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A Participatory Model for Community Health Assessment in the South Philadelphia Latino Immigrant Communitiy

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Preface

This report is a summary of the ongoing needs assessment activities taking place in South Philadelphia's Mexican immigrant community. The objectives of this paper are as follows:

1) Outline the background and history of the community of focus
2) Name and describe the constituencies and partners involved in the needs assessment process
3) Describe the progress made to date, including the methods used
4) Summarize findings up to this point
5) Identify components which remain unfinished, and outline a continued plan of action

The community health assessment activities described in this report are part of a growing community collaborative initiative to address health disparities; this initiative is in the incipient stages of applying for non-profit status and formalizing activities as *Puentes de Salud* (Health Bridges). The information contained in this report will also be used to support the development of *Puentes de Salud* and the process of organizing for change in South Philadelphia.

Introduction

The activities described in this community health needs assessment were conducted by *Puentes de Salud* in collaboration with community partners and residents of South Philadelphia. *Puentes de Salud* is a partnership model of health promotion based in the Mexican immigrant community of South Philadelphia. *Puentes* is dedicated to facilitating health access and promoting wellness for new immigrant populations through coalition-building, advocacy, health promotion, prevention, and education. Though the needs assessment focuses on the experiences of the Mexican immigrant community, the findings and implications of the assessment may be applicable to other newly arrived immigrant groups and undocumented persons residing in Philadelphia. The needs assessment is meant to represent the voices and lived experiences of participants. It also provides both quantitative and qualitative data on the health status of a rarely examined population. As a living document, it serves as a resource for organizations working with new immigrants, as well as a starting point for identifying opportunities for inter-agency collaboration and community-based interventions.

Background

Through a partnership with *Casa de los Soles,* in the summer of 2004 two Penn medical students undertook a needs assessment with the goal of describing the health status, and identifying the health concerns, priorities, and barriers to care in the Mexican community of South Philadelphia. It is often difficult to obtain information, particularly health-related, on this particular population due to the exclusion of undocumented persons from many analyses of health care utilization, as well as being generally overlooked in census data (Passel, 2005). The health needs project with *Casa de los*

Soles was undertaken as an in-house assessment; the foundations were to be laid for a more formal study in the future. The next year a proposal for a qualitative health needs assessment of the Mexican immigrant community in south Philadelphia was approved by the IRB at the University of Pennsylvania. Based on the original needs assessment in 2004, focus group questions were generated and structured to guide discussions with small groups of participants. Two focus groups were conducted in the summer of 2005, and the final two will be conducted in September of 2006. In the past year, the project which began with the needs assessment in South Philadelphia grew into an established student-community partnership with the name of *Puentes de Salud* (Health Bridges). In July of 2006, *Puentes de Salud* became a member of the Coalition for Latin American Immigrants, an umbrella group for representative organizations representing the Latin American immigrant community of Philadelphia. This community health needs assessment will inform and guide future health-related initiatives of the Coalition, to be implemented by the newly formed health committee in collaboration with other area organizations.

Community Core

Background and Demographics

The Mexican immigrant community in Philadelphia has grown rapidly over the past few years as more immigrants find employment and choose to settle in the city. Numerous immigrant groups are represented in the city of Philadelphia, including Hispanic immigrants from various Central and South American countries. However, the vast majority of new immigrants to the neighborhood of focus come from Mexico, thereby warranting distinction as a community, though not excluding persons of other

nationalities who share similar characteristics. Nationally the Mexican-born population in the United States has grown by 500,000 people a year for the past decade. It is estimated that 80-85% of Mexican migrants in the U.S. for less than ten years are undocumented (Passel, 2006). The first waves of Mexican immigrants who came to Philadelphia, as in other parts of the U.S., were mostly young to middle-aged male workers. Over time however, more women, children, and older adults have also settled in the area. With the shifting demographics of this population, the health needs of the community have also changed and become more visible to providers as women with little or no prenatal care seek labor and delivery services, and older adults approach health care providers for management of chronic issues such as hypertension and diabetes. At the same time, health needs of the worker population remain unaddressed, such as environmental exposures, repetitive stress injuries, accidents, and mental health. Trauma and psychological stress are widely prevalent in the community, and may be products of historical events, experiences while crossing the border, or current lived situations.

A majority of the adult immigrant population is uninsured nationwide, a problem which is exacerbated by undocumented status. The Kaiser Commission on Medicaid and the Uninsured (2003) found that low-income non-citizens are more than twice as likely to be uninsured than low-income citizens. In addition, rates of insurance coverage among U.S.-born children of immigrants continue to lag behind those of children of native-born parents (The Urban Institute, 2005). This has been attributed to lower healthcare utilization and lack of a consistent primary care provider. Studies have shown that perceived barriers to healthcare utilization for immigrant populations include transportation, spoken language, cultural competence of providers, and cost. In addition,

undocumented immigrants may have fears of exposure or deportation in the event that they seek access to social or healthcare services.

Resident profile

Mexican immigrants residing in Philadelphia represent many different regions of their home country, though a majority of immigrants come from the state of Puebla, Mexico. The high concentration of families and individuals from the same state and even the same town who have settled in Philadelphia has caused some to call their new city "Puebladelphia". There is a committee of representatives from the town of San Mateo Ozolco in the state of Puebla who have established themselves as leaders in the community, organizing a transnational campaign to build a high school in their hometown. Other residents of San Mateo brought a statue of the Virgin Mary from their town to place in St. Thomas Aquinas, a local Catholic church which serves as a spiritual and social nexus of the South Philadelphia Hispanic community. Many residents of Puebla speak Nahuatl, an indigenous dialect, in addition to Spanish. A dance and culture group, Danza Azteca, promotes preservation of indigenous culture through traditional drum and dance performances in the community and at larger arts and culture venues in Philadelphia, Trenton, New York City, and Harrisburg.

As the immigrant community grows, Mexican-owned small businesses flourish in and around the Italian Market area and South Philadelphia, including *taquerías*, *albarotes* (small groceries), music stores, and *pañaderias* (bakeries). The neighborhood soccer fields and basketball courts serve as sites for late afternoon and evening pick-up games or summer leagues and tournaments. Mothers take their children to playgrounds, or to the libraries after school for help with homework. The local Catholic church, St. Thomas

Aquinas, offers English and GED classes, along with other organizations in the community. *Juntos*, an organizing and leadership development non-profit established in 2003, offers daily English and computer literacy classes, though also focuses its' efforts on leadership and community capacity building. The San Mateo committee was formed in the process of founding *Juntos,* and is now one of several committees operating out of *Casa de los Soles*, *Juntos'* space on Ritner St. in South Philadelphia.

Community Partners

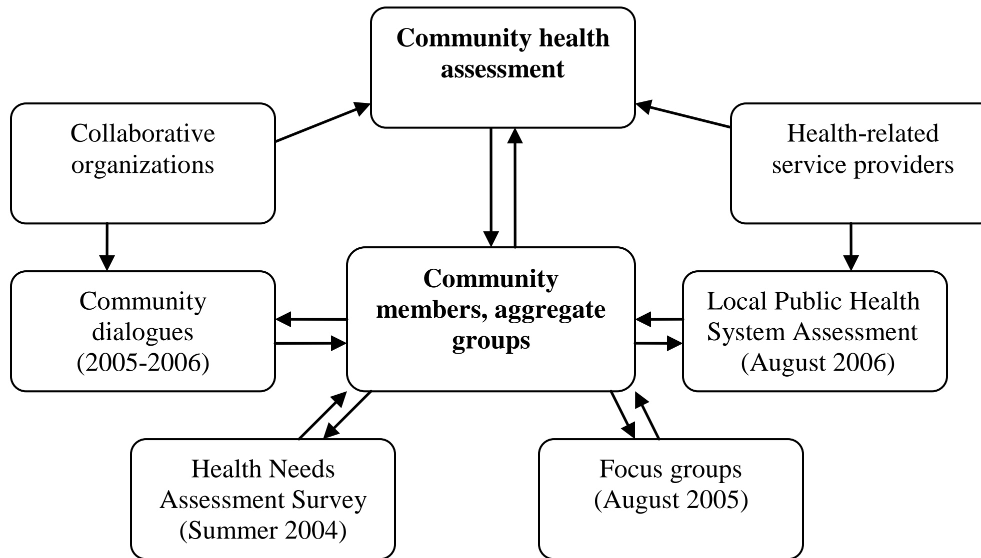
Casa de los Soles and *Juntos*, and St. Thomas Aquinas represent the two major partners in the ongoing needs assessment for the Mexican community. Other identified stakeholders and partnering organizations include the Coalition for Latin American Immigrants, Catholic Social Services, Houston Community Center, Greater Philadelphia Health Action, the Philadelphia Public Health Department, Unity Clinic, Resources for Children, and the Philadelphia Health Law Project.

Needs Assessment Activities

The health assessment is based on an empowerment model of community participation (The National Association of County and City Health Officials, 2000); it incorporates input from individuals, aggregates, non-profit organizations, and health service providers, and the process itself is informed by the participants. Therefore, activities varied based on the context, experience, culture and goals of each participating entity. While community dialogues were appropriate for groups of community members at local churches, focus groups were designed for a more formalized, scholarly inquiry led by Penn medical and nursing students. Below is a diagrammatic representation of the

community health assessment process, with bidirectional arrows indicating the reciprocal relationship between activities performed and participating actors.

Figure 1. Diagram representation of Community Health Assessment Activities



Health Needs Assessment Survey

In 2004, an in-house survey was conducted in partnership with *Juntos* and WOAR (Women Organized Against Rape) to assess the health needs of the growing Mexican community. A 38-question instrument was developed and used in the South Philadelphia Mexican immigrant community by volunteers for the Puentes de Salud project. Questions addressed demographics including nationality, household information, primary language, and education as well as place of employment and hours worked per week (Table 1). A relatively high number of participants reported owning a home. All participants spoke Spanish as their primary language, 24% had completed 9th grade in Mexico, and 8% completed their *bachillerato*, the equivalent of high school. The majority (47%) worked in restaurants, while others reported housekeeping and factory

Table 1. Demographic information for survey participants

Survey Participants	n= 54
Males	41%
Females	59%
Place of origin	
Mexico	92%
Colombia	4%
Ecuador	2%
Peru	2%
Education completed	
9th grade	24%
high school	8%
Occupation	
Restaurant	47%
Housekeeping	8%
Factory work	2%
Child Care	2%
Other	8%
Homeowner	59%
Renting	29%

work as their occupation. Participants identified a range of perceived "common problems" including dental care, ob/gyn, mental health, muscular pain, respiratory conditions including allergies, workplace accidents, and problems of access. When asked where they normally accessed services, participants named their local health district centers, hospital emergency rooms, and Dr. Castillo, a physician with a well-known private practice in center city.

The results and summary discussion of the health survey (Linton & Levy, 2004) identify major areas of focus for the community based on their findings. Depression was identified to be prevalent in the population (self-reported by 59% of participants), and was often found in conjunction with a history of either physical or sexual abuse (63% either were victims themselves or had witnessed abuse). The authors called for an increased focus on mental health issues, violence prevention, language access and interpretation services, and coordination of social services. One overall theme of participant's responses to the survey identified was the high level of interest in having an accessible, culturally-sensitive health center.

Focus Groups

As a follow-up to the health needs assessment survey, a proposal to conduct a series of focus groups identifying health priorities for the South

Philadelphia Mexican community was approved by the IRB board at the University of Pennsylvania. This effort is still in progress; two groups were conducted in the summer of 2005 at Casa de los Soles, one with women and the other with men. This summer of 2006 two more groups are planned to be held at St. Thomas Aquinas Catholic church. Though analysis is incomplete, the transcripts from the two groups conducted in 2005 reveal similar themes to those identified in the Health Needs Assessment Survey (2004).

The women's group described frustration at accessing health services locally; many take their children to María de los Santos, or 3rd and Girard in north Philadelphia for language-accessible services. One woman commented, "sometimes I don't go to my appointments because I don't want to go all the way out there". For many women participants in the group, accessing health services for themselves or (more often) their children was complicated by a confluence of factors including language, cultural competence, lack of documentation and not having insurance. A participant shared her mistrust of the health system saying, "We are very afraid of our illegal status, even at the hospital. We don't know whether to tell the truth or not. The first problem is whether to put the correct address. We're also afraid that they won't see us. In many clinics they're not friendly, and there are no interpreters".

Women's sexual health was also named as a major concern, bringing up related issues such as sexually transmitted diseases, contraception, and low utilization of preventative health services such as an annual exam and mammograms. When asked if abuse of women was a concern in their

community, the women were in agreement that it was both a prevalent and pressing issue. One participant attributed this reluctance to culturally established patterns of male-female relationships, "We are very submissive to our husbands. It exists before even getting married or having sexual relations, because they are always telling us where to go or who to see. Rapes are never made public. Very few people even talk about it. Here a lot of women are being hit by their husbands but they don't say anything because they are afraid they would have to go back to Mexico". This statement reveals the pressures faced by women on several different levels; the personal or intimate level with their partner, the community or "public" level, and then the societal or legal level representing the power of deportation.

The men's focus group was made up of mostly younger (ages 20-35) men, all of whom were working in restaurants or construction jobs. They addressed health disparities and perceived barriers, of which time, inconvenience and language access issues were most prominent. Most participants reported working long hours in occupations where it is difficult to ask for permission to attend doctor's appointments. For this reason, many participants delayed seeking health care until absolutely necessary. In these cases, the majority of individuals heard about providers through word of mouth. Major factors in their decision to seek out a specific health center included Spanish language access, extended office hours, and acceptance of patients without insurance. One man shared, "It's that often you feel discriminated against when you walk into the clinic, you don't even get past the front desk sometimes because you know you are not welcome there.

They ask you for all your identification, and then might say 'I'm sorry, we can't accept you without documentation'". This echoes the women's group's expressed hesitance at seeking services due to undocumented status and uncertainty about whether they would be able to be seen or not.

The men also emphasized services such as STD and HIV testing, as well as assistance with occupational health and work-related ailments such as fatigue, back pain, headaches, and sleep disturbances. Several participants expressed a desire to have more education on STD's and condom use, and the group agreed that on the whole knowledge regarding transmission of infections and viruses was lacking in the community. As stated by one young man, "Lots of people just don't worry about it, you know, they just think 'that will never happen to me' or something and then if it does happen to them, they're not prepared, they don't know what to do". These perspectives indicate a need for health promotion in the community, with particular attention paid to occupational health and disease prevention.

Local Public Health Systems Assessment

In addition to the Health Needs Assessment Survey (Linton & Levy, 2004), and the focus groups study to be completed this year, *Puentes de Salud* will also conduct a public health needs assessment in collaboration with community health agencies. According to the MAPP (Mobilizing for Action through Planning and Partnership) model of community health assessment, a local public health system assessment (LPHSA) is a valuable tool for community health agencies in planning and implementing interventions

(The National Association of County and City Health Officials, 2000). The LPHSA involves gathering local health service providers in one room to answer two questions:

1) What are the components, activities, competencies, and capabilities of our local health system?
2) How are essential services being provided to our community?

The Essential Services framework used throughout the MAPP assessment was developed in 1994 as a method for better identifying and describing the core processes used in public health to promote health and prevent disease. It has been proven effective in it's applicability to public health initiatives such as *Healthy People 2010* and the National Public Health Performance Standards Program (NACCHO, 2000). The essential services of the public health system according to MAPP are as follows:

1) Monitor health status to identify community health problems.
2) Diagnose and investigate health problems and health hazards in the community.
3) Inform, educate, and empower people about health issues.
4) Mobilize community partnerships to identify and solve health problems.
5) Develop policies and plans that support individual and community health efforts.
6) Enforce laws and regulations that protect health and ensure safety.
7) Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8) Assure a competent public health and personal health care workforce.
9) Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10) Research for new insights and innovative solutions to health problems.

With representative community organizations sitting at the table, we will be able to match each agency's stated activities and services provided to one of the categories listed above. This exercise will provide a comprehensive picture of the areas which have covered and which might be lacking. In addition, discussion will be facilitated between

agencies, and avenues for collaboration will be opened. The date for the local public health assessment is currently set for August 10, 2006 at a local community center.

Additional activities

In addition to community based research oriented activities, several community dialogues have taken place in more informal settings. Twice, the *Puentes de Salud* group has met with community members at St. Thomas Aquinas church, with a total of 58 individuals in attendance over the course of the meetings. Several smaller meetings have been held in private homes through collaboration with the health committee and health promoters at *Casa de los Soles*; a total of 26 individuals participated in three meetings. The dialogues open with an explication of the mission of *Puentes de Salud* as a collaborative health project, and the importance of community involvement in the assessment process. The format is then left open with an invitation to the group to express their feelings, observations, and perspectives regarding their experiences with health. This allows for each dialogue to find its' own focus, and permits community determination and direction of the assessment process. From the focus groups, we have been able to identify commonalities with the data obtained from the Health Needs Assessment Survey as well as the focus groups. Often participants will feel freer to express opinions which are guarded in more controlled situations, or when they are being asked to participate in a study. The community dialogues offer an opportunity for community members to open up about their experiences, express doubts regarding health information or the health system in general, and generate potential solutions and ideas for action.

Future Directions

This community health assessment is ongoing, with the ultimate goal of laying the foundations for an informed, collaborative process of community-led health empowerment. The assessment data will be compiled for further analysis, and subsequently will be shared with all collaborating agencies and individuals for review and revision. The final report will serve to guide future public health interventions and initiatives. The goals of the assessment are to:

1) Facilitate open communication between the Mexican immigrant community and local organizations providing health-related services.
2) Gain an understanding, supported by qualitative and quantitative data, of the current health status of the Mexican immigrant community.
3) Identify areas of need and gaps in service provision.
4) Propose public health interventions to ameliorate health disparities.
5) Continue to dialogue with community members and maintain partnerships to implement interventions.

The community needs assessment represents a tool accessible to all involved groups, with relevance and importance to health providers, community members, collaborating agencies, and city officials. The goals reflect the process of the assessment, and grew out of the priorities emphasized by survey and focus group participants. With further collaboration and continuation of assessment activities, the community health assessment will continue to be revised and refined.

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