements for stores and other things that were “not useful”. Two subjects mentioned using the radio, and one of these persons said he had listened to the local Spanish radio station, but that it simply went off the air. Surprisingly, only two subjects mentioned flyers, or seeing information at neighborhood stores as a means of obtaining information.
CHAPTER 5

DISCUSSION

The discussion chapter will take each research question in turn, and make overall conclusions based on the responses, the researcher’s general impressions of the interviews, and the preliminary research done before the interviews were conducted. The discussion chapter will also include recommendations to advocate organizations about delivery of services.

Overriding Themes of the Responses

Whether asking about perceptions of health or other services, the overriding theme of the responses is that the subjects value the way they are treated. This concept of personal and sincere treatment is what is referred to as “personalismo” in the literature on health care services. The same concept ran through responses when subjects were asked about what they liked or disliked about other services. Many subjects emphasized that being treated with respect was very important to them, and some referred to rude treatment as a form of discrimination.

Another theme that ran through both the literature and the responses to this study was the importance of family and friends. Family was especially important when subjects were talking about their motivation for being aware of available medical services. Friends, on the other hand, were important to the subjects when it came to
finding work or other opportunities. A network of friends often served as the connection to most, if not all of the information the subjects were exposed to.

**Research Question 1: What is the Level of Awareness, Among Hispanics of Columbus, of the Health, Social, and Legal Services Available in the Community?**

**General Awareness**

Hispanic persons on the West side of town were generally well aware of available services of different kinds because of the extensive outreach efforts by that complex’s management, and because some advocate organizations focus outreach efforts there. The women seemed especially savvy about available services, and generally seemed more confident about their knowledge:

“The most important one I know... is [Organization A], they have been a great help. For me, I have my children, and the information about hospitals was the most important to me, information about vaccinations. [Apartment complex] has been another great help since I’ve been here... they have opened up lots of doors for me.”

The subjects on the Northeast and East sides were not as aware, and so advocate organizations might consider identifying key apartment complexes on this side of town, where many Hispanic people live, and starting similar outreach efforts there.

**Awareness of Health/Medical Services**

In terms of medical services specifically, the subjects as a whole seemed fairly well aware of places or persons they could turn to, if not directly for health care services, then at least for advice on how to find those services. Awareness of local free clinics was rather poor however. In fact, only one subject mentioned one of the free clinics in Columbus when answering a later question about the use of home remedies. Also, if
referencing the hospital system is taken to mean that the subject really has no concrete knowledge of available services, then five subjects had no knowledge of where to go for medical help. Many of the responses began to reflect barriers to health care even though the question did not specifically ask about that:

"Here, medical services are expensive, and they say you don't want to get sick here. My sister went to a clinic on Sullivant, but I don't really know about the services. I would first go to [individual in apartment complex office]."

Despite this, it was reassuring to find that ten subjects had a basic sense of available medical services.

**Awareness of Legal Services and Legal Status Information**

Approximately 50% of the subjects had no knowledge of who to turn to for legal help, or for answers regarding legal status. Among the other half, several people felt that a lawyer or an immigration office might provide some assistance. The most troubling responses were from two subjects who expressed their desire to obtain a social security number from a legitimate source: "I want support to get a social security number, a good number, so I can work." These subjects seem to think that there is a process to obtain a social security number that is relatively quick, if they could just find a person or organization that would tell them the truth without charging them a high fee. Unfortunately, these subjects don’t realize that obtaining a social security number goes hand-in-hand with becoming a legal resident, and that, for Mexican immigrants at least, there is no certain way to obtain legal status unless by marriage to an American citizen. For the vast majority of Mexican immigrants, there really is no way to become a legal resident at this time. For immigrants from certain countries such as Honduras and El
Salvador, there is a way that their employer could apply for permission-to-work status for them, but it is often via expensive lawyer’s services, there is no guarantee that the application will be accepted by the United States, and the employer runs the risk of penalties for employing illegal immigrants.

There is evidence from the responses that Hispanic persons are being taken advantage of by people who claim to be able to obtain legal residence for them, or a legitimate social security number, while charging them a high fee:

“I want to have an identification at least from a state in this country. By having identification, I can get ahead. I would like someone to take away all my doubts, who says to me ‘we’re going to do this or that so that you have a paper that will support you.’ Up to now, I haven’t found those people. There are people who say ‘those people will make you papers’, but... those people, they charge you. The services are not free, it’s a business. They aren’t helping the people because they are charging them.”

**Awareness of Social Services**

Almost every subject focused on how to find work even though the question touched on housing and childcare as well. The men, in all parts of town, seemed to be more proactive than the women in how they would find a job, with most feeling confident that friends could help them find opportunities: “You just find work when one of your friends tells you about an opportunity.” Another male subject said, “I use my friends and friends from work, about where to live. Friends are the first option.” Two men had already used temporary agencies and one man said he could look in a newspaper, although we failed to clarify whether he meant a Spanish or English language newspaper. All of the women on the West side of Columbus would still turn to the apartment complex office personnel for help. Three of these women were unemployed, while their
husbands provided financial support, so it should not be surprising that their network of friends is not a tool they use to obtain information about job opportunities. It was surprising that “Organization B”, which places a volunteer at the rental office on the West side apartment complex office, was only mentioned by two of the eight people interviewed there. This organization provides job placement assistance.

**Awareness of Opportunities to Improve English Skills**

All of the subjects expressed a clear desire to improve their English, although the subjects on the West side were at an advantage since English as a Second Language (ESL) classes were being offered every day of the week right there on the grounds of the apartment complex. It is this researcher’s impression that if ESL classes were offered on the East or Northeast parts of Columbus, and were effectively advertised, many people would make an effort to attend. A typical response from subjects on the East and Northeast sides was, “I would like to go to school, but I don’t know where to go.” It seemed that the Hispanic people interviewed for this project are extremely interested in improving their English, and would make a concerted effort to overcome barriers, such as time constraints and transportation, if they knew where ESL classes were offered.

**Recommendations to Advocate Organizations That Want to Improve Awareness Among Hispanics of Columbus**

- Identify apartment complexes on the East and Northeast sides of Columbus with a large Hispanic population, and start outreach efforts there.
- Free clinics might launch an awareness campaign focusing on apartment complexes with a large Hispanic population in all parts of Columbus, and
neighborhood Hispanic stores, to make their services more known, rather than relying just on word-of-mouth.

- Any advocate organization wanting to make a real difference in the lives of Hispanic persons might take it upon themselves to launch an educational campaign about immigrants’ rights and the true procedures for becoming legal residents and obtaining a social security number (or rather that there is no widely available procedure to do this). Even just a flyer with true information left at apartment complex offices would probably clear up misconceptions among Hispanic persons.

- Organizations that offer ESL classes could increase their efforts to advertise in all parts of Columbus, because there appears to be a great desire among Hispanic persons to improve their English. The primary obstacle is lack of awareness of where and when classes are offered.

Research Question 2: What, According to Hispanics, Would be the Best Way for an Advocate Organization to Inform the Hispanic Community About its Services?

Tangible Strategies for Marketing to Hispanics

Although word-of-mouth remained the primary means of information transfer, subjects had other ideas that had already been mentioned by advocate organizations during the preliminary background work, such as leaving information at apartment offices and popular businesses:

“The Hispanics and Latinos, we don’t have a Spanish channel or Spanish radio here in Columbus. So, for us, the most practical means would be flyers.”
However, some of the ideas were somewhat surprising. For example, three subjects said that they would like information sent directly to their homes:

"I would like to receive information at my apartment, my home. For me that is the best option. A person sees that and thinks, that organization is burdening itself to truly help you."

These responses were interesting since the literature review had suggested that Hispanic persons pay more attention to direct mail because they receive so little of it (Mummert, 1994). It would probably be effective for advocate organizations to use direct mail to advertise their services, although the expense of this kind of mailing might tax organizations with limited financial resources.

The responses also revealed that it might be worthwhile for advocate organizations to use more traditional means of communication such as newspapers and radio. The preliminary research revealed that a local Spanish radio station was operating about one year ago, but is now no longer on the air. The radio station had operated only one night a week and for only a few hours, so it is not surprising that few Hispanic persons knew it existed. It is this researcher's opinion that a Spanish radio station would flourish in Columbus if it were launched full-time. Another interesting idea was the use of a local Spanish language newspaper. One of the assumptions that came up during the preliminary research was that Hispanics do not pay attention to more traditional avenues of advertisement such as newspapers, but rather obtain most of their information by word-of-mouth. However, during the interviews, this local Spanish newspaper was mentioned several times by many of the respondents, and so this researcher feels that it would be effective for advocate organizations to advertise in this newspaper.
Specific Places to Advertise

Regarding which businesses or places that would be good for dissemination of information, the majority of responses consisted of stores that sell Hispanic products. The information gleaned from this question was not meant to reveal anything new, because advocate organizations had already indicated that this would be an effective strategy for reaching Hispanic community members. The purpose of this question was to obtain a narrow list of businesses that advocate organizations could realistically focus on from a financial standpoint. The local chapter of the American Diabetes Association has compiled a list of over 85 Hispanic businesses. This many businesses would not be practical for organizations to focus financial and personnel resources on, but a list of less than 15 might be. Advocate organizations could mail or post flyers at these organizations rather easily.

Intangible Strategies for Marketing to Hispanics

A second part of the answer to research question 2 concerns what an organization should do once the community knows of its services. Friendly, honest, truthful and personal customer service was as important as more tangible factors such as convenient hours and Spanish-speaking staff:

"Well, if an organization is offering the help I want, I'm going to be right there with them. And if an organization says, well, we couldn't help you after all, that would be alright if at least they really tried."

There was a subtle undertone to many of the responses that reflected a skeptical attitude on the part of the subjects:
"For me, principally, that they speak Spanish and can communicate in Spanish, and that they have a good service for us, and that what they are saying is not a lie."

It was as if they had run into people or organizations that they felt had been misleading in some way.

Several responses had to do with discrimination, or not being treated well, and it seemed as though two subjects felt worse when a Spanish-speaker failed to treat them in a personal manner than when a non-Spanish-speaker did. In this case, it was as if the subjects took it personally that someone from their own culture would be rude to them:

"Types of discriminations, with nationalities. More than any other, when speaking to someone in their language, without acknowledging them, and sometimes some people ignore you. We are all part of the same continent."

Another subject described it this way:

"I have seen in some parts, our own people, we don’t help each other, and if someone speaks Spanish, they don’t treat us like what we are, like we are human. I don’t ask more of anyone except that they offer their work and treat people well."

The other general response was about organizations offering help, and then not coming through with that help. The subjects who answered this way did not say that the organizations actually lied about their assistance, but seemed to express frustration at having their hopes raised by the prospect of receiving assistance, and then not having that assistance come to fruition:

"There were some people here that said they wanted my number so they could find me work, and told me to come back tomorrow. I was without work for four weeks and getting desperate. Then, I would go and they would say, well we haven’t found anything for you yet but come back tomorrow, and tomorrow. Then I went to the other service, and they found me work right away the next week. So, I left the first agency."
Interestingly, this quote reflects the study by Catalano (2000) that found young, Mexican-American males were quite vulnerable to the acute stress of job loss. The subject’s use of the word “desperate” implies that his expectations of how quickly the agency would help him to find work was not in line with the expectation of the agency he was using. Consequently, his frustration levels were very high. Advocate organizations need to be very careful about how they let someone know that help is not available for them and be sure to explain that the organization really tried to provide assistance. Clarifying expectations on the part of both the Hispanic consumer and the organization might help to avoid frustrations such as those experienced by the subject quoted above. Organizations cannot assume that a Hispanic immigrant understands that organizational policies and procedures sometimes complicate and delay the delivery of any kind of service. It is this researcher’s impression that a little personal reassurance would go a long way, rather than conducting business in too formal a manner. This reflects the literature review’s many examples of how Hispanic persons want more personal relationships with their medical care providers. This idea of “personalismo” or “formal friendliness” is very important to Hispanics (Warda 2000, Larkey 2001).

Recommendations to Advocate Organizations that Want to Improve Their Marketing and Communication with Hispanic Persons

- Invest in advertisement space in local Spanish language newspapers.
- Leave flyers at apartment complexes in all areas of Columbus that have a large number of Hispanic residents.
• Leave flyers at a short list of neighborhood stores that offer Hispanic products and are patronized primarily by Hispanic persons. Such a list is found in the results chapter under question 7.

• Consider using direct mail if lists are available.

• Make sure that staff is providing sincere, friendly and personal service to all customers rather than conducting themselves as if they were providing business-as-usual to strangers who can either be helped or not. It is especially important that Spanish-speaking persons not be made to feel inferior to English-speaking persons since many of the subjects indicated that they had felt discriminated against in the past.

• When services or assistance cannot be provided, staff should be sympathetic and leave the impression that the organization really tried to help, since the customer will probably tell several people about his experience. Encourage the person to refer others to the organization even though he could not be helped.

Research Question 3: How do Hispanics Feel About Certain Assumptions Made by Advocate Organizations About Their Community?

Assumption 1: Preventive Health Care is Not Important to Hispanics

The first assumption is that Hispanics do not consider it important to see a physician for preventive care. The interviews revealed that Hispanic persons avoid seeing a physician, not because of some cultural belief that prevention is unimportant, but rather because of tangible barriers such as lack of financial means, an inability to speak English, few Spanish-speaking providers, and a lack of transportation and time:
"You try to go because you don’t feel good, and you try to make an appointment, but you don’t speak English. You have to get someone else to make the appointment for you, or to go with you, and lots of times, they can’t go. They have their own things to do."

Several subjects expressed the importance of preventive health care, especially the women: “I go to prevent illness. I think Hispanics should go to prevent illness. They don’t go because they are afraid, and they don’t speak English.” Another woman suggested that having children is a motivator for seeking a physician’s care:

“...when you have a lot of men living together in an apartment, they don’t try to go to clinics or to learn English... when you come with a family, it is totally different. We [women] have another way of thinking, family is most important to us... we women that have families, we are always there with the doctor and we don’t let illnesses get too advanced.”

The subjects of this study emphasized tangible barriers, such as foreign language, economics, transportation and time, as the reasons why people do not go to a physician more often. The literature also found that these types of barriers discourage Hispanics from seeking preventive care, and often care in the face of symptoms (Warda, 2000). However, the literature review also suggested that Hispanic persons avoid American physicians because they find that the care provided is impersonal (Larkey 2001). This theory coincides more with the personal experiences of this researcher when she was part of a health care delivery team as a medical assistant, medical student, or volunteer. Often, a patient would present with a condition that was rather advanced, and a common reaction from the health care provider is: “Why in the world didn’t he come in sooner, wasn’t it obvious that something was wrong?” Health care providers need to realize that this type of reaction is, first of all, an indication of the provider’s ignorance of the patient’s personal reasons for not seeking medical care sooner. Second, this reaction
risks exposing the Hispanic patient to the very kind of treatment that they find cold and impersonal, and might discourage the patient from seeking medical care sooner in the future.

Health care providers can encourage an atmosphere of “personalismo” by adopting a few simple strategies, as suggested by the literature. For example, simply greeting patients in a sincere manner, rather than a “sign here and sit down” manner could make Hispanic patients feel more welcome. The literature suggests that a handshake from the physician, or a reassuring hand on the shoulder from a nurse makes Hispanic patients feel they are in a caring environment (Warda, 2000). Also, health care providers need to keep in mind the importance of family to Hispanics. Questions about how the family is doing even if it seems irrelevant to the patient’s chief complaint, or suggestions on how family members can take part in the patient’s health care, would probably be well received. The literature even suggests that providers emphasize the importance of preventive health care so that the patient stays healthy for the sake of his family, if not for himself (Boyer, 2000).

Lastly, health care providers, or providers of any service, should not underestimate the effect of having Spanish-speaking volunteers to interact with patients or consumers. The literature suggests that Spanish-speaking laypersons could be trained to provide basic medical information in a health care setting, and would help create an atmosphere of cultural competence for both Hispanic patients and the health care staff (Larkey, 2001). This suggestion reflects Hritzuk’s findings in the political arena that Hispanic persons are much more likely to be politically active if they are directly connected with other politically active persons in their “social milieu” (Hritzuk, 2000).
In other words, if Hispanic patients or consumers see others like themselves actively involved in the community, the literature suggests they are more likely to participate themselves.

**Assumption 2: Hispanics Routinely Use Home Remedies**

The next assumption is that Hispanic persons routinely use home remedies. This assumption was validated by the responses, but there was a distinct difference in the way men versus women answered the question. The women generally stated that they did not use home remedies, and that people should seek the opinion of an American doctor about their condition, although they felt that Hispanic people generally do use home remedies:

“Well, not me. You should know what you have. I go to the doctor.” Another subject said, “I don’t think they should put so much confidence in home remedies because a lot of times, they aren’t so effective.” The men, on the other hand, agreed that Hispanic people generally do use home remedies, and cited personal custom, as well as financial and language barriers, as reasons that Hispanics turn to home remedies before seeing a physician:

“Basically, the home remedy is better than whatever other type of technical medicine or liquids. So, many people that come from Latin America... they know that herbs are more natural and pure.”

Another subject said:

“Sometimes I get out of work at 11:00 at night, and sometimes it hurts right here, and [I’ll] drink a tea, something you get at the Mexican stores. I’m here without papers, and here you only earn enough for rent and to send your family in Mexico a little money, and so the result is how are you going to see an American doctor who charges you so much?”
This information coincides with the literature review which suggests that a significant percentage of Hispanic immigrants use home remedies and that it is important for health care providers to ask questions about these habits during the medical history part of examinations (Larkey 2001, LeClere 1994). Similarly, Padilla (2001) found that over 81% of 405 Hispanics surveyed said that their physicians did not know of their use of a curandero. The responses from this study suggest that it is especially important to ask male patients about alternative medicine habits.

**Assumption 3: Hispanics Work More Than One Job**

Most subjects agreed that Hispanic persons, generally, seek out more than one job because one job doesn’t yield enough income, and that making money is viewed by most Hispanic persons as the means to better one’s circumstances. So, priority is given to working rather than attending classes or informational meetings:

> “Many Latinos come here to work and not to learn. Many come here with the idea that they come only for one or two years and go back and don’t return.”

Several subjects said that people they knew personally often had more than one job, although no subjects indicated that they, themselves, had more than one job:

> “Sometimes you work twelve hours a day at one job, or you have family. I knew people that had more than one job. They would sleep three or four hours and then get up again.”

A handful of subjects cited family obligations and childcare as the reasons more Hispanic persons do not attend classes or informational meetings.

It appears that the assumption among advocate organizations that Hispanic persons usually work more than eight hours per day, or work more than five days a week,
is valid. This is an obvious reason for advocate organizations to make an effort to conduct business, classes, or informational meetings during both day and evening hours, and on varying days of the week. Another suggestion might be to advertise that a volunteer(s) can help play with or watch children at the class site, while a parent is attending the class. Perhaps efforts should be made to make children welcome to informational meetings, even if it means that a spare room needs to be set-up as a temporary play room.

**Assumption 4: Hispanics Obtain Most Information Via Word-Of-Mouth**

Word-of-mouth remains the primary way that Hispanics obtain information. The subjects overwhelmingly agreed that family, friends and co-workers serve as the primary means of information sharing. The subjects, in general, felt that the information obtained in this manner was reliable: “I haven’t noticed any information in other places, just from people I know. Then I tell others. From one person to another person.” So, the assumption that Hispanic persons rely on word-of-mouth was validated by the responses. However, there were a handful of subjects that felt a Spanish radio station would serve them well, with one person having already discovered the Spanish radio station that was in operation sometime late in 2001. Also, an advocate organization might erroneously conclude that using the local Spanish newspaper would be a waste of resources. There were several responses suggesting that Hispanic persons occasionally do look at local Spanish language newspapers for information.
Recommendations for Advocate Organizations That Consider These Assumptions When Creating Service Delivery Policy

- Health care providers should be sympathetic to Hispanics who present with advanced conditions rather than concluding that the person had used poor judgment in not seeking medical attention sooner.
- Health care providers should remember to treat Hispanic patients in a more personal manner by offering a handshake or asking about family members.
- Health care providers might consider recruiting and training Spanish-speaking volunteer laypersons to provide basic health information to patients, and to create an atmosphere of cultural competence.
- Health care providers need to ask about the use of home remedies, especially by male patients.
- Organizations need to conduct business or offer classes/meetings during day and evening hours, on weekends, or on varying days of the week.
- Organizations might consider inviting Hispanic persons to bring their children to informational meetings or classes, and arrange for volunteers to watch the children in a nearby “play” room near the classroom.

Limitations of the Study

Limitations of this study include limited manpower to conduct a large number of one-to-one interviews, and the fact that most interviewees will be “referred” to the study by trusted members of the community, for example, apartment managers, which means randomness is not a part of the design. Another limitation is that this researcher does not speak Spanish fluently, but only understands it rather well. A native Spanish-speaker
was recruited as an interpreter to conduct the interviews under the overall management of this researcher, and to help in transcribe responses into English. Translating responses into English introduces the risk that some meaning is lost in translation, but the Mexican-American background of this researcher, as well as the Hispanic background of the interpreter should help to minimize this risk.

**Recommendations For Future Research**

Any of the three areas that this study researched would make for a useful research topic alone. The results would be strengthened with a larger subject population than 15 persons. Specifically, no literature was found researching the best ways to market health care services to Hispanic immigrants, a population often highlighted as needing better access to health care. Therefore, this would be a useful area to study. Also, the literature suggests that the days of combining all "Hispanics" into one group are coming to an end as more sub-groups in this population begin to claim an individual identity based on nationality rather than race (Paul 2001, Vega 1994). Research into the perceptions and experiences of specific sub-groups of Hispanics might be especially useful to specific areas of the United States.
LIST OF REFERENCES


Kaplan, M., Marks, G. (1990). Adverse Effects of Acculturation: Psychological Distress Among Mexican American Young Adults. Social Science Medicine, 1313-1319.


APPENDIX A

THE INTERVIEW GUIDE

English Version

Thank you for helping with this research. We are university students and do not work for any government agency. We will not ask you for your name, address, or to sign any forms. We are gathering information about the Latino community in Columbus to help organizations that are trying to help the Latino people. Our results will be shared with these organizations, and will not be directly shared with any government or law enforcement agencies.

We use a tape recorder as evidence that we conducted interview, and not to identify you in any way. If you feel the need to sit quietly after the question is asked, in order to think about your answer, feel free to do that. We will wait for you. There are no right or wrong answers. Some of our questions may seem personal, but it is very important that you answer honestly.

Our report will be finished by June. If you want a copy of the report (in English) please contact _(referring community member)_ , and he/she will get a copy from us.

Do you have any questions for us?

1. What places, organizations or people do you know of that are trying to help the Latino people of Columbus?
2. If you have questions about medical services, how do you, personally, get answers?
3. If you have questions about legal services or legal status, how do you, personally, get answers?
4. If you have questions about social services (for example, child care, housing, jobs) how do you, personally, get answers?
5. If you wanted to improve your English skills, what would you do?
6. If an organization existed that could give you services of any kind that you, personally, want or need, what would be the best way for that organization to get your attention?
7. Can you name specific businesses or places in your neighborhood where organizations should leave information for the Latino community?
8. What could an organization do or say to convince you to use its services?
9. In the past, what has an organization done that made you avoid using its services?
Please tell us how you feel about the following statements:

10. Hispanic people don’t want to see an American-trained doctor to prevent illness. They only want to see an American-trained doctor when they are sick.

11. Hispanic people still rely on home remedies for most medical problems because they believe this way is just as effective as seeing an American-trained doctor.

12. If a Hispanic person knew a class was being offered in a subject that he/she wanted to learn about, he/she would probably not be able to attend that class because he/she probably works two or more jobs.

13. Hispanics get most of their information from friends and family and don’t pay attention to advertisements.

Demographic questions:
14. What is your age?
15. (Gender)
16. What nationality do you claim?
17. How long have you been in the United States?
18. Do you have legal resident status in the United States?
19. (Area of Columbus the interview took place)
20. What is your monthly income before taxes?
21. What is your profession?

Spanish Version

Gracias por ayudarnos en este estudio. Nosotros somos estudiantes de la universidad y no trabajamos para ninguna agencia del gobierno. No le vamos a preguntar su nombre, ni su domicilio, ni que firme ningún documento. Estamos haciendo una encuesta de la comunidad Hispana de Columbus para ayudar a las organizaciones que están tratando de servir a la comunidad Hispana. Los resultados y estudio de esta encuesta serán compartidos con estas agencias que están para servir a la comunidad Hispana. Esta información, en ninguna forma, será dada a ninguna agencia u oficina de gobierno.

Las entrevistas serán grabadas solo como evidencia de mi trabajo estudiantil y con el propósito de ayudar a la comunidad Hispana. Si usted necesita tomar algunos minutos para pensar y darnos su contestación, nosotros esperaremos hasta que usted esté listo/a. No hay contestación correcta o incorrecta. Algunas de las preguntas parecerán personales pero es muy importante que conteste a ellas honestamente.

Nuestro reporte será terminado para junio. Si usted gusta una copia de este reporte (en inglés), por favor de hablar con (the referring community member), y él/ella le conseguirán una copia para usted.

¿Tiene usted alguna pregunta para nosotros sobre esta encuesta?

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1) ¿Qué organizaciones, lugares o personas conoce usted que estan tratando de ayudar a la comunidad Hispana/Latina de Columbus?
2) Si usted tiene preguntas o busca ayuda médica, ¿Cómo encontraría la contestación o la ayuda?
3) Si usted tiene preguntas sobre servicios legales o estado legal, ¿Cómo encontraría la contestación o la ayuda?
4) Si usted tiene preguntas sobre servicios sociales, como cuidado de niños, vivienda o trabajo, ¿Cómo encontraría la contestación o la ayuda?
5) Si usted quiere mejorar su inglés, ¿Qué haría usted?
6) Si existiera una organización que diera todo tipo de servicios que usted personalmente necesitara, ¿Cuál sería la mejor manera de que esta organización llamara su atención y le dijera, aquí estoy para ayudarte?
7) Si una organización va a dejar información sobre las servicios que ofrecen, donde en su vecindad piensa usted que sería mejor dejar esta información.
8) ¿Qué podría hacer o decir una organización para conversarlo/a a usted de que use sus servicios?
9) En el pasado, ¿Qué ha hecho una organización para que usted evitara usar sus servicios?

Que opina usted sobre estos temas:

10) Las personas latinos no quieren ver un doctor americano para prevenir enfermedades. Ellos solamente ven al doctor americano cuando ya están enfermos.
11) Personas latinas todavía dependen o confían en remedios caseros para cualquier enfermedad, porque ellos creen y confían que estos son tan efectivos como ver a un doctor americano.
12) Si una persona latina sabe de una clase que ha sido ofrecida y es una materia la cual él/ella quiere aprender, probablemente él/ella no la tomarían porque tiene dos o más trabajos.
13) La información que los latinos obtienen siempre proviene de los amigos o familiares y no ponen atención a otra publicidad o propaganda.

14) ¿Cuál es su edad?
15) (Género: femenino o masculino)
16) ¿Qué nacionalidad es usted?
17) ¿Cuántos años ha vivido en los Estados Unidos?
18) ¿Es usted residente legal de los Estados Unidos?
19) (Area of Columbus the interview took place)
20) ¿Cuánto gana por mes antes de deducciones?
21) ¿Qué es su profesión?

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