WISCONSIN INSTITUTE FOR Citizenship & Civil Dialogue

UNIVERSITIES OF WISCONSIN

SUPPLEMENTAL APPENDICES

DEVELOPING A HEALTH CARE CULTURAL BROKER PROGRAM
Insights from Hispanic/Latino and Hmong Communities in Central Wisconsin

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APPENDIX A - CULTURAL BROKERS IN HEALTH CARE INTERVIEW DISCUSSION GUIDE

TOPICS	TIME (minutes)
WELCOME, INTRODUCTIONS, AND REVIEW GROUND RULES	3
BACKGROUND	5
OVERALL IMPRESSIONS - BARRIERS TO ACCESS	15
COMMUNICATION AND LANGUAGE BARRIERS	10
CULTURAL BELIEFS AND PRACTICES	10
DISCRIMINATION AND BIAS	10
CULTURAL BROKERS	5
WRAP-UP	2
Total Minutes	60

INTRODUCTIONS

- Interviewer

WHY ARE WE HERE TODAY?

A cultural broker in healthcare is a person who helps patients and their families navigate the healthcare system by bridging cultural gaps and language barriers. A cultural broker can help build trust between patients and providers; can offer support to patients in navigating the health care system; and can help the health care system provide services that are mindful of a patient's cultural background and language.

As a community member living in Central Wisconsin, you can provide a unique perspective on this topic by sharing your or your family's personal experiences with health care in the area. During our discussion today, we will focus on barriers and challenges that you or your family members face when accessing health care services in Central Wisconsin and how culture, language, race, and ethnicity may impact the care that you receive. Your feedback will be helpful to health care providers seeking to improve health outcomes for patients.

REVIEW OF GROUND RULES

- I will be recording our conversation today. That way I can go back and listen to it later in order to be sure that I have captured your feedback accurately. And by recording it, I can pay closer attention to our conversation. I want to assure you that the recording will not be shared with anyone outside of the WIPPS team working on this project.
- We typically include quotes and comments in our reports to illustrate themes or points, but nothing you say today will be attributed to you by name. We hope you to feel comfortable talking openly.
- Our discussion will last about 60 minutes.
- At the end of our discussion, I will provide you with a $50 gift card in appreciation for your time.
- There are no right or wrong answers, so I encourage you to give your honest, authentic opinions. Keep in mind that I am just as interested in negative comments as positive ones. If there are questions you are not comfortable answering, you can feel free to let me know that we will move on.
- Are there any questions or concerns before we get started?

BACKGROUND [5 MINUTES]

1. To get started, can you tell me a little bit about where you typically go when you need medical care or when you have a concern about your health or the health of a family member?

2. Over the past year, was there a time when you felt ill or had a serious health concern that you did not get medical help for? What is the reason you did not get help?

BARRIERS TO ACCESSING MEDICAL CARE IN CENTRAL WISCONSIN [15 MINUTES]

3. Thinking generally about your experiences with health care in our area, what are the most significant challenges or problems that you or your family members have faced when seeking medical care?

   [INTERVIEWER PROBES > the following are examples of common types of access barriers ask about in follow-up questions]
   - Costs and financial considerations, including lack of health insurance or difficulty filling out forms for financial assistance
   - Lack of transportation to providers and/or lack of providers in close proximity to communities where Hispanic/Hmong residents live
   - Personal, work and family considerations (inability to take time off work to seek care; lack of access to child care; and immigration status and fear of deportation)
   - Low health care literacy or lack of awareness of available health care and community resources
   - Communication and language barriers, including limited English proficiency (impact on quality of care, misdiagnosis, medication issues, unnecessary hospitalizations)
   - Cultural differences and traditions (gender roles, family hierarchy, beliefs in alternative medicine)
   - Experiences with racial/ethnic discrimination
   - Lack of trust in health care systems and providers
   - Lack of internet/broadband access

COMMUNICATION AND LANGUAGE BARRIERS [10 MINUTES]

Let's dig a litter deeper into some of these barriers, focusing first on communication and language barriers.

4. From your perspective, have language barriers impacted the ability to get the care that you or a family member needed from our area's health care providers? How?

   [INTERVIEWER PROBES > identify unique stories or experiences]

   - Can you share an example of a situation where a communication or language barrier lead to an issue with a quality or safety concern in a health care setting and contributed to a negative health outcome?
   - Can you share an example of a situation where having appropriate language support helped mitigate a quality or safety concern in a health care setting and contributed to a positive health outcome?

5. Have you observed differences in how language interpretation services are provided (in-person, telephone, language line, family member interpreter)? What are some of the pros and cons of these options?

CULTURAL BELIEFS AND PRACTICES [10 MINUTES]

Turning now to cultural beliefs…

6. From your perspective, do healthcare providers in Central Wisconsin consider the unique cultural needs of Hispanic/Hmong residents?

   [INTERVIEWER PROBES > identify specific cultural beliefs]
   - What are some key cultural beliefs about health and illness that impact healthcare decisions within the Hispanic/Hmong community?
   - Can you share an example of a situation where a cultural barrier lead to an issue with a quality or safety concern in a health care setting and it contributed to a negative health outcome?
   - Can you share an example of a situation where having culturally appropriate care helped mitigate a quality or safety concern in a health care setting and contributed to a positive health outcome?

7. What ONE change could be made to make healthcare more culturally sensitive and accessible for the Hispanic/Hmong community in Central Wisconsin?

RACIAL/ETHNIC DISCRIMINATION IN HEALTH CARE AND BUILDING TRUST [10 MINUTES]

8. Have you or a family member experienced racial discrimination when getting health care in our area?

9. What are some specific ways that health care providers can build more trust within the Hispanic/Hmong communities?

10. What information or resources would help Hispanic/Hmong patients in Central Wisconsin better understand healthcare systems?

CULTURAL BROKER MODEL [5 MINUTES]

11. What do you think are the most important factors to consider when developing a cultural broker program in Central Wisconsin? What advice would you give health systems developing a cultural broker program?

WRAP-UP

Thank you for your time and candor. If there is feedback you wish to share privately, feel free to reach out to me at [phone and email of interviewer.]

Provide gift card

APPENDIX B - CULTURAL BROKERS IN HEALTH CARE FOCUS GROUP DISCUSSION GUIDE

TOPICS	TIME (minutes)
WELCOME, INTRODUCTIONS, AND REVIEW GROUND RULES	3
OVERALL IMPRESSIONS - BARRIERS TO ACCESS	15
COMMUNICATION AND LANGUAGE BARRIERS	15
CULTURAL BELIEFS AND PRACTICES	15
DISCRIMINATION AND BIAS	10
CULTURAL BROKERS	5
WRAP-UP	2
Total Minutes	60

INTRODUCTIONS

- Facilitator (Sharon Belton, WIPPS) and Observer(s) (Tony Lewis, Medical College of Wisconsin)

WHY ARE WE HERE TODAY?

A cultural broker program may help reduce disparities in health outcomes and improve health equity among marginalized patient populations. A cultural broker in healthcare is a person who helps patients and their families navigate the healthcare system by bridging cultural gaps and language barriers. A cultural broker **builds trust** between patients and providers; **provides patients with guidance and support** in navigating the health system; works within the health care system to **provide culturally and linguistically appropriate services**; and **educates providers** about cultural backgrounds may impact care.

As Community Health Workers and Health Navigators who help and interact with Hispanic/Hmong residents across Central Wisconsin, you can provide a unique perspective on this topic. In addition to your professional perspectives, you are also encouraged to share your own personal experiences. During our discussion today, we will focus on barriers and challenges that Hispanic/Hmong individuals face when accessing health care services in Central Wisconsin and how culture, language, race, and ethnicity may impact the quality and safety of care that Hispanic/Hmong residents receive. Your feedback will be helpful to health systems and health care providers seeking to improve health outcomes for Hispanic/Hmong patients.

REVIEW OF GROUND RULES

We will be recording the discussion today since we often need to go back and listen to what is said again to be sure we heard a comment correctly. The recordings will not be shared with anyone outside of the WIPPS team. We typically include quotes and comments in our reports to illustrate themes or points, but nothing you say today will be attributed to you by name. We hope this will allow everyone to feel comfortable talking openly. Our discussion will last about 60 minutes. There are no right or wrong answers, so we encourage you to give your honest, authentic opinions. Keep in mind that we are just as interested in negative comments as positive ones. And it is okay to respectfully disagree. If there are questions you are not comfortable answering, you can pass or feel free to send your thoughts to me via email after the meeting. Since we are only together for a brief time, and to ensure all voices are heard, there may be times when I ask some of you to shorten your comments. I may encourage some of you to share more thoughts if we have not heard from you in a bit. Are there any questions or concerns before we get started?

OVERALL IMPRESSIONS OF BARRIERS TO ACCESSING MEDICAL CARE IN CENTRAL WISCONSIN

1. Thinking about your experiences interacting and working with Hispanic/Hmong residents across Central Wisconsin, what are the **most significant challenges or barriers that individuals and families face when accessing** the medical care that they need? You can think about "access" as being defined as, "*the timely use of personal health services to achieve the best possible health outcomes*".[1]

   [MODERATOR PROBES > the following are examples of common types of access barriers]
   - Costs and financial considerations, including **lack of health insurance coverage** (lack of insurance or employer-based insurance and prices, out-of-pocket expenses, and co-pays may be a disincentive to seeking care)
   - Structural and geographic (**lack of transportation** to providers and/or **lack of providers in close proximity** to communities where Hispanic/Hmong residents live may impact the availability of care)
   - Personal, work and family considerations (inability to **take time off work** to seek care; lack of access to **child care**; and **immigration status** and fear of deportation may inhibit access to insurance or seeking medical care)
   - Lack of awareness of available health care and community resources and/or **low health care literacy**
   - Communication and **language barriers**, including limited English proficiency (impact on quality of care, misdiagnosis, medication issues, unnecessary hospitalizations)
   - Cultural **differences and traditions** (gender roles, family hierarchy, beliefs in alternative medicine)
   - Experiences with racial/ethnic **discrimination**
   - Lack of **trust** in health care systems and providers
   - Lack of **internet/broadband** access

COMMUNICATION AND LANGUAGE BARRIERS

Let's dig a litter deeper into some of these barriers, focusing first on navigating health systems and communication and language barriers.

2. What specific challenges do Hispanic/Hmong residents face when navigating our area's healthcare systems, including getting appointments, insurance, and referrals? [MODERATOR > do not ask this question if the responses seem duplicative with Question 1 above.]

3. Thinking about the people you interact with through H2N or even your own personal and family situations, how comfortable are Hispanic/Hmong residents with communicating with healthcare providers about their health concerns and what factors contribute to an individual's comfort level?

4. How do language barriers in particular impact the accessibility and quality of health care received by Hispanic/Hmong residents of Central Wisconsin? Have you observed differences in outcomes based on how language services are delivered (in-person, telephone, language line, family member interpreter)? [MODERATOR PROBES > identify unique stories or experiences]

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[1] For background discussions of access to care issues, see Rural Health Information Hub at https://www.ruralhealthinfo.org/topics/healthcare-access#:~:text=Broadband%20Access,in%20Rural%20Healthcare%20topic%20guide and U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030 https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services#:~:text=This%20summary%20will%20discuss%20barriers,barriers%20impact%20under%2Dresourced%20communities.

- Can you share an example of a situation where a communication or language barrier lead to an issue with a quality or safety concern in a health care setting and contributed to a negative health outcome?
- Can you share an example of a situation where having appropriate language support helped mitigate a quality or safety concern in a health care setting and contributed to a positive health outcome?

5. What could healthcare providers do to improve communication with patients from Hispanic/Hmong backgrounds?

CULTURAL BELIEFS AND PRACTICES

Turning now to cultural beliefs…

6. Thinking about the people you interact with through H2N or even your own personal and family situations, to what extent do healthcare providers in Central Wisconsin consider the unique cultural needs of Hispanic/Hmong residents?

   [MODERATOR PROBES > identify specific cultural beliefs]
   - What are some key cultural beliefs about health and illness that impact healthcare decisions within the Hispanic/Hmong community?
   - Are there culturally-specific approaches to treating certain conditions or diseases within Hispanic/Hmong families that may not be commonly considered?

7. How do cultural barriers in particular impact the accessibility and quality of health care received by Hispanic/Hmong residents of Central Wisconsin? Have you observed differences in outcomes based on how a health care provider approaches cultural differences?

   [MODERATOR PROBES > the following are follow-up questions to help identify unique stories or experiences]
   - Can you share an example of a situation where a cultural barrier lead to an issue with a quality or safety concern in a health care setting and contributed to a negative health outcome?
   - Can you share an example of a situation where having culturally appropriate care helped mitigate a quality or safety concern in a health care setting and contributed to a positive health outcome?

8. What ONE change could be made to make healthcare more culturally sensitive and accessible for the Hispanic/Hmong community in Central Wisconsin?

CULTURAL BIAS AND/OR RACIAL/ETHNIC DISCRIMINATION IN HEALTH CARE AND BUILDING TRUST

9. How do experiences of discrimination impact Hispanic/Hmong community members' willingness to seek healthcare?

10. What are some specific ways that health care providers can build trust within the Hispanic/Hmong communities?

11. What information or resources would help Hispanic/Hmong patients in Central Wisconsin better understand healthcare systems?

12. What are some examples of collaborations between health care systems and community organizations that you think are especially impactful in helping to address barriers that Hispanic/Hmong community members face? What are some missed opportunities that you think should be explored?

CULTURAL BROKER MODEL

13. What do you think are the most important factors to consider when developing a cultural broker program in Central Wisconsin? What advice would you give health systems developing a cultural broker program?

WRAP-UP

Thank you all for your time and candor. If there is feedback you wish to share privately, feel free to reach out to me at [phone and email of moderator.]

CULTURAL BROKERS IN HEALTH CARE
H2N HISPANIC TEAM FOCUS GROUP #1 SUMMARY

DATE: December 4, 2024
LOCATION: Zoom
MODERATOR: Sharon Belton, WIPPS
OBSERVER: Tony Lewis, Medical College of Wisconsin and Noah Colletti, WIPPS
PARTICIPANTS: Ahilin Arias
Norma Castro
Francisco Guerrero
Diana Heineck
Gustavo Perna
Mariana Savela
Rubens Silva
Frank Gonzalez

OVERALL IMPRESSIONS OF BARRIERS TO ACCESSING MEDICAL CARE IN CENTRAL WISCONSIN

- Some participants expressed concern among Hispanic patients regarding the costs of healthcare and medical bills. Fear of the amount of the bill for medical services is one of the largest barriers for Hispanic community members accessing medical care.
    - One participant stated that a major barrier is a fear of medical bills after receiving services and that many Hispanic patients do not know how to apply for financial assistance. Also, the forms they receive are often written in English instead of Spanish, which makes the application process even more challenging. Even when the financial assistance form is in Spanish there may still be difficulties with understanding how to complete the form.
    - Many patients have a particular problem with the financial assistance program because even when they get the form in Spanish, they cannot complete it because they don't understand the section about taxes and other requirements.
    - Many patients fear scheduling appointments because of anticipated costs, lack of insurance, and immigration status.
    - One participant recommended a process like that used by the Family Health Center Primary Care, which uses a brief telephone interview with the patient and can often reassure them that the appointment will be free of charge.
- There are significant problems involved in obtaining financial assistance for medical care.
    - Many patients, even those who qualify for financial assistance, are hesitant to seek medical care because of the high cost. Many of the bills they receive are tens of thousands of dollars.
    - Hispanic family dynamics also affect patient attitudes towards medical care. Many Hispanic families are divided, with one person working in the U.S. and the rest of the family in the home country. There is considerable stress in dealing with high medical bills while maintaining two households.
    - Immigration status discourages patients from seeking financial medical assistance because they are frequently paid in cash by their employers and do not pay taxes. Some financial aid applications require proof of income.
    - Hispanic families often cannot provide the documentation required for financial assistance, such as a paystub documenting employment or a bank account.

    - Some employers do not want to provide the forms needed to apply for financial aid. Thus, the financial aid application will be incomplete and cannot be processed.
    - Patients who do not file taxes are given additional forms to submit which they do not understand and cannot complete. Failure to submit these additional forms also causes applications to be rejected.
    - Many Hispanic immigrants are working under a different name which does not match the name on their identification card. This makes them ineligible for financial assistance.
    - Divided families with children living in Mexico cannot verify their dependents to provide a true representation of family size.
    - People are afraid of the bill for medical services and sometimes they receive the application for financial assistance in English instead of Spanish. "It makes them afraid".
    - Single people who care for others are not accurately represented through financial assistance forms. The application does not necessarily capture true representation of the family's situation.
- Participants also remarked about problems with the number and type of providers and difficulty obtaining appointments.
    - There is a need for more providers and other types of non-physician providers, such as dentists.
    - Obtaining medical care from some specialists (such as dermatologists and mental health providers) is especially difficult. Patients with skin disorders and mental health issues often experience long wait times for appointments even though they need those services right away.
    - Mental health providers often do not speak Spanish, which can make mental health care difficult for Hispanic patients. Mental health providers who understand Hispanic culture are needed.
    - Participants remarked about recent notable decreases in customer services available in Spanish.
    - Sometimes patients with urgent problems do not seek medical care because of transportation issues, which can result in exacerbating urgent medical problems.
- Transportation is also an issue for Hispanic community members.
    - Lack of transportation to care can make it difficult for people to get the care that they need.
    - Some may not have drivers' licenses and may not want to risk driving without one.

COMMUNICATION AND LANGUAGE BARRIERS

- Many participants commented on the advantages and disadvantages of in-person interpreters. There is a strong preference for in-person interpretations.
    - One person remarked about the importance of in-person interpretation as the best way to obtain optimal patient care.
    - In-person interpretation is the most effective way to facilitate communication for both the patient and the medical staff.
    - In-person interpretation also enables the interpreter to observe the body language of the participants, which can facilitate communication.
    - An issue with in-person interpretation involves the ethical limitations of the interpreter. The interpreter is not to serve as an advocate for the patient and is only there to directly translate what the patient and the healthcare provider are saying. This limitation represents a missed opportunity to understand the patient's unique situation.
    - The current situation prevents the interpreter from serving as a cultural broker between the healthcare system and the patient.

- Alternatives to in-person interpreters have significant disadvantages.
    - Other interpretation options, such as telephone interpreters and tablet services, are even more impersonal than in-person interpretation and lack the ability to function in a cultural broker capacity.
    - One participant recommended that in-person interpreters should be trained as cultural brokers to enhance the healthcare experience of non-English-speaking patients. They are already acting to some degree as cultural brokers by guiding the patient through the healthcare facility.
    - One participant stated that it would be more effective and less expensive for healthcare facilities to hire a staff of full-time, in-person interpreters. They stated that this approach would be less expensive than telehealth according to a recent study.
    - The lack of in-person interpreters is detrimental to both patients and the doctors who provide their care.

CULTURAL BELIEFS AND PRACTICES

- Several participants commented on significant cultural differences between the U.S. medical system and the medical system Hispanic patients experienced in their home country.
    - Many patients have a poor understanding of how the U.S. healthcare system works. They are unfamiliar with many important concepts. For example, they do not understand the difference between an HMO and a PPO, or terminology such as “deducible” or “out-of-pocket maximum”.
    - Healthcare terminology is like a foreign language to Hispanic patients.
    - Patient are challenged by a lack of healthcare literacy in addition to dealing with a language barrier.
- Hispanic patients are often unfamiliar with the concept of preventive care.
    - Hispanic families come from countries where most people do not practice preventive care. They only go to the doctor when something hurts. They believe that if nothing hurts, they are fine and they don’t go to the doctor. This cultural belief limits their contact with the medical system and often results in emergency care being the first interaction of Hispanic families with the U.S. healthcare system.
    - Many participants stated that emergency care is extremely expensive, and that experience discourages further attempts to seek medical care. They assume that primary care would also result in an expensive medical bill. This makes them reluctant to seek preventive medical care.
- Many participants agreed that immigration status is a significant deterrent for Hispanic patients to seek timely medical care.
    - Many of the twelve million undocumented immigrants in the U.S. are fearful that they will be deported, separated from their families, or arrested because of their immigration status. They are afraid to seek medical attention or obtain insurance because of these fears.
    - Many immigrants with jobs cannot apply for health insurance because they don’t have a valid social security number or the proper documentation that U.S. citizens or legal residents usually have.
    - Some immigrants from Latin America speak a native language instead of Spanish and cannot even read, write, or understand Spanish. This places an even greater burden on such non-Spanish-speaking immigrants.
    - Immigrant families struggle to survive in a country where they are ignorant of the rules, laws, and language of the U.S., and do not understand how the healthcare system works.

- Multiple speakers agreed that Hispanic immigrants are fearful to go anywhere because of a lack of proper documentation. They are even afraid of interacting with healthcare providers because everything is being recorded.

- Participants commented about the unique role of the family when a family member is receiving medical care:
  - When a Hispanic patient is hospitalized, the entire family will visit the patient. This includes the entire extended family, even the godmother.
  - Hospitals often have rules that limit the number of visitors, which may cause relatives to feel excluded.
  - HIPPA regulations place constraints on the physician's ability to communicate with extended family members who want to know protected medical information, which further complicates communication with the family. Family members who are excluded from direct communication with the doctor may feel that he/she is hiding something. This can foster an atmosphere of distrust.

CULTURAL BIAS AND/OR RACIAL/ETHNIC DISCRIMINATION IN HEALTH CARE AND BUILDING TRUST

- Several participants commented on significant cultural differences between the U.S. and Latin American countries in the doctor-patient relationship.
  - Hispanic patients are accustomed to having an ongoing relationship with their doctor and develop a trusting relationship with that physician.
  - In the U.S., patients often see a different doctor every time they seek care. Hispanic patients are unable to establish the close relationship with their doctor that they experienced in their home country.
  - Patients who don't speak English need interpretation services. This interferes with their ability to establish rapport with their healthcare provider.
  - Participants stated that they frequently experienced an impersonal relationship with healthcare providers that they encountered in a hospital setting.
- Some participants expressed frustration with the lack of communication between healthcare providers (especially in the emergency department) and their Hispanic patients.
  - Patients often encounter healthcare providers who order tests and procedures without adequately explaining to the patient and the family the rationale for these procedures.
  - Providers sometimes fail to consider the patient's situation and the importance of keeping them and their family members informed.
- Several participants commented on impersonal medical care and a lack of cultural sensitivity for Hispanic patients that interferes with building trust.
  - One participant stated that they often experienced impersonal medical care when interpreting for Hispanic patients: "…they're very cold. It's not a humane care. It's not." He stated that Hispanic patients need a "human touch" more than patients from other cultures.
  - Many participants stated that impersonal patient care is due to a lack of cultural understanding and the fact that a physician is required to see so many patients. They also remarked that doctors have severe time limitations with each patient because of the large number of patients that need to be seen. They believe that Hispanic patients need more time with a doctor than other patients. Due to cultural influences, Hispanic patients often respond to questions with a long answer going many years that can take more time to express.
  - One participant stated that if a doctor cuts off the patient in the middle of a long answer, the patient will withdraw from the dialogue, causing communication to break down.

- The need for third-party interpretation can serve as another barrier to an effective interaction and can prevent the development of a trusting relationship between the doctor and the patient.

CULTURAL BROKER MODEL

- Several participants commented about the need for better cooperation between various components of the healthcare system and implementation of streamlined policies and procedures to facilitate better access to healthcare for Hispanic patients.
  - One participant stated that the Family Health Clinic has a simple financial application which makes it easier for patients to obtain financial support. She recommended that other medical facilities should incorporate such simplified applications that have already been shown to be effective.
  - The Wausau Free Clinic has been doing an effective job of providing medical care to many Hispanic patients. Care is facilitated at the Wausau Free Clinic because the application is simplified, consisting of only one page. Also, applicants are not required to provide financial information other than income.
  - The Wausau Free Clinic has been experiencing some significant problems involving referrals to local medical specialists.
  - There have been problems in implementing effective programs involving health navigators and community health workers. There needs to be greater communication and cooperation between the people attempting to facilitate medical care for members of the Hispanic community and the leadership of the large local medical facilities.
- One participant described how collaborations between various local groups were successful in improving health outcomes for Hispanics.
  - H2N and the county health department have been visiting local businesses with large numbers of Hispanic employees to offer free vaccinations and diabetes screenings to the workers. They also provide information about the Wausau Free Clinic, which has been important in improving medical care access for many Hispanic residents in the area.
  - Partnerships such as this have had an important impact on improving access of the Hispanic community to quality healthcare.
  - Several participants stated that they hoped that medical clinics like the Wausau Free Clinic would be created in other areas of Central Wisconsin with large Hispanic populations, such as Abbotsford.
  - There was repeated emphasis that health care systems should learn from those clinics who are "doing things better than them" with interpreters, streamlined processes, and financials.

ILLUSTRATIVE COMMENTS

I perceive that there is a big fear of the bill that will come after they go to a medical service.

Usually there is a fear associated with appointments…because of the cost, especially with people that don't have medical insurance because of their immigration status.

The other clinics…are more open to those kinds of patients and they can definitely say, "Please come, there is no cost for you." Patients prefer to schedule with the others because of that fear.

If they want to, let's say, recuperate or take them back as clients (referring to Hispanic community members), they should do something similar of what Family Health Center Primary Care is doing, which is a quick interview

on the phone and just tell the patient, you know, because of your income, your appointment will be free of charge… If that doesn't happen, I see that that gap will continue and will be bigger through the years.

When you go to the emergency room, the bill that you get from that is extremely expensive. And then your first experience with the health care system is an expensive bill. After that, you don't want to repeat that… if your medical bill from emergency room was like five thousand, that means that all cares is five thousand or more. And that's then you have that idea in your head.

Usually there is a fear associated with appointments…because of the cost, especially with people that don't have medical insurance because of their immigration status, which makes people reluctant to schedule an appointment there.

Most of them (Hispanic residents) don't know how to apply for financial assistance. And sometimes they receive the application in English instead of Spanish.

Sometimes they get paid cash, sometimes they don't file taxes, sometimes they work under a different name. So when (a health care organization) asks for the financial assistance application, they are asking for those elements that sometimes are not available to prove their income.

Sometimes the owners and the bosses don't want to fill that paperwork out.

When (a health care organization) is asking for a financial assistance application, it's asking for a proof of income. And for that, it's asking for taxes, it's asking for paystub, it's asking for a bank account, it's asking for all those elements that sometimes in the Hispanic families are not in place, that are not available to prove that income.

They just have to simplify that application (referring to financial assistance) because the application is keeping people away from getting into health care instead of bringing people in.

There is a huge misunderstanding on how the healthcare system works, because nobody really understands what an HMO is, what a PPO is, PBS, deductible, maximum out-of-pocket. That language is Martian language to anybody that really tried to understand how the healthcare system works.

There is a health literacy issue and often times people from Hispanic families only first go to the doctor when in need of emergency care and that is very expensive.

The doctor comes, looks at you. If you don't speak the language and use interpretation services, you will never feel that rapport that was built with the healthcare provider.

I think there's kind of no replacement for the in-person. I think it's by far the most superior way because you have someone that you're looking and talking to, and you see their expressions and everything, and there's trust being built, especially when we go to a place and we don't know the language.

In-person translators are the best option for paperwork and for communicating with medical staff as well. The human element is very important and there was a study done that shows it is less expensive to hire in-person interpreters, so it is a win-win.

The interpreter doesn't get the opportunity to interact as someone that can bring that cultural broker in between the health system and the patient because it's not the interpreter's job to do that.

Various parts of Latin America have different kinds of customs that are only customary in that area. Not all Hispanic people share those same customs and not all Spanish words mean the same thing.

Hispanic families, we come from countries that don't practice preventative care. We go to the doctor when something hurts. If nothing hurts, we're fine. We don't need to go to the doctor.

The Hispanic patient needs that human touch more than maybe other cultures. Because we Hispanics are more touchy… It's a cultural thing, but it doesn't get reflected in the way that care is provided…

There is a better way of interacting with Hispanic patients. They need to be treated with more warmth, given more time, and treated autonomously- the tests should be explained to them not just run on them, and their voices need to be heard about their experiences for the doctor to be fully informed about their symptoms.

Every patient, you have to do it in 20 minutes. And Hispanics need more time than that because if you ask them where does it hurt, they're going to go back to 20 years… It didn't start yesterday. It started 20 years ago. And that is a cultural thing. And it's the moment that the doctor cut that conversation short, the patient retracts themself, and will not be able to communicate openly with the doctor. Add the interpretation in the middle of that, and now you are completely disconnected from the patient.

If your mom or any family member is in the hospital and is being there for a few days, Hispanic families will not show up with just one person. The whole family is going to show up. The friends are going to show up. The godmother is going to show up. And if the doctor needs to talk about something that is important and relevant to the care of the grandma, the dad, the mom, whoever's in the hospital, the whole family wants to know… And if you leave the family outside the conversation, they feel that you're not doing a good job because you're not telling the whole family that this is the decision that we're going to do. This is the reason why we're doing this. The whole family wants to know that.

The U.S. has about 12 million undocumented people here in the U.S. Many of those people, especially new immigrants, are fearful that they will get deported, be separated from their families, and have to get involved with the law if they get medical attention. Many who have jobs can't apply for health insurance because they don't have a valid Social Security number or proper documentation that U.S. citizens or U.S. residents have, yet everyone gets all taxes deducted from their paychecks. Many Hispanic families are also uneducated, some can't read or write in Spanish, some speak a native language and sometimes don't even understand Spanish. Many of these families are trying to survive in a country where they don't know all the rules, laws, the culture, the language and the way the health system works. If we want to see change for the better, we simply need immigration reform and we are all aware that it isn't an easy fix.

See people as humans, not just a dollar sign.

In general, we all need more providers, like dentists, other providers, sometimes people have skin problems, it's hard to get an appointment, you have to wait forever. And also mental health providers, no appointments can be done right away. And sometimes people need services as soon as possible.

Community health workers have hit a wall because the policies and structures implemented are not always effective.

People may need to go to urgent (care) but don't have transportation so that can be dangerous.

Now everything has become very centralized. Now you have to travel 30, 40 minutes. And if you're Hispanic, you're going to think twice if you want to travel or not, because you don't have a driver's license.

CULTURAL BROKERS IN HEALTH CARE
H2N HMONG TEAM FOCUS GROUP #2 SUMMARY

DATE: December 17, 2024
LOCATION: Zoom
MODERATOR: Sharon Belton, WIPPS
OBSERVER: Tony Lewis, Medical College of Wisconsin
PARTICIPANTS: Zia Chang
Sheng Khang
Lisa Marquardt
Yingyakia Vang
Toufou Xiong

OVERALL IMPRESSIONS OF BARRIERS TO ACCESSING MEDICAL CARE IN CENTRAL WISCONSIN

- Several participants stated that language barriers are a major impediment for members of the Hmong community to accessing medical care. Please refer to the *COMMUNICATION AND LANGUAGE BARRIERS* section below.
- Participants stated that a lack of healthcare literacy in the Hmong population is a significant problem.
    - Hmong patients that have insurance or who are covered under Medicaid are sometimes confused by the details of their coverage, such as co-payments and deductibles. They may receive a bill after medical treatment and be surprised or confused by the need to make a payment. Patients are stressed because they don't know what they will owe after future treatment, and this makes them hesitant to seek further medical care.
    - Some Hmong patients don't understand the need to establish a relationship with a primary care provider and will use the emergency department as their only venue for medical care.
    - Many in the Hmong community will not seek medical care unless they feel ill. This often results in the need for urgent care for a condition that could have been better treated on a routine basis. This situation is largely due to a lack of health literacy within the Hmong community.
    - One participant related his experience with a Hmong patient having problems with a hypertension medication because that individual did not understand how to take it properly due a lack of healthcare literacy.
    - Healthcare literacy also involves an awareness of patient rights, such as the right to seek a second opinion, to disagree with a doctor's treatment recommendation, or to request a better explanation about a medical situation.
    - A participant with many years of nursing experience stated that there is a need for education in healthcare literacy in the Hmong community so that Hmong patients can understand the structure of the medical system and the most effective ways to negotiate that system to obtain quality healthcare. Conversely, the healthcare system needs to seek feedback from the Hmong community to learn about the problems that Hmong patients encounter when seeking medical care and to determine how to best meet the needs of Hmong patients in Central Wisconsin.

COMMUNICATION AND LANGUAGE BARRIERS

- Family members are often prevented from interpreting for the patient. This can be a particular problem for elderly patients who are forced to rely on interpreters over the phone. Many elderly patients do not like to talk to a stranger about their health. It can often be difficult for the patient, the doctor, and the interpreter to work together effectively when interpreting is done over the phone.
- Some doctors object to family members interpreting because of an inability to properly translate terminology. They say that the patient is not getting an accurate interpretation of what the doctor is saying and that this has an adverse effect on the quality of the care that the patient receives.
- Some patients who rely on family members to translate in a medical setting are embarrassed or shy to reveal personal or possibly embarrassing details about their health to their family members. They may actually be more open to discussing their issues if a stranger interprets because they do not want their family members to know about their health problems.
- One participant stated that she thought that doctors believed that were not responsible for problems with treatment or a poor treatment outcome if the patient chooses to have a family member translate instead of a third-party interpreter.
- One participant stated that she had often observed that patients frequently prefer a family member to translate because they are more familiar with that person. However, the patient is often reluctant to disclose details about private health matters in front of a family member. This conflict sometimes makes it difficult for the patient to honestly communicate with the healthcare provider.
- One participant stated that a hired, in-person interpreter often facilitates better communication between the patient and the doctor because they represent an impartial third-party to the patient.
- Sometimes the presence of family members in the treatment room can inhibit communication between the patient and the healthcare provider because the patient is reluctant to reveal personal details about their medical situation in front of multiple family members.
- Some elderly patients have difficulty dealing with interpreters over the phone because of various disabilities, such as impaired hearing.
- Finding and retaining qualified interpreters can be difficult because of various undesirable characteristics associated with that position, such as a highly variable work schedule and the frequent need to travel to multiple healthcare facilities. It is easier to retain an interpreter when the duties are performed at one location with a predicable work schedule.
- There are numerous English words that have no direct translation to Hmong. Because of this, many Hmong speakers prefer to utilize written translations in English because it facilitates communication with English-speaking individuals. Also, when multiple Hmong interpreters are writing or editing a multi-language document, it is often easier for them to do edits and revisions with the English version because they may not agree on how it express a concept in Hmong.
- It is sometimes difficult for a doctor to explain a specific diagnosis to a Hmong patient because of a lack of a specific word or terminology for that condition in the Hmong language. For example, there is no word for “autism” in the Hmong language, so it requires a multiple word translation to explain that condition to a Hmong speaker.
- The Hmong have borrowed words from various groups in Southeast Asia that they have had contact with, and there is no consensus among the Hmong people regarding which words should be used.
- One advantage of in-person interpreting is the ability of the interpreter to see hand gestures, pointing to specific body parts, and body movements. This is something lacking in telephonic interpreting. Interpreting is often not a word-for-word process and such visual clues can significantly facilitate communication between the doctor and patient.

- Even when interpreters are readily available, there is often a different interpreter for each of multiple appointments. Each new interpreter is unfamiliar with that particular patient and their circumstances. This contributes to the patient and family members feeling that there is a lack of continuity of care.
- The lack of precise translation of some words or phrases from Hmong to English can cause difficulties in translation. Often an interpreter will need to describe the patient's symptoms to describe their condition.
- Translations are sometimes difficult because there are certain words or phrases that cannot be directly translated. Therefore, a longer explanation may be required for the patient to properly understand what the doctor is trying to communicate.
- One participant stated that Hmong patients always prefer an in-person interpreter because it is easier to hear and understand the translator. Also, the patient can use hand gestures for better communication.

CULTURAL BELIEFS AND PRACTICES

- Several participants stated that cultural factors can significantly influence patient behavior in the healthcare setting.
- In the Hmong culture there is often a reluctance to question medical authority or to advocate for patient rights.
- Hmong patients may not understand the importance of taking medications exactly as prescribed and to keep taking medication until instructed to do so by their physician. They may discontinue a medication when their symptoms subside and they start to feel better with informing their doctor.
- There is sometimes an underlying distrust of Western medicine and Western medications because it conflicts with the traditional medical practice and herbal medicine of Hmong culture. Older Hmong patients are more likely to prefer herbal remedies for various medical conditions that are normally treated with prescription medications in the U.S. They often question why they need to take so many pills so frequently. These patients can experience fear and anxiety about such Western medical practices
- Some Hmong patients may avoid medical treatment because they believe they can treat themselves at home with their herbal medicines from plants that they grow themselves.
- Hmong patients prefer a holistic approach to medicine. They are distrustful of Western pharmaceuticals and are often fearful that a prescription medication will harm their body. They prefer to treat medical problems with herbal medicines that they believe are safe. They may fail to disclose the herbal remedies that they are using to their doctor, which can create a problem with interactions with conventional medications.
- A participant stated that she thought that Hmong people are reserved and don't want to share information about themselves with other people: "They like to keep things to themselves." She also said that Hmong people are often in denial: "They don't want to know more than they already know." This attitude contributes to Hmong patients not returning for annual wellness visits, not establishing a relationship with a primary care provider, and avoiding medical treatment until they experience severe symptoms.
- One participant spoke about medication stockpiling. The Hmong experience in Southeast Asia frequently involved scarcity of basic necessities. This history of dealing with scarcity is now manifested in some members of the Hmong community in Wisconsin through the habit of stockpiling herbal and prescription medicines. This may result in retaining expired medications even though there is a sufficient supply of unexpired medication and access to regular refills.
- A participant who works with Hmong patients commented that some Hmong are reluctant to see a physician because "they don't want to hear bad news."

- In the Hmong culture, there is usually one person (such a shaman) who treats the sick with traditional techniques and that is the only person involved in medical care. However, Western medicine relies on a system of primary care providers and specialists that can be confusing to Hmong patients. They do not understand why they need to see so many different doctors.
- One participant related how her parents would go to a medical appointment and then come home to ask her questions about the medical treatment. She would explain to them that she could not help them because she is not a doctor. She would then call the doctor and ask questions for her parents because they were afraid to challenge the doctor during the appointment.

CULTURAL BIAS AND/OR RACIAL/ETHNIC DISCRIMINATION IN HEALTH CARE AND BUILDING TRUST

- Building trust between the medical care system and Hmong patients and their families is a difficult process that requires familiarity with Hmong history and culture. This trust building process can be enhanced through the use of cultural brokers who are knowledgeable about Hmong language and culture and are motivated to improve access to quality healthcare for members of the Hmong community.

CULTURAL BROKER MODEL

- Cultural brokers are likely to be generally well-received by Hmong patients. Although there may be some hesitancy on the part of the patient to accept help from a non-family member, the patient usually develops a close relationship with the cultural broker over a series of positive encounters.
- Cultural brokers need to work with both the patient and their family members in decision-making matters. Input and support from the family is important when deciding on a course of treatment. The family needs to be informed and involved with all aspects of a patient's care.
- Hmong patients may be confused by the different roles that healthcare providers play in patient care. For example, one participant related how some Hmong patients thought that a pharmacist was their primary care provider because she performed vaccinations. It is also common for Hmong patients to misunderstand the different roles of primary care doctors and specialists.
- A useful approach is for a healthcare facility to establish close communication with a family member who is the home care provider. That person can function as an intermediary between the facility and the patient to improve communication and the patient's overall healthcare experience.
- One participant stated that she had observed multiple situations in which the healthcare provider became frustrated with a Hmong patient because of difficulties in communication, which lead to unprofessional behavior toward the Hmong patient. She emphasized the need for patience when working with Hmong patients and the importance of treating them with respect.
- The advantage of a cultural broker over an interpreter involves the role that a broker can play in patient advocacy. Interpreters are ethically limited to translating exactly what the doctor and patient are saying. They are prohibited from trying to facilitate the treatment interaction by providing additional information or perspective. A cultural broker can act on the patient's behalf to negotiate for a patient based upon their broader knowledge of the patient's situation. The advocate would also understand the healthcare system and could explain the normal practices and procedures of that system that might be confusing to the patient and their family members.
- Healthcare facilities that utilize cultural brokers should provide professional development and opportunities for brokers to expand their exposure to Hmong culture.
- One participant stressed the importance of the cultural broker having a deep understanding of Hmong history and culture to be an effective patient advocate. The broker should also have a sincere concern for the patient's welfare and should encourage the patient to ask questions about their care.

- Several participants stated that an important aspect of patient advocacy is "follow-through" after medical treatment. The cultural broker can play an important role after a medical intervention to ensure that the patient and family members comply with the prescribed home care regimen and return for follow-up appointments to ensure that a good treatment outcome is achieved.

ILLUSTRATIVE COMMENTS

There are clients who utilize ERs just because they don't know how to navigate (the system), when they do not need emergency treatment.

Patients will not know the correct questions to ask which creates a potential for misdiagnosis or incorrect treatment.

Patient rights and health literacy are a combined issue: the patients sometimes do not know that they can ask questions or for things to be explained more in detail.

There needs to be follow up…someone who follows up and has a connection with patients. Case management.

A lot of the wording we do not have in Hmong… I do think it's the terminology that we are lacking.

Reading the Hmong translation is often very confusing and not the same as what is written in English. It can be so difficult that patients struggle to understand their own diagnoses.

Many of the Hmong don't read the literature in Hmong.

A lot of the time when an elderly person goes to their doctor visit, they don't allow family members to interpret for them. They have to rely on interpreters over the phone. Sometimes they don't like to talk to a stranger about their health. So it's really hard for the interpreter and the patient and the doctor to work together.

Because I am an interpreter myself, the doctor always tells us that because of the way the family members translate, it's not the same because of terminology. So sometimes they don't get what they want of it because they don't understand everything that the doctor said. So they don't get the care that they would like to because the way the family translates about to the doctor about their health is not the same as the way we translate to them.

That is not always the case where the doctor will allow that to happen. They always prefer their own interpreter versus the family's interpreter. Also, the doctors don't allow another interpreter to translate then they are not responsible for anything that goes wrong with the patient if they choose to have the family translate.

I have lots of experience with interpreters over 33 years of being throughout (area healthcare systems). As far as the language, they like the family because they know them, but then they don't want to disclose health issues or talk about them. So that's a conflict of interest so they're not going to open up many times.

I feel like when it's an in-person interpreter, like a hired interpreter is provided, it goes better involving what they need and sharing. The conversation is better that way.

I've also done a lot of tablets and that's a difficult thing, so difficult. It works in a pinch, but what do you do when you're waking up from surgery. You've just been in surgery for several hours and you have anesthesia on board.

It's just not the same and the interaction isn't the same. And I feel like the patient isn't as interactive either, so I think a lot is not shared.

With Hmong patients, when you think about those that need interpreting, most of the time, at least right now, are like the elders and they already have their own disabilities or barriers. For example, I talked to a client recently and I shared how the Wausau Free Clinic has in-person interpreting for Hmongs and Hispanics and he was pretty surprised. And he shared about how at the clinic he goes to, they don't have in-person interpreting. And so it's a bigger problem for him because he is hard of hearing.

I've interviewed for interpreting positions in the past and the scheduling is basically all over the place. You're not in one clinic, you have to drive around the same day. Of course, I'm sure that everyone will do their best to make it flow smoother where you're probably like half day in Wausau and half day in Weston and switch around. When you think about that structure of work, it takes a toll on somebody, when you go in and have to drive around so much.

With a hired in person interpreter, it goes better.

Every time you go you get a different interpreter and they're not familiar with that patient . . . or the medical history. It is not good for having the patient be able to understand all the information conveyed (over multiple visits).

If they don't want family to come to an appointment, there's a reason, because they don't want them to know.

I've seen where family doesn't translate what you are saying because of the response. You know, it's off, so the translation is lost.

I've seen all the dynamics of that. I've seen where the family has been present and an interpreter is there and they are not going to share.

Elders are confused why they have to see multiple doctors because they don't understand there are specialties… "I already have a family doctor, why do I have to go see this (other) doctor or go over there."

I don't think that all decisions would be between the patient and the cultural broker. They still have to connect with families especially when talking to elderly. Decisions like that are not made lightly.

I would like (the healthcare providers) to be more patient with the patient. Treat them kindly, because I've seen a lot of cases where, not the doctors but the nurses, where they're impatient when the patient does not understand what they are saying, and they would curse and yell at a patient. And that really hurt my feelings. I've seen that a lot. I would like that to happen in the future; treat them with respect.

There is kind of a distrust in western medicine and doctors...medicine in general can be a scary topic for a lot of Hmong individuals.

Hmong people don't like to open up and don't want to know the truth which is why many people don't do wellness checks, don't want to go or will wait until on their deathbed to go.

Hmong patients don't just take the medication from the doctor. They also take what they have at home.

Patients don't share their distrusting feelings about medication and belief in herbal remedies with their doctor.

One patient said, "I don't want to share everything because if I share too much it might stress the doctor out."

Sometimes they don't really like to tell the family members everything also because they are embarrassed or shy. But to a stranger, they really don't know who you are, so they are a little bit more open. But they still choose to have family members translate versus a stranger translate for them."

APPENDIX C – LET'S TALK, MARATHON COUNTY DELIBERATIVE DIALOGUE ISSUE GUIDE

WIPPS
WISCONSIN INSTITUTE for PUBLIC POLICY and SERVICE

UNIVERSITIES OF WISCONSIN

ISSUE GUIDE

Let's Talk, Marathon County

How do we achieve a healthy community for all?

Wisconsinites seek to create thriving communities where people can enjoy a high quality of life. But it is hard to have a thriving community if residents are not healthy. While we might agree on the importance of better health for ourselves, our neighbors, and our communities, it is not always clear how to realistically achieve that end.

- *U.S. health care spending reached $4.7 trillion in 2022, which averages $12,555 per person.* That included what individuals paid, what businesses paid, and what the government paid.[1]
- *On average, other wealthy countries spend about half as much as the U.S. on health care—$6,414 per person.* Yet, people in France, Germany, Canada, and other countries with similar economies are healthier and live longer than Americans.[2]
- *Clinical care accounts for about 20% of factors that determine healthy communities.* Social and economic factors like education, employment, housing, income, and how these influence health behaviors, have a much larger impact on health.[3]
- Wisconsin communities of color experience higher rates of chronic illness and disease, overall lower life expectancies, and less access to quality health care. Wide variation exists among groups in Wisconsin in uninsurance rates. About 4.1% of Wisconsinites who identify as White are without health insurance, compared to 17% among Wisconsinites who identify as Hispanic.[4]
- Just 20% say they trust the government in Washington to do the right thing just at least most of the time. Yet, nearly 70% support a major role for government in ensuring access to health care.[5]

Individuals who struggle to get basic needs met, including nutritious food, affordable housing and transportation, a living wage, and access to health care, among other needs, are more likely to face chronic disease, are often less productive, and can find it difficult to live their highest quality of life.

We already pay for the poor health of our neighbors and communities, whether through higher insurance premiums and deductibles, more taxation for services, absenteeism and lower worker productivity, and burdens of chronic disease and early death, among other costs.

For a variety of reasons, health care costs continue to grow significantly each year and we are not getting healthier. It is no wonder that health care availability and affordability top the list of Americans' worries according to recent Gallup polls.

What should we do to improve the health of our neighbors and our community? This issue guide looks at three approaches to creating a healthy community for all. While the options may have some overlap, they exemplify different ways of thinking about how to solve this problem. Each approach offers advantages as well as downsides.

- Are we willing to invest in meeting basic needs and preventive care to produce better long-term health outcomes? Which investments do we prioritize?
- If we focus on supporting people with less opportunity, will that cause community resentment and stigmatize those who most need assistance?
- How do we balance individual choice and accountability with community responsibility?

Approach One: Prioritize resources for those with greatest need

This approach emphasizes reducing differences in health and wellbeing between groups of people in our communities. Some community members are impacted in their ability to access health and community services due to who they are, which groups people think they belong to, and where they live. Perceptions of individuals and groups can be positive or negative, which can impact into how residents are treated by their community. Stigmas surrounding racial, ethnic, or cultural differences and lower socioeconomic status make it challenging for some to receive the help they need. By focusing resources according to need, we can promote better health outcomes for all.

A Primary Drawback

Focusing resources on those who have less opportunity can cause resentment and may further stigmatize these individuals and make them less likely to seek and accept help.

Actions	Drawbacks
Expand health navigator programs that help residents apply for and obtain health insurance for themselves and their family.	It can be difficult to secure stable funding for these kinds of programs. Hiring navigators that have language and cultural expertise is important to program success.
Provide multilingual translation services at hospitals, clinics, schools, and other sites that serve affected populations.	Scarce resources would create difficult choices around which languages are covered by translation services.
Improve the cultural awareness of health care staff and develop programs that help patients with different cultural backgrounds access resources and navigate health care systems.	There are a limited number of advocates and community health workers in smaller communities, and they might become overwhelmed with requests.
Establish health centers and clinics in rural or low-income areas to increase access to health services, including preventive care, primary care, and mental health services.	This action would require significant taxpayer support, which is especially challenging in rural areas where financial resources are limited.
Other actions to consider ...	Other drawbacks to consider ....

Approach Two: Address systemic barriers

Addressing systemic barriers—or issues that affect our entire community—and improving access to basic needs are important components to building healthier communities. According to this approach, communities should emphasize better access to needed supports such as housing, transportation, nutritious food, and affordable preventive health care. Overcoming these barriers requires us to all work together to create healthier communities. By meeting basic needs, communities can increase the overall health of community members and decrease long-term health costs.

A Primary Drawback

Communities cannot practically address all of the factors that influence the health and wellbeing of residents. Prioritizing resources will be extremely challenging, and it may be difficult to support long term investments that do not produce immediate results.

Actions	Drawbacks
Expand events and "pop-up" clinics in communities to help residents access free health screenings, immunizations, and vaccines.	The cost and staffing of events and clinics would be significant and accessibility for rural and other underserved populations could be challenging.
Address poor nutrition by establishing grocery stores with healthy foods in low access neighborhoods, including rural areas.	Even if healthy food choices are available, the cost is often prohibitive for many families, and they may not have a habit of preparing nutritious meals.
Publicly fund buses, vans and taxis to improve transportation outcomes such as getting to medical appointments, jobs, grocery stores, etc.	The cost to implement transportation in remote areas will be high, and those who do not need such services may not want to share the burden.
Create more affordable housing through flexible zoning ordinances, mixed income housing developments, and other incentives.	Development of low-income housing could reduce property values and arouse local opposition
Other actions to consider …	Other drawbacks to consider …

Approach Three: Help community members make informed choices

This approach builds on the idea that individuals and families are the key decision makers in determining their own health outcomes. An essential component of good health is individual choice, where everyone has the opportunity to accept or refuse healthy life choices, health services, and community resources. Health education, financial literacy, and access to information are critical to helping people make informed health-related choices. This approach reminds us that it is both the right and the responsibility of individuals and households to decide whether and how to use information to make personal care decisions.

A Primary Drawback

Providing information does not necessarily lead to healthy choices. Also, not everyone has adequate opportunity or resources to access the care and services they need.

Actions	Drawbacks
Promote accurate information on healthy behaviors and community resources through schools, worksites, churches, etc. Materials should be in multiple languages.	It is challenging to get the word out, particularly to more isolated areas. Providing information does not necessarily lead to changes in behavior. Translation expertise may be limited.
Ensure residents with substance use disorders have access to treatment, peer support, and basic services such as housing, particularly after leaving the criminal justice system.	There are limited treatment options available and a well-documented workforce shortage in behavioral health professionals.
Employers can incentivize workers to engage in healthy behaviors and seek regular wellness checks and other preventive health care.	People with addictions (such as smokers) or chronic conditions (such as obesity, high blood pressure or diabetes) might feel targeted and less likely to access incentives.
Incorporate policymaking processes that examine how laws and regulations impact individual freedoms and liberties.	Policy change will be cumbersome without a clear plan for how government should respond once the impact on individual choices is known.
Other actions to consider	Other drawbacks to consider ...

Using the issue guide

This issue guide presents three approaches or alternatives to encourage constructive dialogue and avoid the polarizing rhetoric so common today.

Each approach poses different strategies or actions for addressing the problem. Equally important, the three approaches offer potential drawbacks or trade-offs inherent in each action.

You are not required to accept any one approach. You might find that you support parts of each approach while disagreeing with other parts.

You are also not bound by what is in this guide. In other words, if you believe there is a different action that could be taken to address the problem, you are encouraged to share it with the group.

Ground Rules

- Everyone is encouraged to participate.
- Maintain an open and respectful atmosphere.
- Listening is just as important as speaking.
- No one or two individuals should dominate.
- Consider all options fairly.
- Focus on the options and actions we can take in our communities.

Dialogue Agenda

1. Introduction

Review ground rules.
Introduce the issue.

2. Connect to Issue

Ask people to describe how the issue affects them, their families, or friends.

3. Consider Each Option

Consider each option one at a time.
Allow equal time for each.

- What is attractive?
- What about the drawbacks?

4. Review and Reflect

Review the conversation as a group.

- What areas of common ground were apparent?
- What tensions and trade-offs were most difficult?
- From whom else do we need to hear?

Citations

1 Peter G. Peterson Foundation. August 17, 2023. https://www.pgpf.org/infographic/infographic-us-healthcare-spending

2 See above citation.

3 American Medical Association. Social Determinants of Health. Health Systems Science Learning Series. See also, https://www.countyhealthrankings.org/

4 University of Wisconsin's Population Health Institute 2021 Health and Equity Report Card. https://uwphi.pophealth.wisc.edu/wp-content/uploads/sites/316/2022/03/2021WIPopHealthEquityReportCard_FINAL.pdf

5 Pew Research Center. June 2022. Americans' Views of Government: Decades of Distrust, Enduring Support for Its Role.

This issue guide was modified from a previous version prepared by the Wisconsin Institute for Public Policy and Service for the **University of Wisconsin Population Health Institute** in collaboration with the **Wisconsin Association of Local Health Departments and Boards** (WALHDAB) and the **University of Wisconsin-Madison Extension**.

The Wisconsin Institute for Public Policy and Service (WIPPS) is a unit of the Universities of Wisconsin with a mission to addresses local, state, and national issues by advancing civil dialogue, research, civic engagement, and student service to enhance community life throughout Wisconsin. Visit wipps.org or contact us at *info@wipps.org* for more information.

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LET'S TALK, MARATHON COUNTY
HISPANIC DIALOGUE SUMMARY #1

ISSUE NAME	How Do We Achieve a Healthy Community for All?
Dialogue Date	Monday, December 9, 2024
Dialogue Location	UW Stevens Point at Wausau
Moderator Name(s)	Isis Vidal and Diana Lozano Sanguinetti
Notetaker Name(s)	None
Observer Name(s)	Gustavo Perna
Total # of Participants	7

MODERATOR/NOTETAKER AND OBSERVER PERCEPTIONS OF DIALOGUE DYNAMICS

The table below shows how the moderator(s) and observer(s) rated different aspects of the dialogue discussions based on their subjective impressions. The numbers in the table reflect how the responses were distributed across the response categories. For example, a "1" in a table cell means one of the moderator(s) or observer(s) selected that category; a "2" in a table row means that two selected that category. When there were two moderators who shared facilitation/notetaker responsibilities, they submitted one set of responses reflecting their combined perceptions and their responses are counted as "1."

OVERALL IMPRESSIONS					
Thinking overall about the dialogue…	None	A little	Some	Quite a bit	A great deal
…how much *disagreement* was there among the participants?		2			
…how much *common ground* was there among the participants?				1	1
…how much do you think the participants considered perspectives or viewpoints they hadn't considered before?			1	1	
…how much do you think the participants valued the input provided by their follow participants?				1	1
During the dialogue…	Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
…how did participants with *differing* views act toward one another?					2
how did participants with *similar* views act toward one another?					2

Any other feedback or comments on the dynamics of the discussion?
None.

APPROACH 1: PRIORITIZE RESOURCES FOR THOSE WITH GREATEST NEED **This approach emphasizes reducing differences in health and well-being between groups of people in our communities.**				
Action Items (the Issue Guide has the full description)	**No Group Discussion** (group did not discuss or only 1 person commented)*	Strong Agreement in **Opposition** to Action Item (group generally did not support or was opposed to this action item; there was common ground against this action item)	**Mixed** Views (some opposition and some support)	Strong Agreement in **Support** of Action Item (group generally supported or expressed common ground in favor of this action item)
Expand health navigator programs				X
Provide multilingual translation services at hospitals, clinics, schools, and other sites				X
Improve the cultural awareness of health care staff and develop programs that help patients access resources and navigate health care systems				X
Establish health centers and clinics in rural or low-income areas				X

* This category was used when there was no discussion or when only a single individual offered a comment or perspective.
** If the notetaker and observer had different assessments of the perceived level of agreement; the analyst reviewed both sets of notes and made a final determination based on the documentation of the discussion.

Action Item: Expand health navigator programs

- Participants expressed that it is very important to expand health navigator programs.
- One participant commented that it is important to make them more known to the public.
- Most participants did not know what health navigation was and asked for more information.
- After understanding more, all participants agreed that it is a good program and emphasized the importance of not only expanding it but also finding effective ways to share information about it with a broader audience.

Action Item: Provide multilingual translation services

- The group supports more having more interpreters/translators in health care settings.
- One participant said that providing translation services is very important and shared a bad experience at a clinic: "An interpreter did not interpret properly and when the surgeon came, if it wasn't for my little English, they would have performed an unnecessary surgery on my daughter."
- Another participant agreed about the need for more interpreters/translators and shared a positive experience in the healthcare system. They said that when their daughter was born, the interpreters and a bilingual doctor did a very good job and helped them. "It made me feel comfortable."
- All agreed that it would be a good thing to have more multilingual translation services in more settings, especially with a person on-site. In-person methods of communication were preferred by everyone over telephone and/or iPad interpreting.

<u>Action Item</u>: Improve cultural awareness of staff and help navigate health care systems

- All participants agreed with the need to improve cultural awareness of staff and for initiatives to help patients navigate health care systems from a cultural perspective.
- One participant commented that it would be nice if healthcare staff were more aware of cultural and religious differences. They said that sometimes not feeling understood makes people retract and stop sharing, noting that is especially not good when you are dealing with health issues.
- Another participant agreed and expressed that cultural awareness is very important as some topics in cultures could be considered taboo or difficult to talk about and awareness of this could improve care. For instance, with contraception and fertility- in some cultures, contraception is prohibited.
- One participant noted that interpreters are not always from the same country and culture as the patient and there might be miscommunication.

<u>Action Item</u>: Establish health centers and clinics in rural or low-income areas

- All participants agreed that this is a good action point, but they acknowledged that it is difficult to establish a rural clinic.
- One participant said that this action item is very important and gave the example of the Wausau Free Clinic and how many people they help. They talked about the Wausau Free Clinic and how it took them years to get an ultrasound or be able to provide the level of care that they do now. The group said that people do not necessarily use these services when they are first established. "Even though people want to help, it is difficult for us to trust and sometimes we are the ones preventing these places from succeeding. We need to support places like these and spread the word around."

APPROACH 2: ADDRESS SYSTEMIC BARRIERS

Addressing systemic barriers—or issues that affect our entire community—and improving access to basic needs are important components to building healthier communities.

Action Items (the Issue Guide has the full description)	**No Group Discussion** (group did not discuss or only 1 person commented)*	Strong Agreement in **Opposition** to Action Item (group generally did not support or was opposed to this action item; there was common ground against this action item)	**Mixed** Views (some opposition and some support)	Strong Agreement in **Support** of Action Item (group generally supported or expressed common ground in favor of this action item)
Expand events and "pop-up" clinics				X
Establish grocery stores with healthy foods in low access neighborhoods, including rural areas			X**	
Publicly fund buses, vans and taxis to improve transportation				X
Create more affordable housing options				X

* This category was used when there was no discussion or when only a single individual offered a comment or perspective.
** The notetaker and observer had different assessments of the perceived level of agreement; the analyst reviewed both sets of notes and made a final determination based on the documentation of the discussion.

<u>Action Item</u>: Expand events and "pop-up" clinics

- One participant really liked this idea, saying "It is very convenient when they come to us, sometimes we don't have time (to get there) with work." Everyone agreed with this.
- Another agreed and gave the example of the work HOLA and H2N do with the vaccination pop-up clinics: "They came to (area dairy farm) a couple weeks ago and provided vaccinations for employees and their families during work hours at our place of work."
- One participant noted that it can be inconvenient to access when the hours conflict with work hours.

<u>Action Item</u>: Establish grocery stores with healthy foods in low access neighborhoods, including rural areas

- One participant highlighted the importance of eating healthy foods.
- Another commented that it is hard for Hispanics to eat healthily. "We are not used to eating healthy foods, culturally our food is high in fats and carbohydrates, it is what we learned to eat in our country." In the discussion, the group also said that Hispanics are not used to eating healthy foods because of how much they work, and they tend to eat fast food when hungry. Some participants said that healthy food can be more expensive.
- Ultimately the group reached the conclusion that it is not about having more grocery stores with healthy foods. The options are already there and they are not that much more expensive. Instead it is a cultural thing and a personal change problem rather than an availability issue.

<u>Action Item</u>: Publicly fund buses, vans and taxis to improve transportation

- Participants stated that a lot of Hispanics do not have a valid driver license, and some are scared to drive without one. They then need to be driven to appointments which creates inconveniences for family and friends.
- One participant said it is very financially difficult and time consuming to take their neighbor to dialysis treatment. Another participant agreed and shared how hard and expensive it is to drive a friend to Green Bay for their Lupus treatment.
- The group consensus is that it is important to implement this item so that people can get to their medical services.

<u>Action Item</u>: Create more affordable housing

- One participant said that it would be great to have more affordable housing, especially with how expensive rent is right now.
- One participant agreed but thinks that the bureaucratic processes involved with these programs are a big barrier. They gave the example of a person that tried one of these programs and it took them 3 years to get it approved, by which time the person had already moved.
- Another commented that usually these benefits are not given to undocumented immigrants, and if they qualify, they offer them much higher interest rates. People must be careful of getting scammed.
- All participants agree that it is not only important that there are more options and opportunities for affordable housing, but that they are good for undocumented immigrants.

APPROACH 3: HELP COMMUNITY MEMBERS MAKE INFORMED CHOICES **This approach builds on the idea that individuals and families are the key decision makers in determining their own health outcomes.**				
DESIGNATE WITH AN "X" THE PERCEIVED LEVEL OF AGREEMENT FOR EACH ACTION ITEM				
Action Items (the Issue Guide has the full description)	**No Group Discussion** (group did not discuss or only 1 person commented)*	Strong Agreement in **Opposition** to Action Item (group generally did not support or was opposed to this action item; there was common ground against this action item)	**Mixed** Views (some opposition and some support)	Strong Agreement in **Support** of Action Item (group generally supported or expressed common ground in favor of this action item)
Promote accurate information on healthy behaviors; materials should be in multiple languages				X
Ensure residents with substance use disorders have access to treatment, peer support, services				X
Employers can incentivize workers to engage in healthy behaviors and seek preventive health care			X**	
Incorporate policymaking processes that examine how laws and regulations impact individual freedoms	X**			

* This category was used when there was no discussion or when only a single individual offered a comment or perspective.
** The notetaker and observer had different assessments of the perceived level of agreement; the analyst reviewed both sets of notes and made a final determination based on the documentation of the discussion.

<u>Action Item</u>: Promote accurate information on healthy behaviors and community resources (in multiple languages)

- All participants agree this is a good idea. It is important to provide this type of information, and some people cannot read English.
- There should be a focus on getting information to the public at health fairs, places of work, and community centers like the Community Partners Campus in Wausau.
- There is a need for more information in Spanish in particular, and more interpreters to learn and integrate into the community.

<u>Action Item</u>: Ensure residents with substance use disorders have access to treatment, peer support, and basic services

- Everyone agreed on the importance of this action item.
- The group noted that there should be more information about the medicine prescribed and the adverse effects of mixing them with alcohol or other substances. One participant shared a story about a person whose daughter suffers from depression. Even though she had her medication, there was no one following her case and giving her the support she needed and she overdosed several times on her medication.
- Another expressed that there are not enough providers available for mental health consultations.
- One participant said that it is hard when the provider does not speak your language. "You don't have to only open up with the doctor, but you have to share your problems with the interpreter which can be very uncomfortable."
- Everyone agreed on the need for more mental health professionals, more people they can trust. There is a fear about confidentiality.

<u>Action Item</u>: Employers can incentivize workers to engage in healthy behaviors and seek regular wellness checks and other preventive health care

- One participant liked this option but suggested that sometimes they do not have much free time from work. They suggested having health care provided at the place of work.
- Another mentioned that sometimes employers want to help but the employees are the ones that do not help themselves even when opportunities are offered to them.
- Another then said that some workers have behavior issues. "We lose incentives and benefits because of a few that (could) create trouble."
- While the group is somewhat in favor of incentives to adopt healthy behaviors, the above examples are potential drawbacks that people are concerned about.

<u>Action Item</u>: Incorporate policymaking processes that examine how laws and regulations impact individual freedoms

- No discussion.

AREAS OF COMMON GROUND AND PROCESS REFLECTONS

What, *if any*, were the outcomes, actions, or next steps from the discussions? When considering the dialogue as whole, what were some of the key-take aways? Was there an overall common ground?

<u>Areas of Common Ground:</u>

- More services such as health navigation and pop-up clinics.
- Everything related to having more access to information, translated materials, and in-person interpretations.
- Funding transportation and providing access to affordable housing was very important to everyone.

<u>Areas of Tension:</u>

- None.

<u>Unresolved Questions from the Parking Lot:</u>

- None.

<u>Anything Else:</u>

- Everyone was happy to participate in this dialogue. There was a high level of agreement between participants.

<u>Process Reflections:</u>

- None.

LET'S TALK, MARATHON COUNTY
HISPANIC DIALOGUE SUMMARY #2

ISSUE NAME	How Do We Achieve a Healthy Community for All?
Dialogue Date	Monday, December 9, 2024
Dialogue Location	UW Stevens Point at Wausau – Session 2
Moderator Name(s)	Francisco Guerrero and Norma Castro
Notetaker Name(s)	None
Observer Name(s)	Rubens Silva
Total # of Participants	8

MODERATOR/NOTETAKER AND OBSERVER PERCEPTIONS OF DIALOGUE DYNAMICS

The table below shows how the moderator(s) and observer(s) rated different aspects of the dialogue discussions based on their subjective impressions. The numbers in the table reflect how the responses were distributed across the response categories. For example, a "1" in a table cell means one of the moderator(s) or observer(s) selected that category; a "2" in a table row means that two selected that category. When there were two moderators who shared facilitation/notetaker responsibilities, they submitted one set of responses reflecting their combined perceptions and their responses are counted as "1."

OVERALL IMPRESSIONS					
Thinking overall about the dialogue…	None	A little	Some	Quite a bit	A great deal
…how much *disagreement* was there among the participants?		2			
…how much *common ground* was there among the participants?				1	1
…how much do you think the participants considered perspectives or viewpoints they hadn't considered before?			1	1	
…how much do you think the participants valued the input provided by their follow participants?				2	
During the dialogue…	Very disrespectfully	Somewhat disrespectfully	Neutral	Somewhat respectfully	Very respectfully
…how did participants with *differing* views act toward one another?					2
how did participants with *similar* views act toward one another?					2

Any other feedback or comments on the dynamics of the discussion?

- When the moderators started the conversation and read the issue guide to the participants, they noted some words that the participants were not familiar with. They asked for an explanation about premium insurance and deductibles. It was mentioned during the introduction to the dialogue that some terms they don't understand, and they are not familiar to them even when they hear them in Spanish.
- It was mentioned at this time that there are a lot of barriers like: immigration status, cost, transportation, lack of health insurance.

- At this point it was also mentioned that clinics are not offering in person interpretation services, and they don't trust over the phone interpreters because they feel they don't explain the symptoms and the complaints from patients in an accurate manner.
- The group was very respectful, and opened work experiences that enriched the conversation, and helped them choose the best option in every topic considered.

APPROACH 1: PRIORITIZE RESOURCES FOR THOSE WITH GREATEST NEED **This approach emphasizes reducing differences in health and well-being between groups of people in our communities.**				
Action Items (the Issue Guide has the full description)	**No Group Discussion** (group did not discuss or only 1 person commented)*	Strong Agreement in **Opposition** to Action Item (group generally did not support or was opposed to this action item; there was common ground against this action item)	**Mixed** Views (some opposition and some support)	Strong Agreement in **Support** of Action Item (group generally supported or expressed common ground in favor of this action item)
Expand health navigator programs				X
Provide multilingual translation services at hospitals, clinics, schools, and other sites				X**
Improve the cultural awareness of health care staff and develop programs that help patients access resources and navigate health care systems				X**
Establish health centers and clinics in rural or low-income areas				X**

* This category was used when there was no discussion or when only a single individual offered a comment or perspective.
** If the notetaker and observer had different assessments of the perceived level of agreement; the analyst reviewed both sets of notes and made a final determination based on the documentation of the discussion.

Action Item: Expand health navigator programs

- Everyone supported the idea of expanding health navigation programs in their native language. However, participants are still afraid of the monthly medical bill they could pay after saying yes to health insurance.
- Some said it was easier to go to the doctor in their countries, because it was cheaper.
- This information could be shared at bilingual or Hispanic churches, and schools in Wisconsin.
- The group talked about the importance of having one person that speaks their language and explained how the system works. There was a lot of agreement on this topic.
- One participant explained the convenience of pop-up clinic and how a one stop please help her to get access to all their medical needs and the fact that it was close to their house was what made them attend.

Action Item: Provide multilingual translation services

- Most participants prefer services to be in person. They explained that phone interpreters do not do a good job of explaining their needs, that the translations are not always accurate, and can be difficult to understand over the phone.
- The group agrees that interpretation is vital for good healthcare.

<u>Action Item</u>: Improve cultural awareness of staff and help navigate health care systems

- All participants agreed with the need to improve cultural awareness of staff and for initiatives to help patients navigate health care systems from a cultural perspective.
- Participants mentioned that when they go to the doctor, they don't feel they can trust them, because they don't have confidence in the doctors.
- One participant mentioned that nobody explains how services are provided, and it will be extremely helpful if someone can do it in person in their own language.

<u>Action Item</u>: Establish health centers and clinics in rural or low-income areas

- Participants mentioned that transportation to the medical facilities is a problem that prevents them from getting care.
- One participant explained how the clinic at Saint Bernard Church helped their family get free access to vaccines and reproductive care. They said that because the services are free, many families go to the clinics.
- Another mentioned that they don't like to drive because they are afraid of the police and that if the clinic were closer to their home, they would go.
- Several group members mentioned that this should be a solution for the transportation problem in order to help people get better access to the medical facilities.
- The group did also mention that having a Health Center at their job places would be the best option because they would feel encouraged to go.
- Several participants mentioned the importance of having care in rural areas.

<u>Other Comments or Observations about this Approach</u>:

- Multiple participants mentioned that they would like to see their provider online because it will make it easier especially if you don't have permission from work to go or a car to go to the appointment but they would also like to be able to see the interpreter.
- Establishing health centers action item generated the most participant interaction.

APPROACH 2: ADDRESS SYSTEMIC BARRIERS **Addressing systemic barriers—or issues that affect our entire community—and improving access to basic needs are important components to building healthier communities.**				
Action Items (the Issue Guide has the full description)	**No Group Discussion** (group did not discuss or only 1 person commented)*	Strong Agreement in **Opposition** to Action Item (group generally did not support or was opposed to this action item; there was common ground against this action item)	**Mixed** Views (some opposition and some support)	Strong Agreement in **Support** of Action Item (group generally supported or expressed common ground in favor of this action item)
Expand events and "pop-up" clinics				X
Establish grocery stores with healthy foods in low access neighborhoods, including rural areas				X**
Publicly fund buses, vans and taxis to improve transportation	X			
Create more affordable housing options			X**	

* This category was used when there was no discussion or when only a single individual offered a comment or perspective.
** The notetaker and observer had different assessments of the perceived level of agreement; the analyst reviewed both sets of notes and made a final determination based on the documentation of the discussion.

<u>Action Item</u>: Expand events and "pop-up" clinics

- The group strongly agrees that the community health fairs and "pop up" clinics are beneficial for low income and undocumented communities.
- One of the reasons that event and community health fairs are widely accepted is the fact that there is no cost for the client, there is no fear of bills coming in.
- Another reason is accessibility, first come first serve encourages them to come.
- One of the events the group likes is the community health fair in Saint Bernard's Church in Abbotsford where they have free general medical services and other resources. One participant mentioned that "We feel comfortable going to these clinics because there are people that speak our language and there are a lot of services in one place."
- Another participant mentioned that they like the variety of services.
- One participant mentioned that pop-up clinics are a place to get information that is relevant to them.
- Another participant mentioned that because the clinics are close to home they can walk to it.
- One participant mentioned that pop-up clinics help improve quality of life because they are free.

<u>Action Item</u>: Establish grocery stores with healthy foods in low access neighborhoods, including rural areas

- Several participants mentioned that food is the primary element to having a healthy body. They also said that if they have a healthy diet, they should have less need of a doctor.
- When asked if buying healthy food is expensive, they responded that to buy basic things is fine, but to buy a variety of foods, it becomes more expensive. They add that if this is done right, it could save them money.
- One participant said that the cost of fresh produce makes it difficult to eat healthy. Another agreed and added that when you have to pay for rent and transportation, you are not thinking about eating healthy.
- Several participants mentioned that sometimes due to finances, they cook what they have and do not think about health. Participants mentioned that the economy does not allow them to buy healthy food. They also recognize that there are some other healthy foods that are accessible.

Action Item: Publicly fund buses, vans and taxis to improve transportation

- Participants agreed that public transportation would be beneficial in general.

Action Item: Create more affordable housing

- Participants agreed that if their rent were cheaper, it would improve their quality of life and the local economy.

Other Comments or Observations about this Approach:

- Some participants talked about systemic barriers to a good lifestyle. They talk about rent, medical bills, and transportation. "We don't go to the doctor because we don't have the money to pay for the health insurance".

APPROACH 3: HELP COMMUNITY MEMBERS MAKE INFORMED CHOICES **This approach builds on the idea that individuals and families are the key decision makers in determining their own health outcomes.**				
DESIGNATE WITH AN "X" THE PERCEIVED LEVEL OF AGREEMENT FOR EACH ACTION ITEM				
Action Items (the Issue Guide has the full description)	**No Group Discussion** (group did not discuss or only 1 person commented)*	Strong Agreement in **Opposition** to Action Item (group generally did not support or was opposed to this action item; there was common ground against this action item)	**Mixed** Views (some opposition and some support)	Strong Agreement in **Support** of Action Item (group generally supported or expressed common ground in favor of this action item)
Promote accurate information on healthy behaviors; materials should be in multiple languages				X
Ensure residents with substance use disorders have access to treatment, peer support, services	X			
Employers can incentivize workers to engage in healthy behaviors and seek preventive health care			X	
Incorporate policymaking processes that examine how laws and regulations impact individual freedoms			X**	

* This category was used when there was no discussion or when only a single individual offered a comment or perspective.
** The notetaker and observer had different assessments of the perceived level of agreement; the analyst reviewed both sets of notes and made a final determination based on the documentation of the discussion.

Action Item: Promote accurate information on healthy behaviors and community resources (in multiple languages)

- Participants want precise health information in their own language so they can understand best what to do to be healthy.
- This information should be shared in schools and churches, this is the way most people will be informed. One participant said that if they can access information through work, that will help them.
- They noted that a challenge to implementing this is the cost of printing materials in different languages.
- The group adds that WhatsApp is the best way to spread information.

- The community needs more education on how to access information and navigate the system, including more information about what resources are available and how to access them.

Action Item: Ensure residents with substance use disorders have access to treatment, peer support, and basic services

- No discussion.

Action Item: Employers can incentivize workers to engage in healthy behaviors and seek regular wellness checks and other preventive health care

- Participants prefer to have health information at their jobs because it is a good incentive to be healthy.
- The group was eager to participate in a health fair offered at work. "If the services are at work and we are asked to participate then we will do it."
- Participants mentioned it is easier to do at work and that it must be affordable.
- The incentives could vary, and they mentioned extra money or vacation days. Additionally, having a primary care service at the job would be an incentive to do checkups there.

Action Item: Incorporate policymaking processes that examine how laws and regulations impact individual freedoms

- One participant mentioned that they do not see how policymaking helps them.
- The group mentioned that they feel far away from the laws and regulations of the health services, that when they go to area health care providers, they need more guidance in their language to know where to go for a medical appointment.
- Accessibility is a common word that participants use when discussing how to improve medical care.
- Financial assistance is also necessary, the group says that without it, they cannot pay for medical services.

Other Comments or Observations about this Approach:

- Improve communication using What's App or Facebook.
- Use trusted messengers like community health workers.
- Hospitals should have an office to go to that explains benefits and programs.
- There is a lack of education in the Latino community about health resources and health insurance.
- Accessibility is key to having a healthier community.
- Paper documents are not used among the community, they are mostly just taken then thrown out.
- Without easy access to financial assistance applications or health insurance community members will not go to the doctor.

AREAS OF COMMON GROUND AND PROCESS REFLECTONS

What, *if any*, were the outcomes, actions, or next steps from the discussions? When considering the dialogue as whole, what were some of the key-take aways? Was there an overall common ground?

Areas of Common Ground:

- Approach 2 was the most preferred approach by participants.

Areas of Tension:

- Because most of the issues affect all participants there was not a lot of discussion.

Unresolved Questions from the Parking Lot:

- None.

Anything Else:

- None.

Process Reflections:

- The best way to create a healthy community according to this group is to promote and support Community Health Clinics like the Wausau Free Clinics and FHC Primary Care or Health First in Marshfield, because the accessibility is better, and the price too.
- After having moderated the dialogue and understanding the socio-economic challenges Hispanic communities are facing and the lack of accessibility to resources in their language along with the high cost of medical services, we realize that the Hispanic community fell through the cracks.
- The centralization of health care and closing of rural clinics in Central Wisconsin has only increased issues of health within the Hispanic Community.
- A simplification to access programs that provide access to medical care is necessary and it's the responsibility of the health care system to take the initiative and create health care for all.