

FaithHealthNC Community Health Assets Mapping Partnership (CHAMP)

Hispanic Seeker-Level Workshop Report

Winston-Salem
July 12th, 18th, and 19th 2014

CHAMP Access to Care Workshop

FaithHealthNC
A Shared Mission of Healing

 **Wake Forest™**
School of Medicine



IRHAP
International Religious Health Assets Programme

ARHAP African Religious Health Assets Programme

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This report is available online at: www.faithhealthnc.org

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SECTION A

Health Seeker Workshop Information

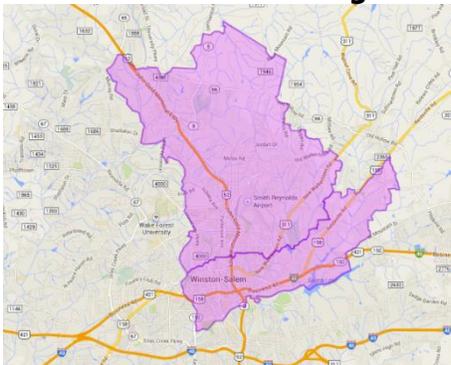
1. AREA AND LEVEL

Three half-day workshops facilitated by Wake Forest Baptist Medical Center's FaithHealthNC, were offered in Winston-Salem for health and social service providers to the Hispanic community. As a part of the Community Health Asset Mapping Partnership in Winston-Salem, the workshops focused on institutional, organizational and individual providers offering healthcare and social services to the Hispanic population of Winston-Salem. The three seeker workshops were conducted in the East Winston-Salem, Old Town, and Waughtown areas. All seeker workshops were conducted in Spanish.

- a) Boundaries for the **East Winston-Salem** workshop were defined as Business Interstate 40 as the southern boundary, and U.S. 52 as the western boundary. East Winston Salem occupies the 27101 and 27105 zip codes. Participants for this workshop were specifically recruited from the Lakeside Villa Apartment Complex on Walkertown Avenue and from St. Benedict the Moor Church on East 12th Street.
- b) Boundaries for the **Old Town** workshop were defined as U.S. 52 as the eastern boundary, Wake Forest University Campus as the southern boundary, and Shattalon Drive as the northern boundary. Old Town occupies the northern half of zip code 27106.
- c) Boundaries for the **Waughtown** workshop were defined as U.S. 52 as the western boundary, Business Interstate 40 as the northern boundary, Interstate 40 as the southern boundary, and the Waughtown Street/Kernersville Road junction as the eastern boundary.

Image 1 is a map outlining the boundaries of East Winston-Salem. **Image 2** points to the areas of Old Town and Waughtown.

Image 1-East Winston



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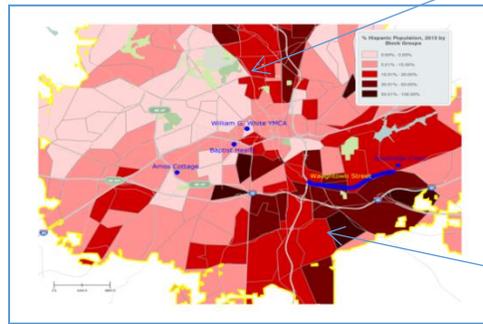


Image 2-Old Town

Image 2- Waughtown

2. DATE AND PLACE OF WORKSHOP

- a. The **East Winston-Salem** workshop took place on July 12, 2014 at St. Benedict the Moor Catholic Church located at 1625 East 12th Street, Winston-Salem, NC, 27101. This location was chosen due to the large Hispanic population at the church and the surrounding area. The workshop began at 10:30 am and was completed by 1:30 pm.
- b. The **Old Town** workshop took place on July 18, 2014 at El Buen Pastor Latino Community Services located at 4637 Tim Road, Winston-Salem, NC 27106. El Buen Pastor has both a non-profit organization and a Presbyterian church, both committed to helping the Hispanic community of Old Town. The workshop began at 9:00 am and was completed by 1:30 pm.
- c. The **Waughtown** workshop took place on July 19, 2014 at Southeast Plaza Shopping Center located at 3025 Waughtown Road, Winston-Salem, NC 27107. This location was chosen due to its central location within Waughtown, as well as the facilitation team's ongoing relationship with the owner of the Plaza, Mr. Isasi. This workshop took place from 11:30 am- 1:00 pm.

3. FACILITATION TEAM

| | |
|---|--|
| Lead Facilitators: | Francis Rivers Meza, MDiv Maria Jones, MDiv |
| Background Content and Materials Experts: | Teresa Cutts, PhD Leland Kerr, MDiv (Waughtown) |
| Photographers: | Jennifer Udom, BS (East Winston) Beth Kennett, MDiv |
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| Translator: | Debbie Salazar (East Winston) |
| Report Translator:* | Rita Pichardo, MD |

Primary Report Writer:

Bridget Hochwalt, BA

*The Executive Report of this document is available in Spanish.

4. PHYSICAL DESCRIPTION

- a. **East Winston Salem:** The workshop was held in a classroom of St. Benedict the Moor Elementary School, located adjacent to St. Benedict the Moor Catholic Church. Four tables were set up for participants, though due to low numbers, only the largest was used. Likewise, maps and activity boards were taped to the walls at the front of the room, though these were not ultimately used. A registration table was set up just outside the classroom door, and snacks and drinks were located just inside the door, at the back of the room. Child care was provided at the classroom adjacent to the workshop.
- b. **Old Town:** The workshop was held in the main activity room at El Buen Pastor Latino Community Services. Three tables were originally set up for participants, though all participants chose to sit at the largest, most central table located at the front of the room. The remaining two tables were used for the community mapping activity. Activity boards were set up at the front, and the snack and drink table was located to the right of the room. Child care was provided in two classrooms to the right of the main activity room.
- c. **Waughtown:** The workshop was held in a newly renovated storefront attached to the Courtyard of Southeast Plaza Shopping Center. A ring of chairs was set up in the center of the space for both the participants and facilitation team. A registration table was located parallel to the door at the front of the space, while snacks and drinks were set up against the adjacent wall by the door. Two tables in the back of the room were designated for the community mapping activity, though they were not ultimately used. Though no children came to the mapping, the green space in the courtyard just outside of the room would have served as a space for childcare.

All 3 workshops were held as a "dialogue" in a setting with both participants and staff sitting around a table.

5. PREPARATORY WORK

Preparatory work for this CHAMP workshop included several different activities including: background research, field study, data collection, map generation, facilitation team training, workshop planning, and workshop materials preparation.

Background Research included a review of Religious Health Assets Mapping projects in South Africa and Memphis, various approaches to community mapping, and models for participatory research projects.

Field Study included a series of transect drives through the study area with team members familiar with this area and the initial identification of key assets and potential key informants. These transect drives, in combination with the insights from key informants, were used to determine the preliminary boundaries for this mapping exercise.

Data Collection included the acquisition of basic demographic, socioeconomic and psychographic data in the study area. Study staff compiled lists of known assets and interviewed key community informants.

Map Generation involved the processing and analysis data on the study area, the incorporation of these data into a geographic information system, and the generation of geographical and special representation of area information through a series of GIS maps layers.

Facilitation Team Training occurred through team member's participation in training events, past workshops held in similar locations, and a familiarity with the CHAMP methodology and other participatory models for focused group discussion.

Workshop Planning involved identifying potential participants for the Health Providers workshop, developing and disseminating a letter of invitation, and following up with potential participants. Workshop staff held face-to-face planning meetings weekly for two months prior to the event, sent emails, and made follow-up telephone calls during the 2 weeks prior to the workshop. Workshop staff also identified the Bio-Tech Place as an appropriate site for the workshop and made the arrangements for AV equipment and lunch.

Workshop Materials Preparation included the generation and printing of neighborhood maps, the printing of materials to be handed out, the packaging of these materials, and the organization of all the materials needed for the workshop exercises (for example, large pieces of paper, post-it notes, writing utensils, flip charts, and beans).

6. PARTICIPANTS

- a. **East Winston-Salem:** Due to the small number of participants at the start of this workshop, participants were not asked to provide personal information (such as address, age, etc.) apart from their name. Instead, demographic information was collected verbally during the introductions. One man was present at the start of the workshop. All other participants were friends and relatives who responded to the first participant's telephone call asking them to attend the workshop. These participants came at varying

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times throughout the workshop. A total of eight participants, five women and three men, participated in the workshop. The majority of participants appeared to be in their thirties and forties. Most originated from the Mexican state of Guerrero and several of the participants attend St. Benedict's church.

- b. Old Town:** Upon registration, each participant was asked to document their gender, age, zip code, occupation and/or school, church affiliation, languages spoken, and the length of time they have lived in Forsyth County. The informed consent process was conducted verbally and in Spanish, after which participants signed their names to consent forms prior to the workshop. All 15 participants were women and all but one were affiliated with El Buen Pastor, either through the Presbyterian Church or Latino Community Services. Given this mutual connection, most women present at the workshop knew each other. The remaining participants learned of this workshop through Pastor Daniel at Iglesia Cristiana Sin Fronteras. The denominations represented at the workshop were Presbyterian, Catholic, and Baptist. The majority of women have lived in Forsyth County between 10 and 20 years, and all but one live in the 27106 zip code. Almost all women were between the ages of 30-40 and only two women reported any English proficiency. The majority of women were homemakers, though two work outside of the home and one attends a pre-university program.
- c. Waughtown:** Due to the lack of participants in the scheduled Waughtown workshop, Mr. Jose Londoño, employee of Qué Pasa Media and operations manager of the Southeast Plaza Shopping Center, agreed to speak with the FaithHealthNC team about the history and vision for the Plaza.

7. INTRODUCTION TO WORKSHOP

The workshop commenced with a brief introduction of the facilitators, Reverend Maria Jones and Reverend Francis Rivers Meza. The Community Health Asset Mapping Partnership (CHAMP) program was explained briefly and informally as a research model derived from the Participatory Inquiry into Religious Health Assets, Networks, and Agency (PIRHANA) model, developed by Dr. Gary Gunderson, Dr. James Cochrane and Dr. Deborah McFarland in South Africa that focused on identifying positive health assets present within communities in the midst of the HIV/AIDS epidemic within sub-Saharan Africa. CHAMP was further developed and refined in Memphis by Dr. Teresa Cutts and team from 2007-2013.

The facilitators explained that FaithHealthNC's mission is to help the community improve its access to health care and healthy living. Facilitators emphasized that the information they would learn from participants about challenges in the community and access to resources was valuable because "we can't improve our community if we do not know it." Facilitators thanked the participants for their time and trust in coming to the workshop, and assured participants that their names and documentation status would not be divulged to any immigration authorities.

After this informal explanation of the CHAMP and the purpose of the workshop, participants introduced themselves and gave a brief synopsis of how they came to live in Forsyth County and how they learned of the workshop.

SECTION B

East Winston-Salem Summary Report

Due to the lack of participants at the start of the workshop, the facilitators decided to make the mapping an informal discussion about challenges with access to medical care. The topics derived from this initial question are recorded in the subheadings below.

1. EVALUATING SERVICES FROM IMPORTANT HEALTH CARE FACILITIES

Participants unanimously agreed that their first choice of medical care is Community Care Center or Southside United Health Clinic, the city's low income options. The Community Care Center (CCC) accepts children without Medicaid, and is therefore the best option for the participant's foreign-born children. For adults, it is hard to qualify for the CCC's charity care. The CCC does not accept Medicaid patients, nor does it accept people above a certain level of income. Several participants noted that they make too much money to qualify for charity care since the CCC does not consider money sent to family in the US and abroad in its calculation of income. The Southside Clinic also provides low cost care, but participants note that required forms and documentation are sometimes a deterrent. The women in the group noted that The Downtown Health Plaza is the most affordable location for pregnancy healthcare. All participants agreed that Wake Forest Baptist Medical Center and Forsyth Medical Center are only used for emergencies or delivery.



2. ALTERNATIVES TO MODERN HEALTH CARE

Participants discussed using traditional or home remedy medicines as a way to cut the costs of healthcare. After doctors could not find the solution to her son's asthma, one woman took her son to a traditional healer, who was able to cure him within three months, and at a much lower cost. The woman noted that using traditional methods could be dangerous, but it was worth the risk in this case. Other participants echoed this woman's experience. The first course of action is the US medical system, but if that doesn't work or proves to be too expensive, participants looked to home remedies or medicines from Mexico. It is usually possible to purchase these illegally-imported Mexican medicines from corner stores, though police crack-downs in the area have made them harder to find.

3. SOURCES OF INFORMATION

Participants commented that their main sources of news and events happening in the community come from their friends and family, church, and Qué Pasa Newspaper.

4. LICENSES AND IDENTIFICATION

Lack of identification affects many aspects of health care. Participants noted that they are often unable to pick up medicines from the pharmacy due to lack of identification. Though identification is generally only required for certain types of medications, the participants at this workshop perceive that it is required for all medications. This perception demonstrates the lack of communication between health providers and Hispanic health seekers. It also demonstrates the power of word-of-mouth as a way of spreading and gathering information in the Hispanic community.

The inadequate and time-intensive public transportation system makes owning a car a more reliable option for those who are financially capable. However, those who drive without a license risk heavy fines, which can be a deterrent for seeking the best medical and nutritional resources. Even clinics who accept undocumented patients require some form of identification, such as a bill with the patient's name and address on it. One participant noted that even this

minimal form of identification can be hard to procure if his bills come in his landlord's name.



5. INCOME AND POVERTY

Poverty affects all aspects of health care, especially for those already limited by their documentation status. Despite the fact the *Compare Foods* is the only Hispanic grocery store in the city, many participants at the mapping said they only shop there occasionally, when they can afford it. Poverty also prevents participants from seeking preventative care, or care at the first

signs of illness. Rather, participants only seek medical care when they can no longer go without it. This usually means a trip to the emergency room and many expensive medical bills, which further perpetuates the cycle of debt. In one touching story, a man at the workshop explained how he had to stay in the United States to work even after he found out that his father was dying in Mexico. His father told him that he must stay to provide for his mother, because even funerals are expensive.

6. LOCAL ACTION STEPS

At the end of the workshop, participants were asked "What are the most important tangible and intangible factors necessary for better access to healthcare?" Participants came up with the following factors:

Tangible factors:

- More options/better access to low cost services
- Ability to get an ID (for driving and pharmacy purposes)
- Bilingual directions on medications
- Pre-natal services
- Low cost mammograms
- Diabetes clinics
- More efficient public transportation system

Intangible factors:

- Culturally competent health care providers
- More information (in Spanish) on where to find services and how to qualify
- Dialogue with providers (this is especially important for the elderly and illiterate)
- Compassionate care
- Honor
- Respect

Lastly, participants offered other next steps:

- Teach their community financial responsibility, with the hope that making this change will start to break the negative Hispanic stereotypes
- Create more after-school programs to keep children off the street while parents are at work

SECTION C

Old Town Summary Report

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Due to a greater number of participants at the start of the workshop, the FaithHealthNC team decided to incorporate several structured activities typically done with the seeker workshops. Members participated in three activities: community mapping, an evaluation of current health facilities, and future steps towards making health care more accessible.

1. COMMUNITY MAPPING

a. OBJECTIVE

The first activity of the day involved community mapping. Two groups were asked to discuss what they collectively know about Old Town and construct a map based on what they believe to be important assets of the Old Town community. The purpose of this exercise was to serve as an “icebreaker” and to allow participants to identify and map community and religious health assets that they deem essential to improve access to care in Old Town.

b. METHOD

The participants broke into two small groups, one group per each activity table. Each table was equipped with colorful markers and large white sheets of paper. “Group 1” and “Group 2” were each comprised of six women participants, most of whom were in their thirties. The participants began discussing the areas in which they live. Many of the women were neighbors and friends, which fostered an atmosphere of inclusivity and idea sharing. Both groups took the mapping seriously and spent several minutes determining the map’s boundaries and important assets before drawing. Group 1 stenciled a preliminary version of the map on notepads before starting the true map. After brainstorming, one member of each group became the primary scribe and outlined a map of Old Town using their own boundaries.

Both maps used Reynolda Road as the central road in their map. Group 1 drew Shattalon Drive as the Eastern boundary. Group 2 included health care facilities that were important to the community but were not located in close proximity to Reynolda Road. After approximately twenty minutes, each group was asked to post their maps along the back of the room and share them with the group.

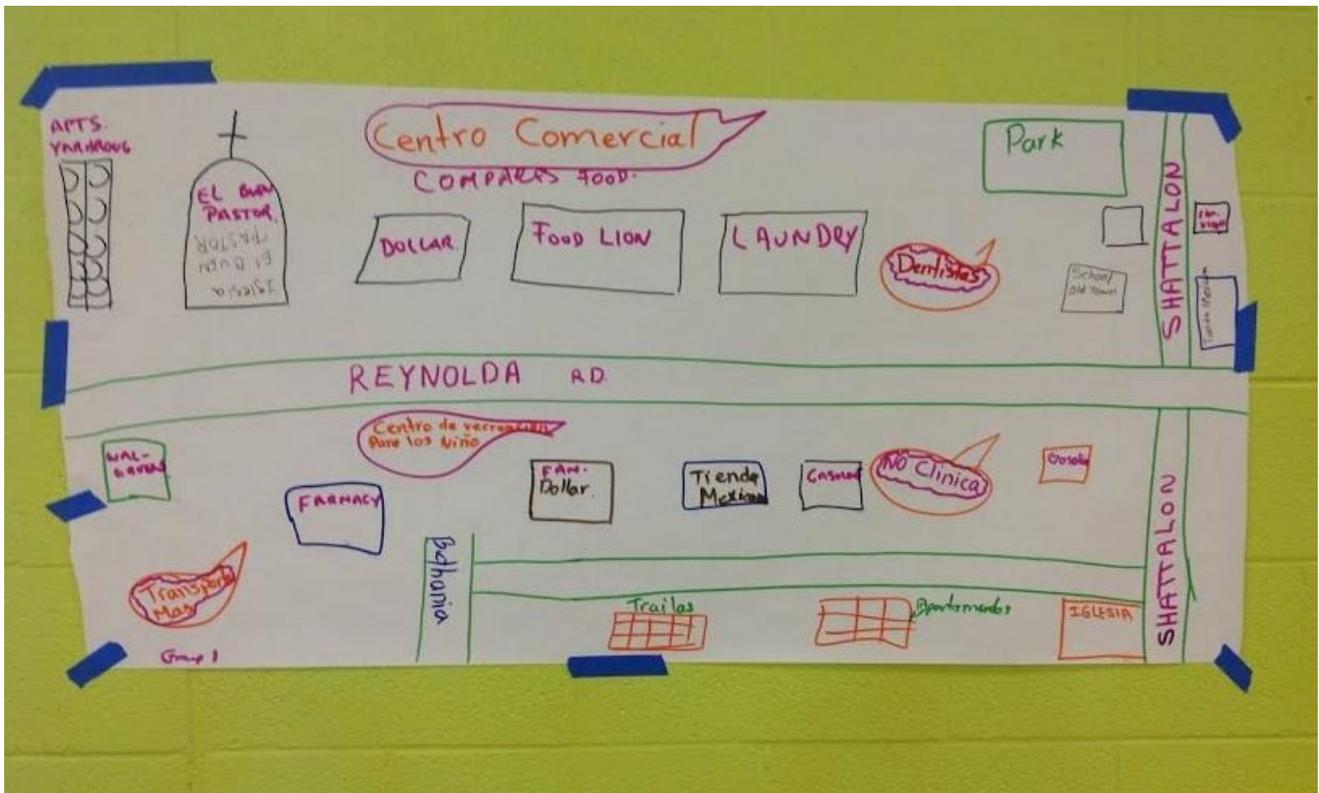


c. GROUP 1

The women in Group 1 drew a map of the intersection of Reynolda Road and Shattalon Drive. The important community assets in Group 1 include Old Town Elementary School, a park, Food Lion, Family Dollar, churches, and several Mexican shops. The women also included residential areas-like the surrounding apartments and trailer park- and important practical institutions, such as the Laundromat and gas station. The

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women especially emphasized the impact that El Buen Pastor has had in their community and the lives of their children. In addition to listing community assets, the women also listed and drew circles around assets that the community lacked. These include a clinic, a dentist's office, a shopping center with Hispanic foods, and a more accessible transportation system. Due to the lack of routes and infrequent bus stops, the nearest affordable clinics (Community Care Center and Southside Clinic) take two hours to travel each way via public transportation. There are no dental services at the low-income clinics, therefore undocumented or uninsured community members have little or no access to see a dentist without insurance. Children receive dental care through Medicaid. Several of the women shop at Compare Foods in Waughtown, but they would like for there to be a closer option for Hispanic food. **Image 3** below shows the community map from Group 1.

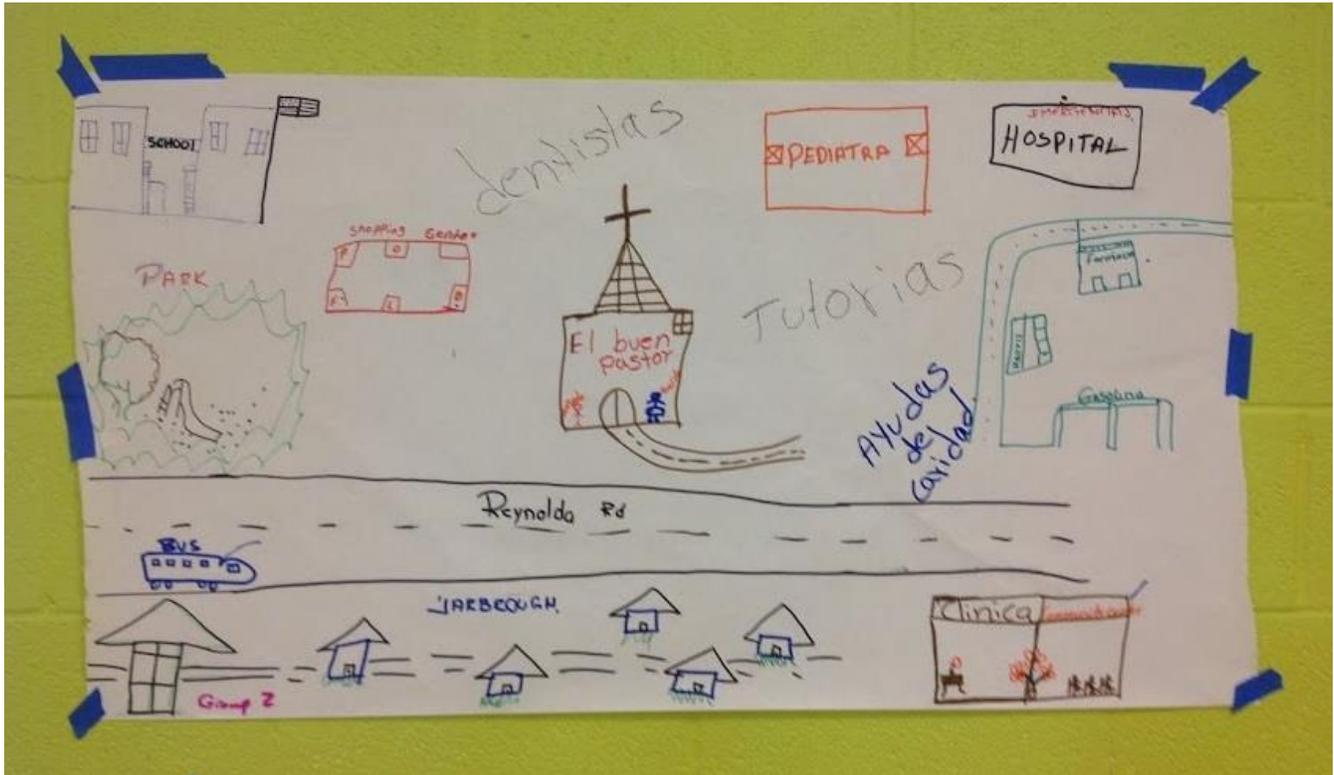


d. GROUP 2

Group 2 used similar boundaries for their Old Town Map, yet the community assets listed on their map tended to be more health related. Among the important assets were Old Town Elementary School, a pediatric clinic, the emergency room at (presumably) Baptist Hospital, the Community Care Center, the bus system, a park, a gas station, the shopping center (which includes Food Lion), and El Buen Pastor. El Buen Pastor was located in the center of the map, which presumably indicates its centrality to the lives of the community members in the group.

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Like Group 1, the women in Group 2 emphasized the importance of El Buen Pastor to the community, specifically in regards to the tutoring program, which gives their children somewhere to go and helps them with their schooling and English. **Image 4 below** shows the community map from Group 2.



e. THEMES WITHIN BOTH GROUPS

The two groups had many similar themes. Interestingly, both groups listed the gas station as an important tangible asset, and listed dental services as an important gap in medical care for those in the community without insurance. Both groups also emphasized that the public transportation system is insufficient, slow, and impractical for those who have to work. Because of the physical and financial limitations, mothers do not seek medical care unless they absolutely have to. As one participant commented, this can become a dangerous cycle because “the health of the children depends on the health of the mothers.” Both groups also lamented the difficulty of navigating the health care system, even the free clinics. Most of the women make too much money to qualify for service at the Community Care Center, and their documentation status bars them from government programs like Medicaid. Without a financial safety net, medical care is seen as a reactionary necessity, not a preventative one.

An underlying theme of the community mapping activity was the effect of racism on Hispanic health. The women said that health care workers usually assume that they don't have documentation, and therefore treat them poorly. Even the women who had residency status felt that it is harder to get services as a Latina than it is as a Caucasian person.

2. EVALUATING SERVICES FROM IMPORTANT HEALTH CARE FACILITIES

a. OBJECTIVE

The objective of this activity was to determine how community members navigate the medical system and how they rate the important medical facilities in their area.

b. METHOD

The facilitators wrote the names of the important medical facilities that had been listed so far in the workshop. They then asked participants to list the advantages and/or challenges of each medical facility.



c. LIST OF HEALTH CARE FACILITIES

Community Care Center

- Advantages
 - Low cost
 - Free or low cost medicines
 - The only medical facility where Hispanics can see the same doctor
 - Free mammograms for patients who qualify for services
 - Serves the undocumented population
 - Is the best option for care in general***
- Disadvantages
 - Requires a proof of income- many of the participants do not meet the income requirements
 - Lots of paperwork and rules- it is hard to qualify for care
 - Need some form of identification (such as ID from the Mexican consulate)

Southside United Health Clinic

- Advantages
 - Serves undocumented and low income patients
- Disadvantages

- Is a long distance from Old Town, especially by bus

Downtown Health Plaza

- Advantages
 - The best place for obstetrics and pediatrics
- Disadvantages
 - Service feels rushed
 - Participants sometimes feel disrespected and/or discriminated against
 - Different treatment for documented versus undocumented Latinas
 - Lack of interpreters

Forsyth Medical Center

- Advantages
 - The hospital allows for payment plans, as opposed to up-front payment for services
 - Provides the Old Town/ El Buen Pastor community with cancer education
- Disadvantages
 - Care is expensive- participants only use hospital for deliveries and emergencies
 - Can only go once every five years for deliveries

Wake Forest Baptist Medical Center

- Advantages
 - Offers nutrition classes at El Buen Pastor via Angelica Guzman at the Brenner FIT program
 - Patients feel respected and well attended
- Disadvantages
 - Long wait time for interpreters
 - Interpreter terminology is sometimes difficult to understand
 - Care is expensive- is only used for pregnancies and emergencies

Urgent Care Facilities

- Advantages
 - Usually less expensive than care at a hospital
- Disadvantages
 - No payment plans- care must be paid for up-front

3. SOURCES OF INFORMATION

Participants were asked "What is the best way to spread news in the Hispanic community?" The first and unanimous answer was "the newspaper," referring to Qué Pasa Newspaper. Other ways of spreading news were the church and word of mouth.

4. NEXT STEPS

a. OBJECTIVE

The final exercise helped to identify the community's greatest health care needs and to identify what role the participants could have in improving their community.

b. METHOD

At the end of the workshop, the facilitators asked all participants, "What would you like to see changed?" In addition to this question, Rosa Miranda, Pastor at El Buen Pastor Presbyterian Church, asked the participants "How can we improve the health and wellbeing of the community?" The participants created one list of what they would like to see changed in the community, and another of how they personally could positively impact the community.

c. DISCUSSION

Things that would improve health and wellness in Old Town:

- A closer, low income clinic
- A dentist's office
- A community pharmacy
- Better treatment for Hispanics in the medical system
- Access to information on preventative care
- A better and more frequent transportation system
- The ability to obtain identification

Ways that participants can improve themselves and their community

- Self-reliance, in order to help the children and family
- Reliance on neighbors/each other

Following this discussion, participants were asked "How difficult is it to talk about these issues outside of this setting?" Many of the women said that they can only talk about issues like these with their pastor- either Pastor Rosa (El Buen Pastor) or Pastor Daniel (Iglesia Cristiana Sin Fronteras). When asked whether they could imagine confiding their personal issues and health care problems to anyone apart from their pastors, the first, unanimous reaction was "no." After some thought, the women conceded that they would like to trust other people with their burdens, but they were not currently able to do so. As one woman stated, "Even with this workshop, there is no guarantee that the information will be used for our good, or against it."

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Fear of deportation and a history of discrimination makes trust a difficult, but vital, part of building a relationship between the medical system and the Hispanic community.

SECTION D

Waughtown Summary Report

Due to the lack of participants in the scheduled Waughtown Hispanic workshop, Mr. Jose Londoño, operations manager of the Southeast Plaza Shopping Center, agreed to speak with the FaithHealthNC team about the history and vision for the Plaza. Four FaithHealthNC employees and several hospital volunteers were present for the conversation. The group formed a circle of chairs in the middle of the room, where conversation took place in a mix of Spanish and English.

1. HISTORY OF SOUTHEAST PLAZA

Before Qué Pasa Media Network's purchase of the Southeast Plaza in 2011, the space was known as two separate entities, Southeast Plaza and King Plaza. The plazas had faced a long downward spiral in sales since the 1980s, as large businesses moved to locations closer to the highway, and crime, poverty, and vagrancy became more prevalent in the area. The parking lot fell to decay and lacked street lamps, while vagrants were known to live in some of the empty storefronts. This led to the general perception that the shopping center was unsafe, which deterred further customers. Due to the deterioration of the customer base, investors pulled out of the center and it became possible for Qué Pasa Media and owner Jose Isasi to purchase the center, with the help of government incentives, in 2011.

2. A NEW ERA, A NEW VISION FOR SOUTHEAST PLAZA

Since 2011, Que Pasa Media (through the leadership of Jose Isasi) has created a business strategy and spent millions on repairs for the renovation of Southeast Plaza. The first year was spent on a \$1 million dollar renovation of the roof, which was at that point unusable after years of neglected repair. More recently, efforts have moved to lay a new parking lot, complete with street lamps, and to renovate individual store spaces. Store spaces are renovated after a lease agreement has been signed, in order to customize the space for the made for the specific renter. Another unique challenge in revamping business at the Plaza was transforming the large store fronts, designed for mega stores, into smaller spaces. As mentioned earlier, all of the Plaza's megastores have moved away to more centrally located areas in the city. To solve this special problem, Mr. Londoño and his team are in the process of transforming these large spaces into a mini-mall of numerous small stores.

Changing the Plaza's perception in the community is one of Mr. Londoño's chief concerns. Even after \$8.5 million in renovations, a larger police presence at night, and a growing number of new small businesses, the community still perceives the Plaza as it was three years ago. Despite this challenge, the Plaza is breaking even and paying back loans, which Mr. Londoño believes is a very positive start.

Some of the stores located at Southeast Plaza include: Compare Foods, Family Dollar, Disco Rodeo, an African American beauty salon, a Hispanic beauty salon, Qué Pasa Media, and Southside Pharmacy. Mr. Londoño notes that neighborhood pharmacies like Southside seem to be gaining in popularity. Some members of the group suggested that this may be because patients are becoming more interested in forming a relationship with their pharmacist.

3. HEALTH CHALLENGES IN THE HISPANIC COMMUNITY

Mr. Londoño also offered several insights to the health challenges faced by the Hispanic community in the area. Children and parents live in two different healthcare worlds, separated by documentation status. "Because they are born in the US, the door is open for children, but it is slammed in the parents' faces." All US-born children under the poverty level are put on Medicaid, which guarantees them at least a minimal level of free healthcare. Undocumented, and therefore uninsured, parents must pay out of pocket. This is not financially affordable for most Hispanic families, and so necessary healthcare is delayed for the sake of other bills, groceries, and children's health needs.

Mr. Londoño also commented that many Hispanic families choose to self-medicate, with illegal and/or traditional medication, to avoid the hospital system and high cost of treatment. Home remedies from Mexico or the country of origin can be found at many corner shops. Self-medication is dangerous and there is still the risk of a bad reaction to the treatment. However, according to one rational, this only means ending up at the hospital, which is no different from where you would otherwise be with the contemporary treatment option.

APPENDICES

CHAMP Seeker-Level Workshop Report- Hispanic Community of Winston-Salem

| Winston-Salem Information | Demographic | Winston-Salem | North Carolina | United States |
|--|--------------------|----------------------|-----------------------|----------------------|
| Total Population | | 229,617 | 9,535,483 | 308,745,538 |
| Population Growth 2000-2010 | | 23.6% | 18.5% | 9.7% |
| Gender | | | | |
| Male | | 47.0% | 48.72% | 49.2% |
| Female | | 53.0% | 51.28% | 50.8% |
| Race | | | | |
| White | | 117,600 (51.2%) | 68.47% | 72.4% |
| Black/African American | | 79,598 (34.7%) | 21.48% | 12.6% |
| Hispanic | | 33,753 (14.7%) | 8.39% | 16.4% |
| (Mexican) | | 23,427 (69.4%) | | |
| (Central American) | | 3,757 (11.1%) | | |
| (Puerto Rican) | | 1,965 (5.8%) | | |
| Asian | | 4,581 (2.0%) | 2.19% | 4.8% |
| Native | | 1,173 (0.5%) | 1.35% | 1.1% |
| One Race, Other | | 21,093 (9.2%) | 4.34% | 6.2% |
| Two or more races | | 5,572 (2.4%) | 2.16% | 2.9% |
| Educational Achievement (25 years and over) | | | | |
| Less than High School | | 14.5% | 15.49% | 14.3% |
| High School Graduate | | 25.9% | 27.24% | 28.2% |
| Some College or Associate Degree | | 27.6% | 30.44% | 29.0% |
| Bachelor's Degree | | 20.3% | 17.82% | 17.9% |
| Graduate or Professional Degree | | 11.7% | 9.01% | 10.6% |
| Place of Birth and Citizenship | | | | |
| Native Born: | | 204,449 (88.9%) | 92.5% | 87.1% |
| Born in North Carolina | | 134,419 (58.4%) | 58.1% | - |
| Born in Different State | | 67,732 (29.4%) | 33.4% | 27% |
| Born in Puerto Rico or US Territory | | 2,298 (1.0%) | 1.0% | 1.4% |
| Foreign Born: | | 25,581 (11.1%) | 7.5% | 12.9% |
| Foreign born with US citizenship | | 5,735 (2.5%) | 2.3% | 5.7% |
| Foreign born without US Citizenship | | 19,846 (8.6%) | 5.2% | 7.2% |
| Born in Latin America | | 18,887 (8.21%) | 4.4% | 6.8% |
| Language Spoken at Home | | | | |
| English | | 85.9% | 89.4% | 79.6% |
| Spanish | | 10.28% | 6.5% | 11.6% |
| Employment (16 years and over) | | | | |
| Males- In labor force | | 69.6% | 69.9% | 70.2% |
| Females- In labor force | | 58.0% | 58.9% | 59.4% |
| Males- Employed | | 87.1% | 89.2% | 90.3% |
| Females- Employed | | 90.2% | 89.8% | 91.2% |
| Males- Unemployed | | 12.9% | 10.8% | 9.7% |
| Females- Unemployed | | 9.8% | 10.2% | 8.8% |
| Median Age | | 34.6 | 37.40 | 37.20 |
| Households | | | | |
| Family Households | | 60.3% | 66.7% | 66.4% |
| Married-couple family | | 38.4% | 48.4% | 48.4% |

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| | | | |
|--|---------------|----------|----------|
| Nonfamily households | 39.7% | 33.3% | 33.6% |
| Income | | | |
| Families in Poverty | 9,205 (16.9%) | 12.4% | 10.9% |
| Median Household Income | \$40,869 | \$46,450 | \$53,046 |
| Median Household Income by Race | | | |
| White | \$49,024 | \$51,902 | \$56,203 |
| Black/African American | \$30,276 | \$32,702 | \$35,564 |
| Hispanic | \$28,639 | \$34,359 | \$41,994 |
| Asian | \$66,862 | \$63,958 | \$71,709 |

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We wish to thank the Wake Forest Baptist Health Foundation for funds that helped support staff and underwrite the mapping activities as well as St. Benedict the Moore Catholic Church, El Buen Pastor, and Southeast Plaza Shopping Center for allowing use of their space for the meetings. For more information, contact Dr. Teresa Cutts at 336.713.1434 or tcutts@wakehealth.edu.

NOTES FROM FOLLOW-UP MEETING

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The Hispanic Mapping follow-up took place at Southeast Plaza Shopping Center on August 22, 2014 from 5:30-7:00pm. Thirteen participants and six staff were present for the debrief and discussion.

What did you learn from this process?

Discussion: After learning about the barriers to care for Hispanic immigrants, many participants expressed frustration with the barriers for qualifying for medical services at low income clinics such as the Community Care Center. It became apparent from the discussion that lack of identification is a reoccurring and detrimental barrier to care.

What are our next steps?

Discussion: Participants discussed the need for medical professionals and traditional healers to have more dialogue in order to prevent health crises that come from risky traditional treatment options or self-prescribed medicines. Medical professionals must build a reputation of trust and compassionate care in order to have a dialogue with traditional healers and those who use traditional healing methods. One provider shared an inspiring story of how a Hispanic patient came to her with a traditional medicine, asking if it was safe to use. This example of patient-provider trust is the first step in breaking down barriers between the medical system and the Hispanic patients who use it. Participants discussed the idea of "proactive mercy" to reach out to the most frequent ER visitors. Participants also discussed creating a program modeled on Greensboro's Faith Action International House in which undocumented people can receive identification cards that will allow them to pick up prescriptions and qualify for medical services.

How can we use our community assets to move forward on our next steps?

Discussion: After looking at the lists of institutions that providers and seekers "are proud of," one participant commented that providers must go and partner with the places that seekers "are proud of" in order to start the process of trust-building in the community. Participants noted that it is important to "go where people are and give them a voice." By consulting community members and leaders, providers gain valuable assets to help remove the barriers to care.

How would YOU be willing to help us move forward on the ideas we talked about today?

Discussion: Several participants commented that they would like to meet regularly to create a process of getting undocumented people identification cards. Participants also noted that it is important to partner with other organizations who can complement their work, and to share information generously. Several members discussed posting Spanish-language flyers in hospital elevators and throughout communities about the various health resources available to the Hispanic community.

Other comments:

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The results of this report cover only a sampling or snapshot story from the participants who attended our four asset mapping workshops. These participants' issues and experiences cannot be generalized to that of all Hispanic people in Winston-Salem. However, it does give a cursory glimpse into the issues that many Hispanics experience daily.