

**LA CALIDAD DE SALUD POR LOS OJOS DE JOVENES:
A study of healthcare as perceived by Latino youth in Greenville, NC**

by

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Abstract:

North Carolina has the fastest growing Latino population in the nation, most of which is occurring in Eastern North Carolina in what are known as new growth communities. These new growth communities are often small, rural, and generally unprepared to have their health needs met by the general healthcare system. Little data exists about the quality of healthcare among Latino populations in these areas, none of which is focused on the youth. It is the intent of ongoing research to determine the strengths and limitations of current healthcare conditions, and eventually improve them for all members of Latino communities. The purpose of this study was to investigate the quality of healthcare among children in order to expand our current understanding of the quality of healthcare in this region. Photovoice was used as a qualitative method of identifying and evaluating the healthcare concerns and barriers faced by Latino youth as seen from the perspective of two teen students. First-hand knowledge of their experiences through photographs showed that although Latino families are proud of their heritage and are retaining their culture, they are adjusting to an Americanized lifestyle. However, their nationalities create barriers that prevent them from having the same access to healthcare as a natural born citizen, a disparity that is present throughout the community and often within the same family.

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Introduction:

Background

According to an article published in *Implementation Science*, North Carolina has one of the fastest growing Latino populations in the United States, a significant percentage of which is located in the rural eastern regions of the state. Latinos make up the largest minority group in the nation, surpassing African Americans. Much of this growth is occurring in communities that have not historically been home to large populations of Latinos. These new growth communities are often small, rural, and generally unprepared to have their health needs met by the general healthcare system. In the past several years, it has become increasingly evident that the quality of healthcare in many Latino communities is less than desirable. Although new research is continuously being conducted to analyze access to healthcare among Latino communities in an effort to understand the main issues and barriers faced by the population, little data exists about the quality of healthcare among Latino populations in Eastern North Carolina, none of which is focused on the youth. At a time when pediatric healthcare is of great importance, more emphasis needs to be placed on underserved populations, including the Latino community.

While the majority of new information is statistical data gathered from general populations, few qualitative methods have utilized as a means of research. Qualitative methods are beneficial to investigative fields because they provide a more specific understanding of the topic, as opposed to the broad ideas of a general study. This type of methodology provides a new dynamic of research, and gives an added potential of insight into

the topic. Qualitative methods are integral components to any thorough investigation, and could be invaluable tools in the research process.

Community Based Participatory Research (CBPR) is perhaps the most beneficial form of qualitative methodology. Minkler has defined CBPR as being “a collaborative process that equitably involves all partners in the research process and recognizes the unique strengths that each brings.” The purpose of CBPR is to combine existing knowledge and resources with action for social change to improve community health and eliminate health disparities, which are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations (CDC). It is an approach to research that allows members of the community to be involved with the study design, implementation, analysis, and outcomes of a project; as such, it fosters community empowerment and growth. Principles of CBPR are to recognize community as a unit of identity, build on strengths and resources within the community, facilitate a collaborative partnership in all phases of research, focus on local relevance of public health problems, and involve all partners in the dissemination of the results (Torres 2014).

Photovoice

An increasingly popular form of Community Based Participatory Research is Photovoice. Photovoice is a qualitative method that uses photography to allow community members to document their concerns and initially present them in a group discussion and ultimately to policy makers and the general public. This methodology is especially useful in minority and adolescent populations because it uses the presentation of lived experiences and priorities

through self-identified images, language, and context to understand community issues (Hergenrather 2009). Photovoice positively impacts youth through participation in programming and decision making, building social competency and strengthening personal and community identities, recognizing their roles as social activists, and being able to let their voices be heard (Vaughan 2008).

Research Questions

The central questions guiding this research were: how are Latino youth in new growth communities affected by the current state of healthcare for their community? What are the barriers perceived by these youth, and how do they navigate these perceived barriers? How do Latino youth in new growth communities define a healthy lifestyle, and are their families leading such a lifestyle?

Methods:

This study was conducted as a Community Based Participatory Research project through a local non-profit organization, the Association of Mexicans in North Carolina (AMEXCAN). Two students of ages 13 and 14 were selected to serve as liaisons between the research team and the youth of their home communities. These youth contributed to the design of the study itself and were able to provide constructive feedback to the research questions to most adequately relate to their communities and provide the most informative results. They were trained in Photovoice, and used this method to collect data. Upon collecting the data, the youth had the opportunity to assist with data analysis and conclusions, in order to ensure the pictorial representations were an accurate representation of their perspective.

After becoming familiar with CBPR, Photovoice, and the project itself, the youth were able to choose two themes to focus on when photographing their community for the following two weeks. Each theme was photographed during the week, and analyzed at the end using SHOWED analysis: “What is SEEN here? What is actually HAPPENING? How does this affect OUR lives? WHY is it this way? How can we EDUCATE others about it? What can we DO to change things?” (Hamilton 2007). The youth used their personal smartphones to photograph “Things I’m proud of in my community” and “Things I wish were different in my community” during weeks one and two, respectively. After the data collection and analysis portions of the project, the youth assisted in designing a method to tell their stories, and deciding when, where, and how their stories would be told.

Study methodology was approved by the East Carolina University Institutional Review Board and consent forms were obtained from all participants, including photo release forms.

Results:*Photographic Narrative*

Figure 1. One of the most common natural remedies was shown to be tea. The warm beverage is often infused with cinnamon, lime, and honey, and is used to treat common colds and other upper respiratory issues.

“Whenever my sisters or I get sick, my mom will make us special tea or uses her pomada (pomade) before she gives us medicine.”

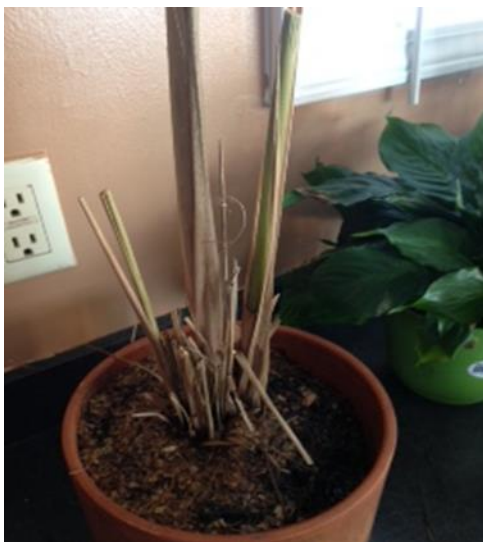


Figure 2. The lemon grass root is often included in both topical and oral treatments and is used as everything from an analgesic to an antidepressant.



Figure 3. The medicine cabinet of a typical Latino family includes a mix of modern medicines and traditional remedies, such as the green cream seen here.



Figure 4. Traditional “pomadas” are common items in the, along with modern ointments and medicines.



Figure 5. Many of the Latino families in the Greenville area have personal gardens in which they grow not only fruits and vegetables, but also many of the herbs and spices used in their natural remedies.



Figure 6. Familial closeness is extremely important to the Latino community. The family includes the nuclear unit, but also the extended network of aunts, uncles, cousins, friends, and neighbors. They rely on each other for financial, social, and spiritual support.

“We share everything and we each play a part. We’re like puzzle pieces; without one, we aren’t complete”



Figure 7. Although they might not have access to the best equipment or playing fields, Latino children make the most of what they have and enjoy being active and playing outside.



Figure 8. The family supports each other in all activities, and children receive attention and affection from both parents. Time together outside of the home is seen as a stress reliever.

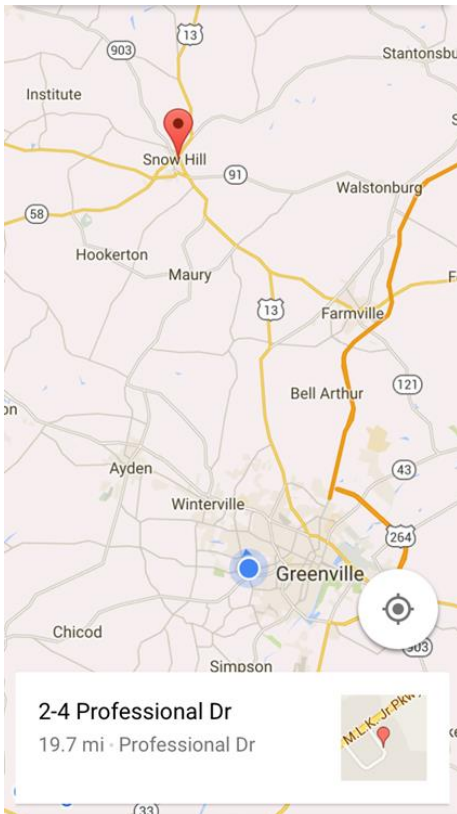


Figure 9. Greene County Health Inc. is a reduced cost facility that has a wider range of treatment options than the clinic in Greenville. Although Snow Hill is only 19.7 miles away, that distance seems much greater to a Latino child, as their parents may not be licensed drivers or have personal vehicles.



Figure 10. The Bernstein Clinic provides care at a reduced cost to uninsured patients. Youth who were not born in the United States visit the clinic for illnesses requiring professional attention.

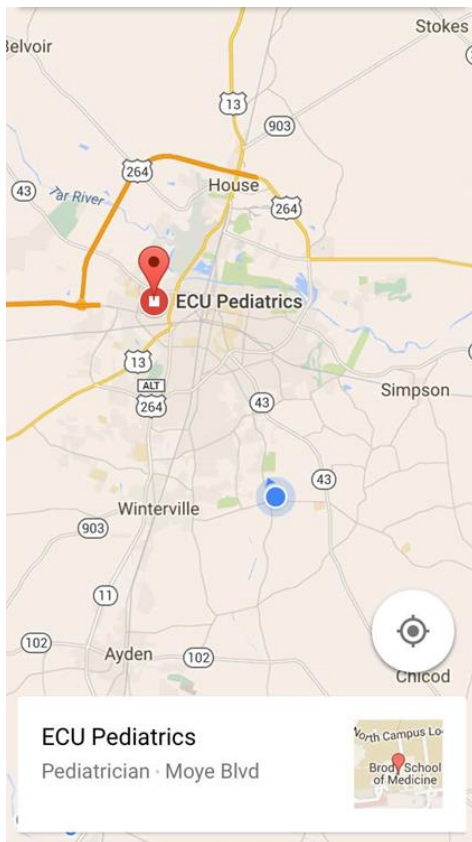


Figure 11. Children who were born in the United States are eligible for Medicare, and as such are able to have a personal physician, provided that they have transportation.



Figure 12. Children who are ineligible for Medicare also struggle to get routine dental care. Mobile clinics are the only option for children in grades K-8; however, those clinics only provide annual care and do not treat high school students.



Figure 13. Medicare provides regular dental care for children born in the United States, while their non-native peers (and even siblings) are ineligible for treatment.



Figure 14. Health disparities can be present within the same family. One sibling may have access to a pediatrician (as seen here) while another will have to seek out other methods of care.

“When my sister gets really sick, she goes to her pediatrician. When I get sick, we try to fix it at home or go to the Bernstein Clinic.”

Conclusions:

Through the photographic narratives, three themes emerge: familial closeness, importance of heritage, and discontent with current access to healthcare. When asked to photograph things they are proud of, the students consistently chose images that reflect the importance of the family unit, including blood relatives as well as the extended family within the community. Additionally, among the most common images were those that represent how medicinal traditions are being incorporated with modern medicine in their daily lives. Finally, the photographs shed light on the extent to which Latino youth are affected by current health disparities. Healthcare access is limited, especially for those who were not born in the United States. It is not uncommon for children of the same family to have different healthcare experiences based on the country in which they were born.

The information suggests that although Latino families are proud of their heritage and are retaining many aspects of their culture, they are adjusting to an Americanized lifestyle. However, their nationalities create barriers that prevent them from having the same access to healthcare as a natural born citizen. Further studies should be conducted to investigate in detail each of the three major themes in order to provide advocacy and support to the youth, as well as knowledge and awareness to the community of Greenville.

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