Hispanic Health Disparities in SW Idaho

Idaho Partnership for Hispanic Health

A report from the Idaho Partnership for Hispanic Health

Mountain States Group Inc.

CENTRO DE COMUNIDAD Y JUSTICIA
Center for Community and Justice

Idaho Commission on Hispanic Affairs

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BOISE STATE UNIVERSITY

Hispanic Health Disparities in SW Idaho

January 2007

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This study was funded by a $1.17M grant from the National Center on Minority Health and Health Disparities within the National Institutes of Health (Grant No. 5 R24 MD001711-02).

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INTRODUCTION/BACKGROUND

The Idaho Partnership for Hispanic Health (IPHH) is an NIH funded community-based participatory research (CBPR) project. The project is identifying priority health issues for Hispanic populations and will pilot test interventions to address one or more of these key issues which affect Hispanics in southwest Idaho. The research model of CBPR is involving Hispanics directly in the research process through three primary mechanisms: 1) Two Hispanic community based partners participate in project leadership through contractual agreements (Center for Community & Justice and the Idaho Commission on Hispanic Affairs); 2) A Community Advisory Board (CAB) composed of primarily SW Idaho Hispanic residents (15 out of 18 members) guides the program and interfaces with the Hispanic community; and 3) Project Field Researcher employees are preferentially and predominantly young Hispanic individuals from the affected area..

IPHH project objectives are:

- Develop equitable decision-making and ownership among project partners.
- Assess the multi-contextual conditions and practices impacting southwest Idaho Hispanics.
- Design feasible and culturally appropriate interventions to help prevent as well as build health provider and client competency in disease management and treatment.
- Pilot targeted health, outreach, and education interventions in partnership with the Hispanic community.
- Develop evaluations tools and data collection methods to measure preliminary interventions.
- Create culturally appropriate venues to disseminate study findings.
- Develop a sustainable capacity in Idaho for ongoing Hispanic health risk reduction and access to care.

As a part of our CBPR approach, IPHH is made up of six partner organizations that collaborate in all stages of the research process. Mountain States Group, Inc. is the official grantee and is responsible for project oversight. The University of Washington, Pacific Northwest Agricultural, Safety, & Health Center serves as the project's research partner. Centro de Comunidad y Justicia and the Idaho Commission on Hispanic Affairs are the project's community partners. Dr. James Blackman, former Director of the WWAMI Idaho Office for Clinical Education, is our medical advisor and Boise State University Department of Nursing serves as the project's clinical partner.

In addition to the "Core" partnership that the six organizational partners make up, IPHH has a Community Advisory Board (CAB) made up of 18 members with a wide range of

backgrounds and experiences. The CAB meets on a regular basis to review and provide guidance on all work done by IPHH.

During the first 3 years, three major phases were planned and include: assessment/data gathering, analysis/education, and intervention/evaluation. IPHH is concluding the initial data gathering stage and is well into the analysis and education phase. This report is a synthesis of the following data gathering efforts:

Assessment/Data Gathering Efforts:

- Five hundred nineteen (519) individual interviews in an 8-county area in southwest Idaho (completed by mid August 2006)
- A focus group with our Community Advisory Board (July 2006)
- 32 Key Informant interviews (Fall 2006)

All survey instruments and questionnaires and our research process were reviewed and approved by the Core Team members, the Community Advisory Board, and the University of Washington Institutional Review Board. Please refer to Appendix A for a description of our research plan and methodology including a demographic description of study participants.

Fourteen field researchers (mostly Hispanic) were hired and trained for data collection (see picture to left).

The remainder of this report focuses on key findings and highlights from the individual interviews, the focus group, and the key informant interviews.

KEY FINDINGS

The three IPHH data sources (survey, key informant and focus groups) concur in pointing out that there are several key concepts that must be addressed in order to improve Hispanic health in Idaho. First of all, **many Hispanics do not have adequate access** to healthcare, health information or healthy lifestyles in Idaho. This is due to a lack of resources and certain barriers that prevent access. Secondly, it is important to remember that there is a **mix of cultures** within what is commonly labeled as the "Hispanic" or "Latino" population in Idaho. Different cultures come from different countries and also develop among the different generations of immigrants. Different ethnic groups within the same country also increase the diversity of the Hispanic population, often speaking indigenous languages other than Spanish. Thirdly, it is essential to understand that **family is central** to the way health is understood and acted upon within the Hispanic culture. Family remains the number one source of health information and even those who seek health information from other sources will still depend on family for information and support regarding health. Finally, many Hispanics have traditional **cultural beliefs** about illness and healing that differ from those held by healthcare providers in Idaho. It is important to understand that these two systems need not be in conflict but instead can compliment each other in the process of improving health and enhancing healthcare. (Figure 1).

Figure 1. Key Concepts for Understanding and Improving Hispanic Health in Idaho.

<table>
<tr>
<td>Access to Health is Limited By:
1. Resources
-Time
-Documentation
-Language
-Insurance/Economic resources
-Education/Knowledge
2. Barriers
-Age/Generation
-Racism/Prejudice
-Cultural differences
3. Positive or negative experiences with healthcare system
-Not feeling "rechazado" (respected)
-Being listened to
-Feeling respected by providers and receptionists</td>
<td>There is a Mix of Cultures in Idaho's "Hispanic" Population:
1. Different countries
-Mexican
-Other Latino/Hispanic cultures
-U.S. born Latinos
2. Different generations
-First to immigrate
-2nd and 3rd generations born in the USA
3. Different situations
-Young men who come alone
-Families
4. Different ethnicities and languages
-Native people – various indigenous languages
-Spanish speaking people</td>
</tr>
<tr>
<td>Family is Central to Understanding Health:
1. Crucial support network
-Not available to those who come alone
-Hard to maintain in U.S. culture
2. Most important source of health information
3. Will always be involved in the healthcare and healing of individuals</td>
<td>Different Beliefs About Culture and Healing:
1. Much information comes from family members
-Parents depend on English speaking children for information
-Even adult children depend on their elders for health advice
2. Often "not believed" by healthcare providers
-Can lead to feeling "rejected" by healthcare providers
3. Traditional remedies are often combined with remedies from Idaho doctors</td>
</tr>
</table>

Hispanic Health Issues

ACCESS
62% no health insurance
73% no dental insurance

Preventive Practices
17% fewer mammograms
15% fewer PSAs

EXERCISE
58% don't exercise

HEALTH CAREERS
Hispanics are severely underrepresented

OBESITY
75% overweight/obese

DIABETES
70% greater rate

HIGHLIGHTS

Several sources of data are used to estimate the health of the citizens of Idaho. The Behavioral Risk Factor Surveillance Survey (BRFSS) is one, and is part of an annual national survey conducted by the CDC. The BRFSS can provide data on single states. We believe that our survey, which focused on Hispanic respondents points out that the BRFSS is failing to capture important health issues which disproportionately affect Hispanics.

ACCESS

> *"In many cases the only option we have is to delay care which is kind of crazy because it's like you know, you don't drive your car into the ground until you have to replace the whole thing. The idea is that you want to put gas into the car; you want to change the oil, right? You want to do the preventive things that are most cost effective."* (KI 36)

In all three data sets, **access to health care was a major issue**. Sixty-two percent (62%) of IPHH study participants don't have health insurance and 73% don't have dental insurance. According to the 2005 Idaho Behavioral Risk Factor Surveillance Survey, 18.9% of Idaho adults have no health care insurance and 45.7% have no dental insurance. IPHH study participants most likely to not have medical or dental insurance were younger, made less than $2000 in monthly income, were in the US less than 20 years, and typically worked in agriculture, construction, installation, and service occupations.

In the community survey of 519 participants:

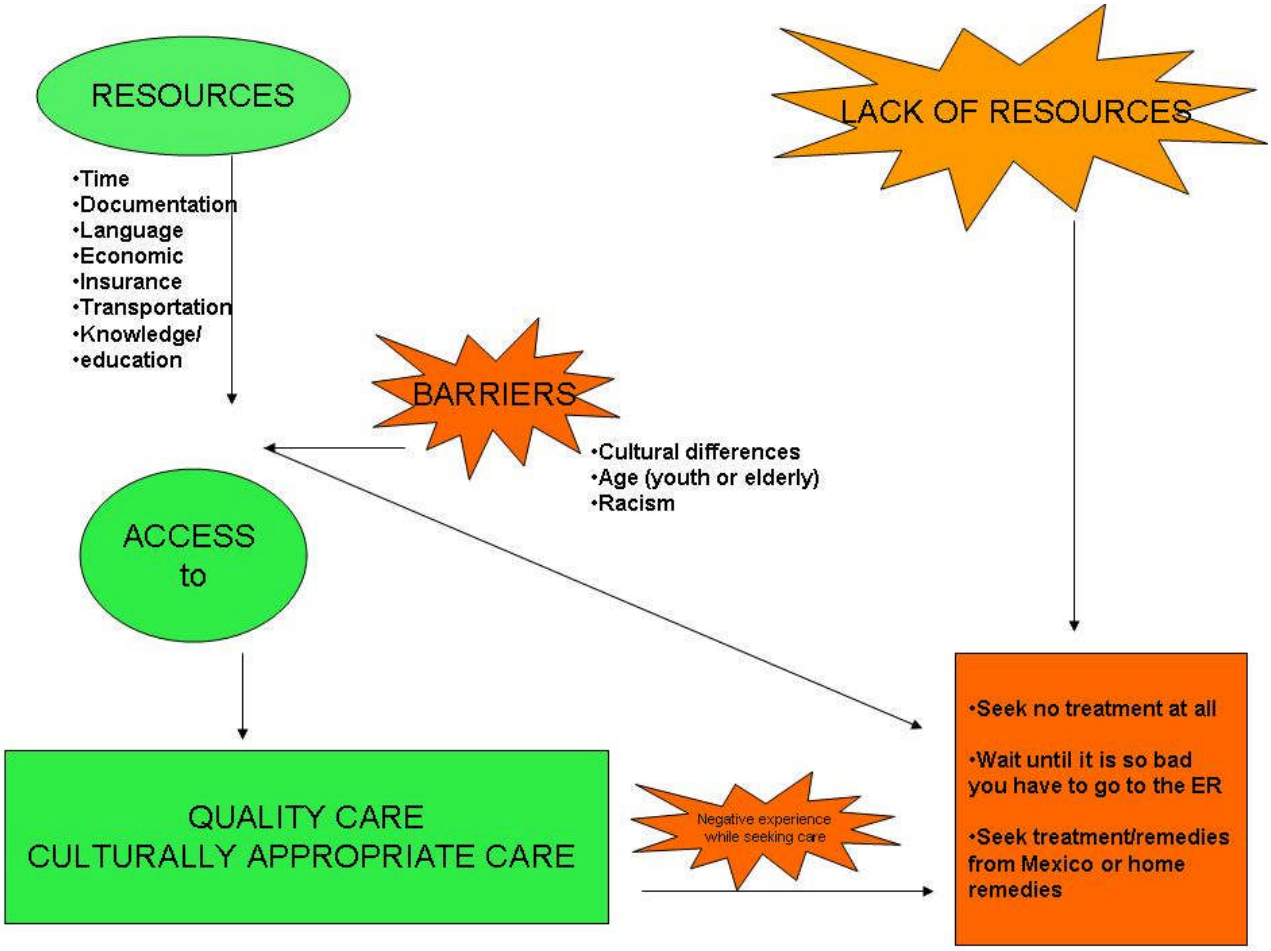
- 44.3% (230 out of 519) reported that they were not able to afford healthcare that they needed during the past year
- 72% (87 out of 121) reported that the primary problem in accessing health services is that the cost of services is too high
- One-third of participants stated that they were not able to afford dental care during the past 12 months

Many Hispanics seek healthcare only in emergencies, and usually from the emergency room. Study respondents said that this is not a cultural preference but a choice forced upon them by lack of resources.

It is clear that **in order to access quality healthcare, one needs certain resources. Even then, there may be barriers that bar access. If a person cannot access**

the healthcare system, he or she will seek alternatives or obtain no care at all. Our data indicate that among Idaho Hispanics access to health care does not guarantee optimum use. We received reports of negative experiences among respondents who accessed the healthcare system. (Figure 2). A **person who has a negative experience when seeking healthcare may be discouraged from have the same outcome as a person who did not have the resources to access care**.

Figure 2. Access to Care.



DIABETES

> *"…you tell them that they have diabetes, and yes they get depressed, not because they have to stop eating what they like, not so much because they have to reduce it. But instead, for the fact that they don't have information. It is that you say, 'with diabetes, now I am going to die,' it is that they say that 'with diabetes, now I won't be able to walk…'"* (FG Participant #4)

According to both our data sets, diabetes stands out as a pressing issue for Hispanics in Idaho. It was **consistently the "number one" health concern named by participants in all three studies**. Out of the 519 participants in our random community survey, 11.6% of them (n=60) reported that a doctor had **diagnosed** them with diabetes. This number is much higher than the 6.8% that BRFSS[1] reported for Idaho. Of those who did not report being diagnosed with diabetes, many are at high risk for diabetes, especially due to their weight.

In both the Key Informant interviews and the focus groups, participants expressed great concern about diabetes. Participants expressed **fear** related to diabetes: both with getting diabetes and what might happen if they do get it.

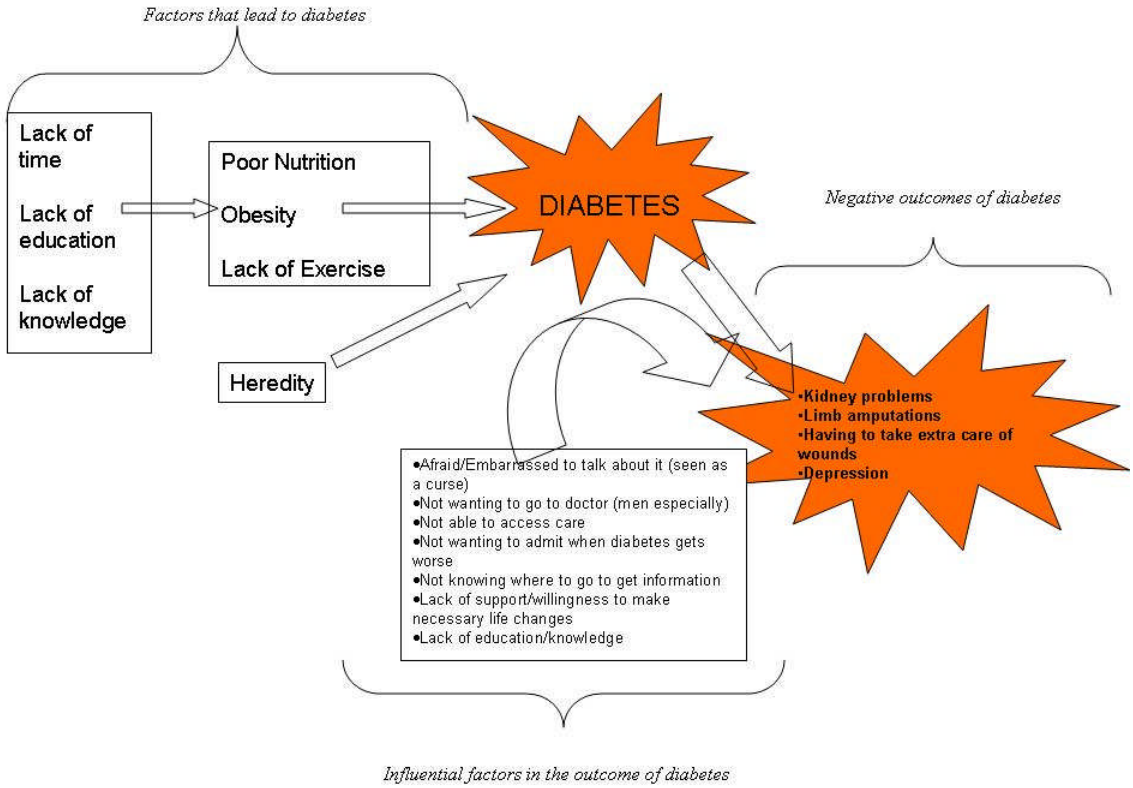
There are multiple factors that lead to the high number of Hispanics in Idaho that have diabetes or are at risk for diabetes. **Lack of time, lack of knowledge and lack of education** all can lead to **poor nutrition, obesity and lack of exercise**. Many of these causal factors are related to the **long work hours** that many Hispanics take on, leaving them with little time or energy to eat better or exercise. **Heredity** is also a major factor and it seems that there is a sense that getting diabetes is inevitable.

> *"I think that for me, the number one serious (problem) is diabetes that has been said already many times and because we come from diabetic people. My grandfather, my mother, so in part, it is hereditary. I think that it is in part from obesity, the lack of eating (well)..."* (FG Participant #6)

Once a person has diabetes, there are a number of factors that can influence the outcome: **being afraid or embarrassed to admit that they have the illness** (often, this is based in the belief that diabetes is the result of a curse), **not wanting to see a healthcare professional** (this is especially true for men), **not being able to access care** (due to lack of funds or lack of insurance), not **having information about the illness, not knowing where to get information, and a lack of support** or an unwillingness/inability to make the necessary lifestyle changes. Figure 3 is a model that best captures the factors that lead to and complicate diabetes for Hispanics in Idaho.

[1] BRFSS (the Behavioral Risk Factor Surveillance Survey) is conducted as a random telephone survey of 5,700 Idaho non-institutionalized adults administered every month of the calendar year using disproportionate stratified sampling by public health districts. Interviews were conducted by telephone using computer-assisted telephone interviewing software to record responses.

Figure 3: Factors that lead to and complicate diabetes for Hispanics in Idaho.



HYPERTENSION/HIGH BLOOD PRESSURE

Out of the 519 people surveyed, **more people reported having been diagnosed with hypertension than any other health condition**. A total of 15.6% (n=81) reported having been diagnosed with hypertension or high blood pressure. Several KI and FG participants felt that hypertension is one of the most important concerns for Idaho Hispanics. Qualitative data show that hypertension and high blood pressure are usually associated with high cholesterol and diabetes. There seems to be a lack of information about what causes high blood pressure and how to prevent it.

OBESITY

Obesity is an epidemic affecting all Americans but the percentage of obese Hispanic study participants was 67% higher than Idaho adults in the most current BRFSS survey (41% versus 24.5%). One fourth (26.6%) of obese IPHH study participants don't think their weight impacts their health negatively and 56% of those who are obese report their general health as excellent or good.

In the community survey, a Body Mass Index (BMI) was calculated for those that gave that gave their weight and height. Out of the 519 people interviewed, 384 gave their

height and weight. Out of those 384, **34% were overweight** (n=129) and a **striking 41% (n=158) were obese.** Out of all of the survey participants (n=519) only half get any exercise outside of their work and only about one-third get the recommended amount of exercise (3 or more days per week.)

The fact that three-quarters of those who shared their weight and height are overweight or obese stands out. The interviews and focus groups showed that many people are very concerned about weight issues. Several of them spoke about personal or family struggles with obesity.

> *"…But I suffer quite a bit due to being overweight. I have tried, as she said, I go out to walk and I fight constantly for the same, for what I have lived. My grandmother, the mother of my mother died of a cerebral stroke. So, it has affected me because I have tried to work on this…"* (FG Participant #6)

Several speakers talked about the causes of obesity. Speakers cited the **cost of healthy food**, the **lack of free time** many Hispanics have, **changes in work conditions**, and a **lack of knowledge** about how to avoid obesity and how obesity can affect health. All of the speakers recognized the connection between obesity and other health problems, but not all of them were sure that the general community recognizes the connection or knows how to make lifestyle changes to combat obesity.

> *"I think that it also has to do with economics in the sense that the more money we got the more food we bought. The availability of things that we indulge in was a contributing factor..."* (KI 13)

> *"I think that the other thing is, when we were eating all these fattening food, we were working our little buns off, out in the fields, we were working our fat off, and now we get these jobs that we do not have to get out and sweat because agriculture became more mechanized. So, we either drive a tractor or other kind of things that are not as physical. I think that became a contributing factor to our obesity and all the related type of illnesses."* (KI 13)

> *"What kind of things? Well, sometimes the way we eat. Hispanic people do not have a lot of knowledge on how to diet. Our parents did not teach us to pay attention to our diet."* (KI 29)

PHYSICAL ACTIVITY/EXERCISE

Physical activity and mobility are key components to a healthy lifestyle. According to BRFSS in 2005, 21.6% of all Idaho adults don't participate in any leisure time physical activity. Over half of IPHH study participants reported they don't exercise outside of work and less than 28% get the recommended level of exercise (3 or more times per week). Females were less likely to exercise. Ten percent of IPHH study participants reported an injury from a fall within the past year. Slightly more than 3% or 17 of 519 IPHH study participants reported needing special equipment. Close to one fourth of all IPHH participants reported difficulties in stooping, bending, or kneeling and another 18.7% reported standing 2 hours as somewhat or very difficult. Obese individuals were more likely to report difficulties with standing, sitting, stooping, or pushing heavy objects.

PREVENTIVE HEALTH PRACTICES

WOMEN

Sixty-two percent or 320 Hispanic IPHH study participants were female and slightly more than three fourths were 45 and younger. Just over half are working (50.3%), 34.7% are homemakers, and the remaining are either out of work, students, retired, unable to work, or unknown. 51% of IPHH female study participants age 40 and over reported having a mammogram within the past two years; 90% of all IPHH female study participants reported having a Pap test, and 69.4% reported having a clinical breast exam. Compared to 14.9% of all Idaho adults, 39.6% IPHH female study participants reported their perceived health status as "fair or poor". IPHH female study participants are reportedly more obese (46%) than both the general Idaho population (24.5% in 2005) and Idaho Hispanic women 20 years and older (19.4% in 2004).

MEN

Thirty-eight percent or 199 Hispanic IPHH study participants were male and slightly more than three fourths were 45 and younger. Close to 88% are working. 28.1% of IPHH male study participants age 50 and older reported **ever** having a PSA test and 18.8% had one within the past two years; 34.4% of IPHH male study participants age 50 and older reported having a rectal exam and 12.5% had one in the past two years; and 12.5% (males age 50 and older) reported ever having a stool test. Roughly one third reported binge drinking (having more than 5 drinks on an occasion). Compared to 14.9% of all Idaho adults, 26.6% IPHH male study participants reported their perceived health status as "fair or poor". IPHH male study participants are reportedly more obese (34.8%) than the general Idaho population (24.5% in 2005) and Idaho Hispanic males 20 years and older (19.3% in 2004).

HEALTH CAREERS

The Health Resources and Services Administration of the U.S. Department of Health and Human Services has a strategy to reduce disparity in the health care system for minorities by increasing the number of underrepresented minorities working in the health field. Hispanics/Latinos are severely underrepresented in the health professions at all levels (K-12 pipeline, faculty, practitioner).[2]

In terms of gender, in 2000 Hispanic females comprised only 2.8% of the total healthcare professional occupational category but 4.15% of the healthcare support category and Hispanic males were only 0.98% in the healthcare professional category and only 0.46% in the healthcare support category[3]

IPHH Focus group data identified the importance of recruiting Hispanics into health careers. This under representation of Hispanics in the health care field is one reason Hispanics delay or do not seek medical care.

A report from the Latino Healthcare Taskforce entitled "Strategies for Improving Latino Healthcare in America" identified four priority areas, one of which was increasing the numbers and skill levels of Latinos in all healthcare fields through a variety of public and private programs with both "supply side" and "demand side" incentives.

The report goes on to say that "Although the nation is becoming more diverse, this trend has not carried over to the healthcare workforce. While the number of Latinos in the U.S. grew 58 percent in the 1990s and now represent more than 14 percent of the population, they comprise only 3% of nurses, four percent of physicians, five percent of health care managers, and nine percent of nursing aids and orderlies, according to the Health Resources and Service Administration[4]."

[2] The Surgeon General's T-O-D-O-S Report
http://www.omhrc.gov/templates/content.aspx?ID=4096&lvl=3&lvlID=249
[3] PEW Hispanic Center Report – Latino Labor Report 2006
http://pewhispanic.org/reports/report.php?ReportID=70
[4] "Strategies for Improving Latino Healthcare in America", Latino Healthcare Taskforce, September 2006.

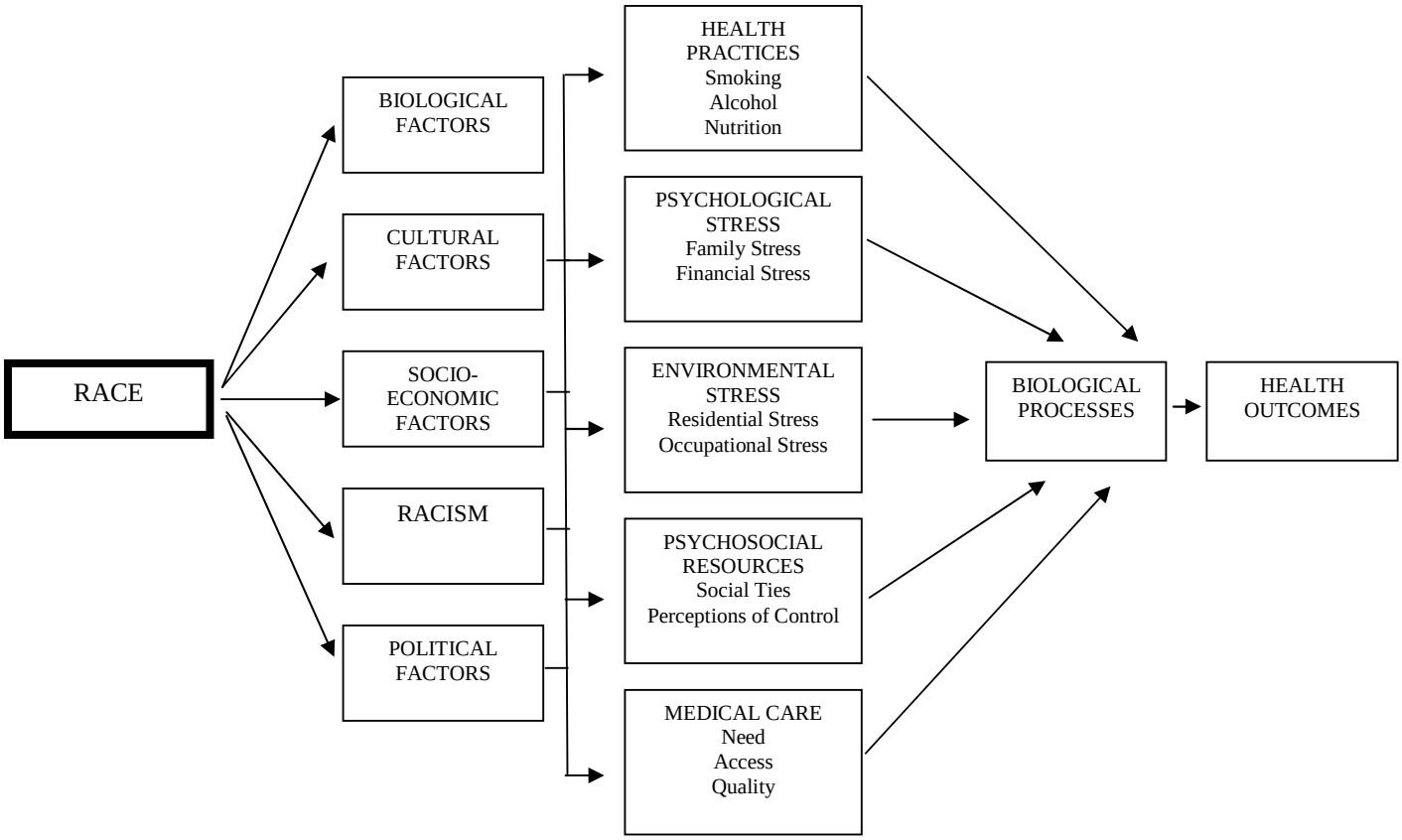
APPENDIX A: Research Plan/Methodology

STUDY COMPONENTS

This study adopted the community-based participatory research (CBPR) approach methodology and is structured in five components:

- Partnership development (research core team and community advisory group partnership foundation and structure building).
- Assessment planning and implementation (dialogical process, quantitative data collection, and data analysis).
- Determining disease focus, intervention, and research planning and implementation.
- Communication and dissemination phase.
- Evaluation which will occur throughout the study including both process and outcome measurement.

STUDY MODEL



ASSESSMENT COMPONENT

FOCUS GROUP INTERVIEWS WITH COMMUNITY ADVISORY BOARD
(18 members)

KEY INFORMANT INTERVIEWS WITH COMMUNITY
(25 to 40 individuals to interview using similar instrument)

INDIVIDUAL INTERVIEWS
(conduct intensive interviews with 500 individuals)

The focus of the assessment phase will be to gain qualitative and quantitative information about southwest Idaho Hispanic families, including:

- Their knowledge and beliefs about various health practices (smoking, alcohol, nutrition) and conditions (e.g. diabetes, heart disease, obesity, cancer, pesticide exposure, job injury, accidental deaths, etc.)
- Their perceived health status, including experience with injury or illness, psychological stress, or environmental stress.
- Their perceived psychosocial resources (social ties, perceptions of control).
- Their perception of medical care in terms of availability, accessibility, quality, and satisfaction with treatment received.
- What their greatest health concerns are, and what barriers they perceive to be hindering improvement in Hispanic health outcomes.

METHODOLOGY

In an attempt to fully understand the health issues of concern for Hispanics in Idaho, IPHH carried out both qualitative and quantitative data collection. All data collection instruments were created by the entire team of Core partners and reviewed by CAB members and reviewed and approved by the University of Washington Institutional Review Board. The study participants were representative of the balanced mix of age groups, place of residence, country of birth, primary language and other demographics that make up the Hispanic communities in Idaho (Table 1).

Table 1. Demographic make-up of community study participants, Key Informants and focus group participants. There were a total of 519 community study participants selected through a random process based on census tracts; 32 Key Informants, selected for their expertise or experience in with issues related to Hispanic Health in Idaho; and 11 focus group participants, selected because they are members of the IPHH Community Advisory Board (CAB).

		Community Survey (n=519)		Key Informant (n=32)		Focus Groups (n=11)	
		n	%	n	%	n	%
Gender							
	Male	199	38.0%	19	59.4%	3	27.3%
	Female	320	62.0%	13	40.6%	8	72.7%
Age							
	18-25	125	24.1%	2	6.3%	1	9.1%
	26-35	166	32.0%	11	34.4%	2	18.2%
	36-45	110	21.2%	8	25.0%	6	54.5%
	46-55	69	13.3%	6	18.8%	1	9.1%
	56-65	25	4.8%	4	12.5%	1	9.1%
	66-75	17	3.3%	1	3.1%	0	0.0%
	75+	3	0.6%	0	0.0%	0	0.0%
	No answer/unknown	4	0.8%	0	0.0%		0.0%
Consider self Hispanic/Latino							
	Yes	517	99.6%	31	96.9%	n/a	
	No	2	0.4%	1	3.1%	n/a	
Country of birth							
	United States	145	27.9%	11	34.4%	3	27.3%
	Mexico	361	69.6%	11	34.4%	7	63.6%
	Puerto Rico	3	0.6%	1	3.1%	1	9.1%
	Cuba	0	0.0%	0	0.0%	0	0.0%
	Central America	7	1.3%	0	0.0%	0	0.0%
	South America	3	0.6%	9	28.1%	0	0.0%
Years in USA							
	0-2 years	33	6.4%	0	0.0%	0	0.0%
	2-5 years	53	10.2%	3	9.4%	0	0.0%
	5-10 years	90	17.3%	2	6.3%	4	36.4%
	10-20 years	141	27.2%	8	25.0%	2	18.2%
	20-40 years	127	24.5%	12	37.5%	2	18.2%
	40-60 years	61	11.8%	5	15.6%	3	27.3%
	>60 years	11	2.1%	2	6.3%	0	0.0%
Primary language							
	Spanish	387	74.6%	20	62.5%	4	36.4%
	English	123	23.7%	12	37.5%	7	63.6%
	Other	8	1.5%	0	0.0%	0	0.0%
	Don't know/not sure	1	0.2%	0	0.0%	0	0.0%
Education level[i]							
	Did not attend school	16	3.1%	0	0.0%	0	0.0%
	Less than sixth grade	96	18.5%	3	9.4%	0	0.0%
	Through sixth grade or through junior high	96	18.5%	8	25.0%	1	9.1%
	Some high school	120	23.1%	0	0.0%	0	0.0%
	High school graduate or GED	114	22.0%	3	9.4%	2	18.2%
	Vocational/technical school	9	1.7%	0	0.0%	0	0.0%
	Some college or university	56	10.8%	3	9.4%	2	18.2%
	College/University graduate	12	2.3%	15	46.9%	6	54.5%

Quantitative Data Collection

During the summer of 2006, IPHH interviewed 519 adult Hispanic individuals in an 8 county area of Southwest Idaho (Ada, Boise, Canyon, Elmore, Gem, Owyhee, Payette, and Washington). The vast majority (517) of them self-identified as Hispanic or Latino[5], 320 (61.7%) were women, and 199 (38.3%) were male. Potential participants were selected using a random distribution of houses based on Census Tract information. Rural neighborhoods were over sampled to assure statistically significant representation of rural Hispanics. Questions were based on the Behavioral Risk Factor Surveillance Survey (BRFSS)[6] and previous projects focusing on Hispanic health.

Qualitative Data Collection

Qualitative data collection was done through both key informant (KI) interviews and focus groups (FG). These two methodologies aimed to answer the questions:

1. *What are the main health concerns for the Hispanic population in Idaho?*
2. *What elements are important to understand about those concerns and how people think about them?*

Focus groups were carried out with 11 members of the Community Advisory Board (CAB) on July 29, 2006. One focus group was held in Spanish and another was held in English. Participants were guided by a moderator and the sessions were audio recorded, transcribed, and (in the case of the Spanish-language session), translated.[7]

Key informant (KI) interviews were carried out with 32 individuals from the state of Idaho who have personal or professional expertise with Hispanic health. The KIs were recommended by community members.

Both the focus groups and the KIs were audio recorded, transcribed and (when necessary) translated. They were then read and "coded" (labels were put on pieces of the transcript that talked about a particular topic, for example, "diabetes.") These "coded" segments were then read and grouped together according to their relationships. Then, they were examined for the specific information and overall themes that are presented in this report. This work was done with the help of N*6 software package for qualitative analysis.

[5] Both the terms, "Hispanic" and "Latino" are used by the communities in Idaho; both terms have been used interchangeably.

[6] BRFSS (the Behavioral Risk Factor Surveillance Survey) is conducted as a random telephone survey of 5,700 Idaho non-institutionalized adults administered every month of the calendar year using disproportionate stratified sampling by public health districts. Interviews were conducted by telephone using computer-assisted telephone interviewing software to record responses.

[7] In this report, some focus group participants are labeled with a number and some are labeled simply "male" or "female." This is due a difference in the way they were coded between the two focus groups.

APPENDIX B: Data Tables[8]

[8] When the sample size is smaller than 519 due to study participants not answering, the actual sample size is noted in the first column. The percentages are calculated out of the number of people who answered, not the total number of participants.

COMPARISON TO BRFSS DATA

	All Participants (N=519, unless otherwise noted)		BRFSS 2005 results	
	Average	Percent	Average	Percent
Population demographics				
Averge Age (years)	36.1		45.1	
Gender				
Female		61.7%		50.3%
Male		38.3%		49.7%
Poor or fair health status		34.5%		14.9%
Married		64.4%		66.2%
Average children in house	1.7		0.9	
Education				
Less than High School/GED		63.2%		9.7%
High school/GED or higher		36.8%		90.5%
Work Status (N=517)				
Employed for wages		61.5%		50.9%
Self-employed		3.7%		12.0%
Out of work for more than 1 year		2.1%		1.2%
Out of work for less than one year		2.3%		2.8%
Homemaker		21.7%		9.7%
Student		1.4%		4.4%
Retired		3.3%		15.4%
Unable to work		4.1%		3.7%
Household Monthly Income (N=509) [1]				
below $2000/$2083		53.6%		29.6%
$2000/$2083 and above		35.0%		70.3%
Health insurance				
Yes		37.6%		81.1%
No		62.2%		18.9%
Dental Insurance				
Yes		26.2%		54.3%
No		72.3%		45.7%
Routine Exams/ Vaccines				
Last time teeth cleaned by dentist/oral hygenist - over 1 year ago		66.3%		34.9%
Last dental visit in over 12 months		60.7%		33.6%
Have not seen doctor in past year due to cost (N=518)		31.7%		14.7%
Flu shot in past 12 months		17.3%		24.3%
Ever had pneumonia shot		8.3%		22.5%
Average weight (pounds)				
Male (N=189)	178.5		195.7	
Female (N=289)	161.1		157	
Average Height				
Male (N=169)	5' 7"		5' 10"	
Female (N=238)	5' 2"		5' 5"	
BMI [2]				
Male	28.0		28.1	
Female	29.4		26.1	
Obese or overweight (N=384)		74.7%		
Male (N=164)		69.5%		
Female (N=220)		78.6%		
Illnesses				
Hypertension		15.6%		
Diabetes		11.6%		
Taking insulin (N=60)		21.7%		
Taking diabetic pills (N=60)		51.7%		
Ave. times/day check blood for sugar or glucose (N=60)	1.1		1.4	
Ave. times/day check feet for sores (N=60)	0.5		0.8	
Ave. times/year "A one C" test by doctor (N=60)	0.8		2.4	
Last eye dialation - over one year ago (N=60)		56.7%		
Have taken a class/course in diabetes management (N=60)		55.0%		
Health Habits				
Do no excersise		57.4%		
Smoke cigarettes		17.7%		
Alcohol				
Do not drink		70.5%		
Ave. number of drinks when you drink (N=151)	4.2		2.3	
Ave times of binge drinking in past 30 days (5 or more drinks) (N=151)	2.5		1.2	
Reported at least one occurance of binge drinking (N=151)		49.0%		28.30%

[1] BRFSS reports annual household income. BRFSS figures are calculated by dividing annual income by 12. IPHH study asked for monthly household income. Due to choices provided in the individual studies, IPHH figures represent incomes below and above $2,000/month and BRFSS figures represent incomes below and above $2083/month ($25,000/year)

[2] BMI is calculated using the mean weight and height of participants.

ACCESS

	All Participants (N=519)		Access is difficult (N=408, 78.6%)		Access is not difficult (N=111, 21.4)	
	Average -or- Frequency	Percent	Average -or- Frequency	Percent	Average -or- Frequency	Percent
Averge Age (years) (N=515)	36.1		35.4		38.9	
Gender						
Female	320	61.7%	267	65.4%	53	47.7%
Male	199	38.3%	141	34.6%	58	52.3%
Birth Country						
US	145	27.9%	97	23.8%	48	43.2%
Mexico	361	69.6%	303.0	74.3%	58	52.3%
Average Yrs. in US (N=518)	19.7		17.5		27.7	
% Lifetime in US (N=518)	51.4		46.7		69.1	
Married (N=518, 408, 110)	334	64.5%	262	64.2%	72	65.5%
No children	143	27.6%	104	25.5%	39	35.1%
Average children in house (if have children)	2.4		2.4		2.3	
Primary language						
Spanish	387	74.6%	322	78.9%	65	58.6%
English	123	23.7%	80	19.6%	43	38.7%
Read English	204	39.3%	137	33.6%	67	60.4%
Write English	188	36.2%	124	30.4%	64	57.7%
Education						
Less than High School/GED	328	63.2%	272	66.7%	56	50.5%
High school/GED or higher	191	36.8%	136	33.3%	55	49.5%
Type of Work (N=349, 265, 84)						
Agricultural Work	80	22.9%	70	26.4%	10	11.9%
Construction	59	16.9%	49	18.5%	10	11.9%
Sales	74	21.2%	58	21.9%	16	19.0%
Household Monthly Income (N=509, 404, 105)						
below $1500	188	36.9%	168	41.6%	20	19.0%
$1500 and above	263	51.7%	187	46.3%	76	72.4%
Health Insurnace						
Yes	195	37.6%	93	22.8%	102	91.9%
No	323	62.2%	314	77.0%	9	8.1%
Dental Insurance (N=517, 406, 111)						
Yes	136	26.3%	64	15.7%	72	64.9%
No	375	72.5%	338	82.8%	38	34.2%
Difficulty gettting healthcare	116	22.4%	116	28.4%	0	0.0%
Cannot afford care within past year	230	44.3%	230	56.4%	0	0.0%
Last dental visit over 5 years ago/never	116	22.4%	101	24.8%	15	13.5%
Curandero during last year	8	1.5%	6	1.5%	2	1.8%
Emergency Room during last year (N=514, 405, 109)						
Have not gone	400	77.8%	308	76.0%	92	84.4%
If yes, average number of visits	2.1		1.8		4.1	
Last doctor visit over 5 years ago/never	65	12.5%	52	12.7%	13	11.7%
Poor or fair healthcare - satisfaction (N=503, 392, 111)	115	22.9%	100	25.5%	15	13.5%
Poor or fair health status	179	34.5%	153	37.5%	26	23.4%
Average weight (pounds) (N=478)	168		167.2		170.8	
Average Height (N=407)	5' 4"		5' 4"		5' 4.6"	
BMI (N=384, 294, and 90)	29.5		29.5		29.3	
Obese or overweight (N=384, 294, and 90)	287	74.7%	224	76.2%	63	70.0%
Illnesses						
Hypertension	81	15.6%	62	15.2%	19	17.1%
Allergies	65	12.5%	51	12.5%	14	12.6%
Diabetes	60	11.6%	42	10.3%	18	16.2%
Depression (N=517, 406, 111)	68	13.2%	61	15.0%	7	6.3%
Smoke cigarettes	92	17.7%	73	17.9%	19	17.1%
Do no excersise	298	57.4%	240	58.8%	58	52.3%
Alcohol						
Do not drink	366	70.5%	294	72.1%	72	64.9%
If drink, average no. days/week	2.7		2.6		2.9	

(This variable that was constructed from the survey responses. It includes participants that stated that they do not have health insurance (except when stated that they do not need it), experience cost barrier, difficulty getting care, and/or have not been able to afford services or supplies.)

DIABETES

	All Participants (N=519)		Those with Diabetes (N = 60, 11.6%)		Those without Diabetes (N= 459, 88.4%)	
	Average -or- Frequency	Percent	Average -or- Frequency	Percent	Average -or- Frequency	Percent
Averge Age (years) (N=515)	36.1		47.9		34.6	
Gender						
Female	320	61.7%	43	71.7%	277	60.3%
Male	199	38.3%	17	28.3%	182	39.7%
Birth Country						
US	145	27.9%	23	38.3%	122	26.6%
Mexico	361	69.6%	36.0	60.0%	325	70.8%
Average Yrs. in US (N=518)	19.7		29.2		18.4	
% Lifetime in US (N=518)	51.4		58.9		50.4	
Married (N=518, 59, 459)	334	64.5%	41	69.5%	293	63.8%
No children	143	27.6%	29	48.3%	114	24.8%
Average children in house (if have children)	2.4		2.4		2.4	
Primary language						
Spanish	387	74.6%	42	70.0%	345	75.2%
English	123	23.7%	16	26.7%	107	23.3%
Read English	204	39.3%	25	41.7%	179	39.0%
Write English	188	36.2%	23	38.3%	165	35.9%
Education						
Less than High School/GED	328	63.2%	38	63.3%	290	63.2%
High school/GED or higher	191	36.8%	22	36.7%	169	36.8%
Type of Work (N=349, 29, 320)						
Agricultural Work	80	22.9%	6	20.7%	74	23.1%
Construction	59	16.9%	2	6.9%	57	17.8%
Sales	74	21.2%	7	24.1%	67	20.9%
Household Monthly Income (N=509, 60, 449)						
below $1500	188	36.9%	30	50.0%	158	35.2%
$1500 and above	263	51.7%	21	35.0%	242	53.9%
Health Insurnace						
Yes	195	37.6%	34	56.7%	161	35.1%
No	323	62.2%	26	43.3%	297	64.7%
Dental Insurance (N=517, 60, 457)						
Yes	136	26.3%	18	30.0%	118	25.8%
No	375	72.5%	42	70.0%	333	72.9%
Difficulty gettting healthcare	116	22.4%	18	30.0%	98	21.4%
Cannot afford care within past year	230	44.3%	30	50.0%	200	43.6%
Last dental visit over 5 years ago/never	116	22.4%	16	26.7%	100	21.8%
Curandero during last year	8	1.5%	2	3.3%	6	1.3%
Emergency Room during last year (N=514, 60, 454)						
Have not gone	400	77.8%	41	68.3%	359	78.2%
If yes, average number of visits	2.1		2.8		1.9	
Last doctor visit over 5 years ago/never	65	12.5%	1	1.7%		0.0%
Poor or fair healthcare - satisfaction (N=503, 60, 443)	115	22.9%	15	25.0%	100	22.6%
Poor or fair health status	179	34.5%	33	55.0%	146	31.8%
Average weight (pounds) (N=478)	168		180.9		166.2	
Average Height (N=407)	5' 4"		5' 2.5"		5' 4"	
BMI (N=384, 46, and 338)	29.5		33.2		28.9	
Obese or overweight (N=384, 46, and 338)	287	74.7%	41	89.1%	246	72.8%
Illnesses						
Hypertension	81	15.6%	21	35.0%	60	13.1%
Allergies	65	12.5%	7	11.7%	58	12.6%
Diabetes	60	11.6%	60	100.0%	0	0.0%
Depression (N=517, 60, 457)	68	13.2%	14	23.3%	54	11.8%
Smoke cigarettes	92	17.7%	10	16.7%	82	17.9%
Do no excersise	298	57.4%	32	53.3%	266	58.0%
Alcohol						
Do not drink	366	70.5%	53	88.3%	313	68.2%
If drink, average no. days/week	2.7		2.9		2.7	

HYPERTENSION/HIGH BLOOD PRESSURE

	All Participants (N=519)		Those with Hypertension (N = 81, 15.6%)		Those without Hypertension (N=438, 84.4%)	
	Average -or- Frequency/Percent		Average -or- Frequency/Percent		Average -or- Frequency/Percent	
Averge Age (years) (N=515)	36.1		45		34.5	
Gender						
Female	320	61.7%	61	75.3%	259	59.1%
Male	199	38.3%	20	24.7%	179	40.9%
Birth Country						
US	145	27.9%	34	42.0%	111	25.3%
Mexico	361	69.6%	44.0	54.3%	317	72.4%
Average Yrs. in US (N=518)	19.7		30.5		17.7	
% Lifetime in US (N=518)	51.4		63.8		2.33	
Married (N=518, 80, 438)	334	64.5%	56	70.0%	278	63.5%
No children	143	27.6%	29	35.8%	114	26.0%
Average children in house (if have children)	2.4		2.4	3.0%	2.4	0.5%
Primary language						
Spanish	387	74.6%	57	70.4%	330	75.3%
English	123	23.7%	23	28.4%	100	22.8%
Read English	204	39.3%	35	43.2%	169	38.6%
Write English	188	36.2%	36	44.4%	152	34.7%
Education						
Less than High School/GED	328	63.2%	53	65.4%	275	62.8%
High school/GED or higher	191	36.8%	28	34.6%	163	37.2%
Type of Work (N=349, 42, 307)						
Agricultural Work	80	22.9%	8	19.0%	72	23.5%
Construction	59	16.9%	3	7.1%	56	18.2%
Sales	74	21.2%	11	26.2%	63	20.5%
Household Monthly Income (N=509, 79, 430)						
below $1500	188	36.9%	42	53.2%	146	34.0%
$1500 and above	263	51.7%	29	36.7%	234	54.4%
Health Insurnace						
Yes	195	37.6%	40	49.4%	155	35.4%
No	323	62.2%	41	50.6%	282	64.4%
Dental Insurance (N=517, 81, 436)						
Yes	136	26.3%	26	32.1%	110	25.2%
No	375	72.5%	54	66.7%	322	73.9%
Difficulty gettting healthcare	116	22.4%	21	25.9%	95	21.7%
Cannot afford care within past year	230	44.3%	46	56.8%	254	58.0%
Last dental visit over 5 years ago/never	116	22.4%	28	34.6%	88	20.1%
Curandero during last year	8	1.5%	0	0.0%	8	1.8%
Emergency Room during last year (N=514, 81, 433)						
Have not gone	400	77.8%	58	71.6%	342	79.0%
If yes, average number of visits	2.1		1.8		2.2	0.5%
Last doctor visit over 5 years ago/never	65	12.5%	3	3.7%	62	14.2%
Poor or fair healthcare - satisfaction (N=503, 80, 423)	115	22.9%	23	28.8%	92	21.7%
Poor or fair health status	179	34.5%	49	60.5%	130	29.7%
Average weight (pounds) (N=478)	168		176.4		166.4	
Average Height (N=407)	5' 4"		5' 3.5"		5' 4"	
BMI (N=384, 71, 313)	29.5		31.1		29.1	
Obese or overweight (N=384, 71, 313)	287	74.7%	62	87.3%	225	71.9%
Illnesses						
Hypertension	81	15.6%	81	100.0%	0	0.0%
Allergies	65	12.5%	15	18.5%	50	11.4%
Diabetes	60	11.6%	21	25.9%	39	8.9%
Depression (N=517, 81, 436)	68	13.2%	24	29.6%	44	10.1%
Smoke cigarettes	92	17.7%	10	12.3%	82	18.7%
Do no excersise	298	57.4%	54	66.7%	244	55.7%
Alcohol						
Do not drink	366	70.5%	67	82.7%	299	68.3%
If drink, average no. days/week	2.7	0.5%	1.9		2.7	

EXERCISE

	All Participants (N=519)		Those Who Exercise (N=218, 42%)		Those who Do Not Exercise (N= 298, 57%)	
	Average -or- Frequency	Percent	Average -or- Frequency	Percent	Average -or- Frequency	Percent
Averge Age (years) (N=515)	36.1		34.9		37	
Gender						
Female	320	61.7%	116	53.2%	203	68.1%
Male	199	38.3%	102	46.8%	95	31.9%
Birth Country						
US	145	27.9%	85	39.0%	58	19.5%
Mexico	361	69.6%	127	58.3%	233	78.2%
Average Yrs. in US (N=518)	19.7		22.2		17.7	
% Lifetime in US (N=518)	51.4		60.4		44.6	
Married (N=518, 217, 298)	334	64.5%	124	57.1%	209	70.1%
No children	143	27.6%	73	33.5%	68	22.8%
Average children in house (if have children)	2.4		2.4		2.4	
Primary language						
Spanish	387	74.6%	140	64.2%	246	82.6%
English	123	23.7%	77	35.3%	44	14.8%
Read English	204	39.3%	112	51.4%	89	29.9%
Write English	188	36.2%	106	48.6%	80	26.8%
Education						
Less than High School/GED	328	63.2%	118	54.1%	209	70.1%
High school/GED or higher	191	36.8%	100	45.9%	89	29.9%
Type of Work (N=349, 153, 193)						
Agricultural Work	80	22.9%	32	20.9%	48	24.9%
Construction	59	16.9%	31	20.3%	28	14.5%
Sales	74	21.2%	23	15.0%	50	25.9%
Household Monthly Income (N=509, 214, 292)						
below $1500	188	36.9%	75	35.0%	113	38.7%
$1500 and above	263	51.7%	116	54.2%	144	49.3%
Health Insurnace						
Yes	195	37.6%	97	44.5%	96	32.2%
No	323	62.2%	121	55.5%	201	67.4%
Dental Insurance (N=517, 218, 296)						
Yes	136	26.3%	68	31.2%	67	22.6%
No	375	72.5%	147	67.4%	227	76.7%
Difficulty gettting healthcare	116	22.4%	46	21.1%	69	23.2%
Cannot afford care within past year	230	44.3%	93	42.7%	135	45.3%
Last dental visit over 5 years ago/never	116	22.4%	46	21.1%	70	23.5%
Curandero during last year	8	1.5%	5	2.3%	3	1.0%
Emergency Room during last year (N=514, 215, 296)						
Have not gone	400	77.8%	164	76.3%	234	79.1%
If yes, average number of visits	2.1		2.6		1.7	
Last doctor visit over 5 years ago/never	65	12.5%	26	11.9%	38	12.8%
Poor or fair healthcare - satisfaction (N=503, 215, 285)	115	22.9%	50	23.3%	64	22.5%
Poor or fair health status	179	34.5%	68	31.2%	111	37.2%
Average weight (pounds) (N=478)	168		171.4		165.1	
Average Height (N=407)	5' 4"		5' 4"		5' 3.5"	
BMI (N=384, 174, 208)	29.5		29.5		29.4	
Obese or overweight (N=384, 174, 208)	287	74.7%	132	75.9%	153	73.6%
Illnesses						
Hypertension	81	15.6%	27	12.4%	54	18.1%
Allergies	65	12.5%	29	13.3%	35	11.7%
Diabetes	60	11.6%	27	12.4%	32	10.7%
Depression (N=517, 216, 298)	68	13.2%	28	13.0%	39	13.1%
Smoke cigarettes	92	17.7%	39	17.9%	53	17.8%
Do no excersise	298	57.4%	0	0.0%	298	100.0%
If yes, average days exercise/week			3.9	1.8%	N/A	
Alcohol						
Do not drink	366	70.5%	138	63.3%	225	75.5%
If drink, average no. days/week	2.7		2.6		2.7	
Difficulty walking 1/4 mile	62	11.9%	21	9.6%	41	13.8%
Difficulty standing for 2 hours	97	18.7%	33	15.1%	63	21.1%
Difficulty sitting for 2 hours	78	15.0%	22	10.1%	55	18.5%
Difficulty reaching overhead	38	7.3%	11	5.0%	27	9.1%
Difficulty lifting/carrying10 pounds	46	8.9%	16	7.3%	30	10.1%
Difficulty pushing or pulling large objects	67	12.9%	24	11.0%	43	14.4%
Difficulty stooping, bending or kneeling	106	20.4%	22	10.1%	84	28.2%

OBESITY

	All Participants (N=519)		BMI - Obese or Overweight (N = 287, 74.7%)		BMI - Normal or Underweight (N=97, 25.3%)	
	Average -or- Frequency	Percent	Average -or- Frequency	Percent	Average -or- Frequency	Percent
Averge Age (years) (N=515)	36.1		38		31.9	
Gender						
Female	320	61.7%	173	60.3%	47	48.5%
Male	199	38.3%	114	39.7%	50	51.5%
Birth Country						
US	145	27.9%	99	34.5%	27	27.8%
Mexico	361	69.6%	183.0	63.8%	63	64.9%
Average Yrs. in US (N=518)	19.7		23.5		16.7	
% Lifetime in US (N=518)	51.4		59.2		48.5	
Married (N=518, 286, 97)	334	64.5%	197	68.9%	47	48.5%
No children	143	27.6%	76	26.5%	31	32.0%
Average children in house (if have children)	2.4		2.5		2.3	2.4%
Primary language						
Spanish	387	74.6%	198	69.0%	72	74.2%
English	123	23.7%	83	28.9%	23	23.7%
Read English	204	39.3%	136	47.4%	40	41.2%
Write English	188	36.2%	125	43.6%	37	38.1%
Education						
Less than High School/GED	328	63.2%	167	58.2%	56	57.7%
High school/GED or higher	191	36.8%	120	41.8%	41	42.3%
Type of Work (N=349, 197, 75)						
Agricultural Work	80	22.9%	37	18.8%	18	24.0%
Construction	59	16.9%	31	15.7%	19	25.3%
Sales	74	21.2%	44	22.3%	16	21.3%
Household Monthly Income (N=509, 283, 97)						
below $1500	188	36.9%	101	35.2%	31	32.0%
$1500 and above	263	51.7%	153	53.3%	55	56.7%
Health Insurnace						
Yes	195	37.6%	121	42.2%	41	42.3%
No	323	62.2%	165	57.5%	56	57.7%
Dental Insurance (N=517, 287, 97)						
Yes	136	26.3%	89	31.0%	23	23.7%
No	375	72.5%	195	67.9%	72	74.2%
Difficulty gettting healthcare	116	22.4%	64	22.3%	20	20.6%
Cannot afford care within past year	230	44.3%	133	46.3%	38	39.2%
Last dental visit over 5 years ago/never	116	22.4%	63	22.0%	16	16.5%
Curandero during last year	8	1.5%	6	2.1%	0	0.0%
Emergency Room during last year (N=514, 286, 95)						
Have not gone	400	77.8%	212	74.1%	78	82.1%
If yes, average number of visits	2.1		2.1		2.4	
Last doctor visit over 5 years ago/never	65	12.5%	23	8.0%	18	18.6%
Poor or fair healthcare - satisfaction (N=503, 280, 94)	115	22.9%	75	26.8%	18	19.1%
Poor or fair health status	179	34.5%	133	46.3%	21	21.6%
Average weight (pounds) (N=478)	168		182		136.6	
Average Height (N=407)	5' 4"		5' 3.6"		5' 4.9"	
BMI (N=384, 287, and 97)	29.5		31.7		22.8	
Obese or overweight (N=384, 287, and 97)	287	74.7%	287	100.0%	0	0.0%
Illnesses						
Hypertension	81	15.6%	62	21.6%	9	9.3%
Allergies	65	12.5%	44	15.3%	8	8.2%
Diabetes	60	11.6%	41	14.3%	5	5.2%
Depression (N=517, 286, 96)	68	13.2%	46	16.0%	9	9.4%
Smoke cigarettes	92	17.7%	49	17.1%	24	24.7%
Do no excersise	298	57.4%	153	53.3%	55	56.7%
Alcohol						
Do not drink	366	70.5%	195	67.9%	68	70.1%
If drink, average no. days/week	2.7	0.5%	2.6		3.3	