A Focus Group Evaluation Project at Salud Family Health Center in Commerce City, CO

October 2015-December 2015

In collaboration with Project HealthViews

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Executive Summary

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Salud Family Health Center is a patient centered medical home that provides integrated health care services to low-income and underserved communities in Colorado. Integrated health care team members include, but are not limited to, physicians, nurses, behavioral health specialists, nutritionists, patient health educators and dentists. The purpose of this evaluation was to collect and analyze information from Salud clients regarding their perceptions, knowledge and experiences related to the integrated health care team at the Salud clinic in Commerce City, CO.

Integrated health care team members at the clinic recruited clients to attend one of two focus groups. One of the focus groups was conducted in English (FGE) and the other focus group was conducted in Spanish (FGS). There were interpreters available at both focus group sessions.

After clients provided informed consent, they participated in a 60-90 minute focus group session which was facilitated by a moderator. During the session, the moderator asked the clients several questions regarding their impressions of Salud, their perceptions of the health care team, access and barriers to care, and what could improve their experience with Salud. At the end of the focus group, participants completed a brief demographic questionnaire and received a $40 gift card. FGE had 6 participants (50% female, 83% Hispanic/Latino) and FGS had 5 participants (80% female, 100% Hispanic/Latino).

After the focus groups were completed, the audio recordings from each group were transcribed. The audio recording for FGE was transcribed word for word and analyzed for themes. The recording from the FGS was translated from Spanish to English through paraphrasing by two separate Spanish speakers; those paraphrased documents were then analyzed for themes. Six evaluators individually read the transcripts multiple times in order to identify common themes. Then, the evaluators met in two subgroups of three to discuss themes in small groups. After the two subgroups met separately, one representative from each subgroup met to confirm the overall themes that emerged during the subgroup discussions. The two subgroups were in 100% agreement regarding all of the emerging themes.

Five themes emerged across both focus groups. The themes were a) relationship with provider, b) knowledge of the health care team, c) wait times, d) communication and e) culture and language.

a) Relationship with Provider: Participants were more likely to have a good patient experience at Salud and ask for help from their provider if they had a good relationship with their provider. FGE participants identified an uncertainty of trust related to frequent changes in staff at Salud. Conversely, FGS participants described positive experiences with members of the health care team and expressed trust in their providers.

b) Knowledge of the Health Care Team: Participants in FGE specifically discussed their lack of understanding regarding health care team members at Salud and confusion about how to get an appointment with health care team members. FGS participants understood who was included in the health care team at Salud.

c) Wait times: Participants in both focus groups expressed dissatisfaction with long wait

times to make appointments, long wait times during appointments (both in the waiting room and exam room), and long wait times at the convenient care clinic.

d) Communication: Both FGE and FGS participants stated telephone communication could be difficult at times. Challenges included being on hold for extended periods of time and being subjected to numerous transfers for various reasons, including locating an interpreter.

e) Culture and Language: Participants in both focus groups expressed that their culture and/or language was not a barrier to receiving health care at Salud. Participants indicated that interpreters were readily provided by Salud.

Based on the results of this evaluation project, the evaluation team recommends that Salud increase visibility of integrated health care team members through in-person education, educational brochures and the online patient portal to enhance familiarity and trust between the client and health care team members. Furthermore, Salud should develop and implement strategies to decrease client wait times, on the telephone and during appointments. Finally, Salud should explore options to enhance telephonic communication with clients.

I. INTRODUCTION

Salud Family Health Center is a patient centered medical home that focuses on providing comprehensive care to the underserved communities of Colorado (Salud Family Health Centers, 2012). Salud currently operates nine community health clinics in Northeastern Colorado as well as a mobile unit designed to serve the migrant and refugee population (Salud Family Health Centers, 2012). Salud was established in 1970 and has maintained a strong commitment to all community members to provide care regardless of an individual's financial resources (Salud Family Health Centers, 2012).

A. Purpose of the Evaluation

To conduct focus groups with clients of Salud Family Health Center to identify perceptions and feelings about Salud's health care team and overall care they receive at Salud.

1. **Aims and Objectives:** The evaluators aimed to collect and analyze information from Salud clients about their perceptions, knowledge and experiences related to the integrated health care team at the Salud clinic.
2. **Target Population**: The target population was current consenting adult Salud clients at the Commerce City clinic location.

B. Program Design

1. **Nature of Program:** Salud is a patient centered medical home that focuses on providing comprehensive care to underserved communities. The evaluation team set out to gather information regarding clients'

perceptions and feelings about Salud's health care team and the overall care they receive at Salud. The evaluation team analyzed the data for recurring themes, and will share their findings with the Salud health care team on December 9th, 2015 at the Salud Family Health Center in Fort Lupton, Colorado.

2. **Content:** This evaluation used mixed methodology to evaluate the perceptions and feelings regarding the health care team at Salud, including qualitative methods to gather and analyze the data that was collected. Furthermore, quantitative methods were used to assess the representativeness and demographics of the focus group participants.
3. **Staffing and Personnel**: Personnel included eight persons. Six graduate students from the Colorado School of Public Health at the University of Northern Colorado (UNC) were responsible for creating the focus group tools, including designing the participant demographic survey and moderator's guide. During each focus group one graduate student acted as the focus group moderator while the other two students were note takers. All six graduate students participated in the analysis of data. Additional personnel included Dr. Mary Dinger the liaison between the graduate students and collaborators Maria De Jesus of Salud and Dr. Whitney Duncan of Project HealthViews respectively.

II. REVIEW OF LITERATURE

Introduction

Literature has clearly defined the health disparities in ethnically diverse populations (Blanco et al., 2007). People of diverse ethnic and cultural backgrounds have a higher prevalence of mental illness and are less likely to seek mental help from outside their primary care provider. Integration of mental health services into primary care has been an effective method for reducing mental health disparities for marginalized communities (Blanco et al., 2007). Several recent studies of collaborative care models where mental health providers are incorporated in the primary care practice have demonstrated effectiveness in reducing the depression symptoms of Latino and African–American patients in the United States (Davis, Deen, Bryant-Bedell, Tate, & Fortney, 2011).

Integrated Health Care Overview

Integrated Health Care (IHC) is the "systematic coordination of physical and mental health care" (Hogg Foundation for Mental Health, 2008, p.7). IHC was first implemented in the beginning of the 20th century to coordinate health care teams and to help close the gap between providers (Davis, et. al 2011). Now IHC is an integral piece for health care delivery in diverse care settings. The purpose of establishing integrated care is to allow patients to have access to comprehensive care by minimizing barriers and allowing mental health services to be more accessible to patients (Davis, et. al 2011). Medical and mental health services can be integrated in a range of ways, from minimal collaboration between separate sites to full integration at a single site (Davis, et. al 2011). While IHC increases access to mental health services for diverse groups, research on its effectiveness with racial and ethnic minorities is limited. Two studies have suggested that IHC outcomes are equivalent across all groups of all races. However, in a study of

collaborative care among older patients, the investigator suggested that culture-specific strategies are needed to improve minority outcomes (Davis, et. al 2011).

Best Practices

To provide guidance on serving diverse populations, the Hogg Foundation gathered a panel of experts to design a framework for culturally competent and linguistically competent IHC (Sanchez, Chapa, Ybarra, & Martinez, 2012). The goal is to engage with patients across the lifespan to reduce disparities and improve both physical and mental health outcomes. The framework focuses on two main strategies: multidisciplinary integrated health care teams, and cultural linguistic competence (Sanchez, et. al 2012).

Multidisciplinary Integrated Health Care Teams

Multidisciplinary integrated health care teams have one treatment plan for both physical and mental health. Providers use data collection to track and improve outcomes through patient centered practices that emphasize prevention (Sanchez, et. al 2012).

Cultural and Linguistic Competence

Cultural and linguistic competence "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals, that enables effective work in cross-cultural situations with culture reflecting integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs and institutions of racial, ethnic, religious, or social groups" (Office of Minority Health, 2001, p. 4). Cultural and linguistic competence is providing an accessible location

and hours, the practice responds to the community needs, provides services and staff that accommodates diverse language and cultural needs, and provide programs that address social determinants of health (Sanchez, et. al 2012).

Summary

In order to provide effective mental health services to diverse populations in primary care settings, it is critical to adopt best practices in both integrated health care and cultural and linguistic competence (Davis, et. al 2011). The general recommendations that emerged from these readings indicate that practitioners and patients value integrated health care as a method of providing mental health care to culturally, linguistically and socioeconomically diverse patients (Sanchez, et al 2012).

III. EVALUATION QUESTIONS

The evaluation questions gathered information from Salud Family Health Center clients about their health care experiences at Salud in an effort to improve health services and client satisfaction. The main areas of interest included client's knowledge and utilization of health care team providers (other than medical physicians) and their perceptions of and access to these providers. The evaluation team sought to determine what could be improved in these services as well as what was working well. Additional areas of interest were barriers that prevent clients from seeking care at Salud and if cultural/ethnic background or language played a role in their experience of care. The complete moderator's guide including key questions and probing questions can be found in Appendix A. Key questions used in the focus groups are as follows:

1. "In addition to your doctor, who are the other members of your health care team at Salud? Your health care team members are the professionals who work with your medical provider to make sure you receive all the services you need."
2. "What could improve the services you receive from these members of your health care team at Salud? Your health care team members are the professionals who work with your medical provider to make sure you receive all the services you need."
3. "What stops you from seeking care from other health care team members? Your health care team members are the professionals who work with your medical provider to make sure you receive all the services you need."
4. "Has your cultural/ethnic background played a role in your experience with Salud?"

Note: Key question #4 was altered between the first focus group and the second focus group. In the first focus group, the question read as "How has your cultural/ethnic background played a role in your experience with Salud?" The question was changed to clarify the direction of the question. The evaluation team does not believe this affected responses and results to this question.

IV. EVALUATION METHODS

A. Participants

All consenting Salud clients aged 18 and over, were eligible for participation in this evaluation. This criterion was chosen as the research team wanted the sample of participants to be as diverse and representative of the Salud clientele as possible. Participants were recruited through their

physicians and health care team at Salud. Promotional material used for recruiting can be found in Appendix B. Participants were asked to engage in a 60-90 minute focus group and to complete an eleven item demographic survey.

The evaluation team determined that there needed to be 4-8 participants for each focus group. While eight participants signed up for the first focus group and ten for the second focus group, only six participants came to the first focus group and five to the second. It is suspected that non-attendance was due to inclement weather and human scheduling error rather than any underlying bias. No participants were lost to follow up since each participant came to the focus group and completed a demographics survey at that time. This was the data the evaluation team collected.

B. Research Design

1. **Type:** Qualitative research methodology was used to assess patient understanding perceptions and utilization of the integrated health care model at Salud Clinic. Given resource constraints and Salud's priority population the evaluation team conducted only two focus groups with 4-8 participants each; one was conducted in English and one in Spanish.
2. **Variables**: Variables assessed included culture and ethnicity, access to care, members of integrated care team, perception of services/care and barriers to care.

3. **Threats to validity:** While Salud clinics serve nine unique communities, the scope of the evaluation only allowed for two focus groups at one clinic. Given the limited generalizability of focus group methodology, the evaluation team did not see the small sample size to be a major threat to the validity in the findings. Focus groups were conducted in different languages with different moderators, and therefore, cannot be considered equivalent groups possibly impacting results. Given the scope of the evaluation, increasing representativeness of the overall sample was prioritized over equivalence of the two groups.

C. Instruments

1. **Piloting:** For this study, it was necessary to create a demographic survey for participants to complete in English or Spanish as well as a moderator's guide to be utilized during both focus groups.

   Three members of the evaluation team focused on creating the demographic survey. After creating a draft, all members of the team met, piloted and discussed the survey. Revisions were made and the final demographic survey can be found in appendices. The English demographic survey can be found in Appendix C and the survey used for the Spanish focus group is Appendix D.

   The same method stated above was used when developing the moderator's guide. After reviewing the secondary data collected from a previous survey completed at Salud, found in Appendix E, three members

of the research team developed the moderator's guide referencing Krueger (1998) and the secondary data. The moderator's guide was then piloted through the use of a simulated focus group made up of the evaluation team members. The team reviewed and implemented changes as needed. After revisions and considerations from an advisor, who has experience as a professional evaluator, the moderator's guide was finalized. After the first focus group on October 21, 2015, the team reevaluated the moderator's guide and modified one question based on participant and evaluator's guidance in order to clarify the direction of the question. During the first focus group, Key Question #4 read: "How has your cultural/ethnic background played a role in your experience with Salud?" The evaluation team opted to rephrase this question for the second focus group on October 27, having it read as follows: "Has your cultural/ethnic background played a role in your experience?" See Appendix F for the moderator's guide used in the first focus group and Appendix A for the guide used in the second focus group.

2. **Readability:** The readability of the demographic survey was calculated to a 5th reading grade level. See Appendix C to view the demographic survey in English.

D. Procedures

Evaluators provided flyers in both English and Spanish to the health care team at Salud in order to recruit eligible participants to engage in a 60-90 minute

focus group. Focus groups were held at the client's primary medical clinic, Commerce City Salud Family Medical Center. Participants arrived in the lobby and were greeted by a Salud employee who then directed or escorted them to the room in which the focus group was conducted. The secondary note taker greeted participants as they entered the room and went over the informed consent document, collecting the participant's signature, and provided a copy for the participant to keep. The informed consent can be found in Appendix G and Appendix H in Spanish. The secondary note taker took the signed informed consent and placed it in a catalog envelope to be accessed only by the evaluation team. After informed consent was collected, participants were welcomed to snacks provided by the evaluators and then were asked to sit in a circle around a conference table where the audio recorder was placed.

During the focus group, the moderator introduced themselves and the other members of the evaluation team that were present in the room. The moderator informed participants that the purpose of the evaluation was to gain their anonymous insights and perceptions of the care they receive at Salud. Moderators then asked participants to write any name they would like to be referred to on a name tag and to briefly introduce themselves including information about their years as a client at Salud, providers that they have seen, and how often they have accessed services. The moderator then proceeded to ask the evaluation questions, probing participants to answer further when required. During the second focus group the moderator paused regularly to allow for question and answer translation. At the conclusion of the focus group, participants

were required to complete an eleven item anonymous demographic survey. While participants were completing demographics, the Salud employee distributed the $40.00 gift cards in appreciation for their attendance. All demographics were collected by the evaluators prior to the participant leaving the room, and placed in the previously mentioned catalog envelope. As participants exited the room they were welcomed to take Colorado School of Public Health items such as: tissues, Chap Stick, hand sanitizer, and pens.

The audio recording from the first focus group was translated word for word into a word document and then analyzed for themes. The recording from the second focus group was translated from Spanish to English through paraphrasing by two separate Spanish speakers; those paraphrases were then analyzed for themes.

E. Data Analysis

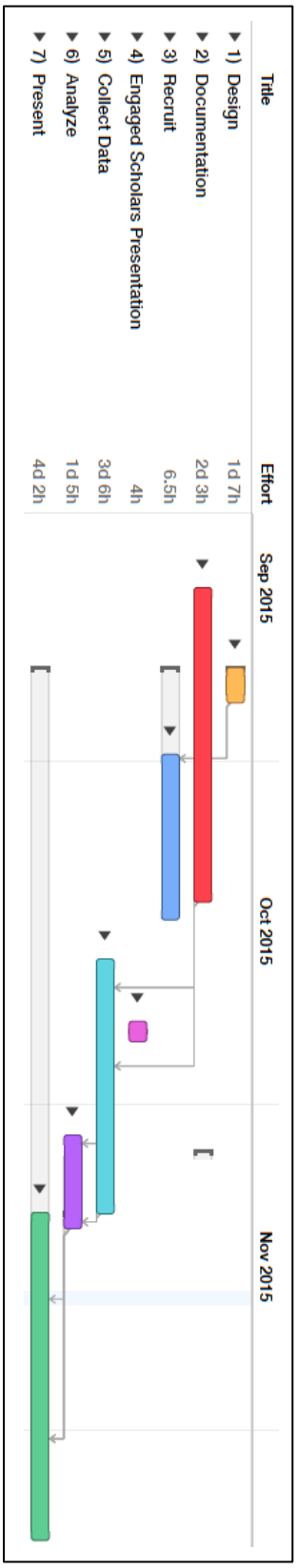
1. **Primary Qualitative Data:** Once the audio files were transcribed, all evaluators read the transcripts from both focus groups multiple times in order to identify themes. The six evaluators separated into two subgroups of three to discuss found themes in small groups. After the two subgroups met separately to evaluate the data, one representative from each subgroup met to determine the overall themes that emerged during the focus groups. After discussing the separate findings, the team collaborated and found that they were in 100% agreement regarding all five themes.
2. **Demographic Data**

a) The data from the demographic surveys were analyzed to describe the participants of both focus groups. Frequencies were run on the independent variables (gender, ethnicity, language, birthplace, education level, employment, and household income). The results were reported in frequencies and percentages. The demographics were broken down and reported for each focus group separately and as a complete total (see Appendix I).

b) The mean age was analyzed for each focus group. The mean and standard deviation of age were reported for the focus groups individually and as a total (see Appendix I).

V. LOGISTICS

A. Gantt Chart



B. Budget:

Item	Contributor	Description	Price
Food	Colorado SPH	Feed focus group(FG) participants	$80
Gift Cards	Salud	Incentive for FG participation	$440
Colorado SPH Swag	Colorado SPH	Incentive for FG participation	$30
Facilities	Salud	Location for FG	$0
Marketing	Colorado SPH/ Salud	Promotion of FG	$0

Total:	**$550.00**

C. Personnel Requirements

The graduate students conducting the evaluation of client satisfaction at Salud Family Health Center were required to be enrolled in the Methods in Public Health Research and Evaluation class lead by Dr. Mary Dinger at the Colorado School of Public Health at UNC. All students were required to complete the Human Subjects Research training course from Collaborative Institutional Training Initiative (CITI) prior to working with clients at Salud. The students participated in a mock focus group to pilot the moderator's guide and to gain experience in leading a focus group. The graduate students lead the focus groups and evaluated the results. The health care team at Salud was responsible for recruiting clients for the focus groups. The health care team was supplied with an overview of the aims of the focus groups as well as with a sign-up sheet. Dr. Mary Dinger was the liaison between the graduate students and collaborators Maria De Jesus and Dr. Whitney Duncan of Salud Family Health Center and Project Health

Views respectively. Maria and Dr. Duncan aided in translating during the focus groups and Dr. Duncan aided in translating and transcribing the focus group recordings as well.

VI. RESULTS

A. Quantitative Findings

Appendix I shows the demographic information for all focus group participants as well as for each group separately. Several differences between groups were noted. The first focus group was older with a mean age of 54 versus 45 years old in the second group. Fifty percent of participants in the first group were male, and only 20% in the second group. Fifty percent of the first group's primary language was English, while 100% of the second group's primary language was Spanish. Sixty-seven percent of those in the first focus group had at least a high school diploma, while no one in the second focus group had graduated from high school. The participants in the second focus group tended to have more children and live in households with more people. They also were more likely to be unemployed, but tended to have higher household incomes.

B. Qualitative Findings

The following section reports themes that were found in both focus groups that were conducted. There were some differences between the two focus groups as well as similarities that are reflected below. Five themes were identified in the evaluation and are as follows in order of strength: (1) relationship with provider,

(2) knowledge of health care team, (3) wait times, (4) communication, (5) culture and language.

Relationship with Provider

The strongest theme identified throughout both focus groups was the importance of the provider-client relationship. Participants discussed that they were more likely to seek care and help from a provider when they trust the provider as well as when they felt they had important input in their care. Both focus groups conveyed that they feel comfortable asking for referrals when needed.

> "I feel very comfortable. Yeah, I have no problem."

The first group identified that while the relationship with the provider is extremely important, this was sometimes difficult to achieve. The group expressed uncertainty of trust with providers due to frequent changing of staff. Several participants expressed frustration and apprehension when they had to see a new provider, having to start the provider-client relationship from scratch again.

> ". . . there's so many changes that is what I have really noticed, is that when I go and when I come back there's a new person. I get to know a doctor and next time I come they are gone. And that makes it hard . . ."

The participants in the second focus group were satisfied with their physicians; it is important to note that many of the participants in the second had the same physician. They voiced trust or "confianza" with their health care team. The majority of the participants in the second group spoke positively about their encounters with providers at Salud. Participants appreciated the bilingual staff and how readily available interpreters were.

> "With my doctor she speaks Spanish and when I want to know something I ask her and she replies...She gives me confidence and I have been seeing her for about eight years, so I trust her . . . I just think she is an excellent doctor."

The second group also reported many good experiences with other members of the health care team.

> "With the psychologist I could recommend him because he helped me a lot and it seemed to me that he does his job well."

Many participants articulated the desire to improve this relationship in order to increase their satisfaction with care. Overall, participants were more likely to have a good experience at Salud if they had a good relationship with their provider.

Knowledge of the Health Care Team (HCT)

Both groups discussed the members of the health care team, their roles, and whom they personally had seen to some length. There were many differences between the first focus group and the second focus group.

The first focus group expressed a general lack of understanding of specifically who the health care team was and especially how to access their care and resources.

> "Yeah, because it would be nice to know who they are, what services they provide, and what do you need to do to see them, you know."

When the evaluation team probed for barriers to care or what the participants could isolate that prevented them from seeking care at Salud, many from the first focus group identified the lack of knowledge as a barrier to access. The conversation quickly moved to how this could be fixed and specifically what the participants would like to see/what would assist them.

> "But it's like what is that person, what is it they do, you know. Maybe if they had something that was 'Okay here's doctor so-and-so, this is the kind of doctor he is. Here's this person, this is their specialty', something that would let you know I need to see that one."

The second focus group did not convey this same confusion in understanding who the health care team included. Instead, the group talked about

whom they saw and how their services helped them. Interestingly, the group talked about how often members of the community talked about their care and services at Salud using word of mouth referrals.

> "Various people that I heard say 'oh there is such a great doctor there at the [Salud clinic] in Commerce City for the feet that tell her you should go.'"

While both groups talked about different ends of the spectrum related to who the health care team included, all focus group participants acknowledged that they could benefit from additional information regarding services at Salud.

Wait Times

While the 'Relationship with the Provider' was the strongest theme, the two groups of participants had the most agreement regarding waiting times. Both groups identified that long wait times were experienced in many areas at Salud. Wait times included waiting in the waiting room, exam room, convenient care appointments as well as on the phone.

> "That's the problem they schedule you, and then when you come they make you wait, so long and before you can even see the doctor, and then you get in the room, and you still have to wait."

> "They will take me into the exam room and I still have to wait another while in there."

The second focus group talked more in depth about wait times and was the most prevalent theme in this focus group. The group did identify that when waiting for other services such as nutritional services or the dentist, the wait times were expected and not excessive.

> "She gives you the appointment and she is there waiting for you she comes out to the waiting room. When it is your turn she is there waiting for you welcomes you in."

Both groups expressed dissatisfaction with long wait times to make appointments, in the waiting room, in the exam room, and in the convenient care clinic.

Communication

Communication was another theme identified by the evaluation team, although it is one of the weakest of the five themes. This includes communication between physicians and clients as well as administration and clients. There were instances in which participants of the second focus group discussed how members of the administration team had gone above and beyond in assisting them in paperwork for payment purposes as well as times in which participants in the first group expressed frustration in phone calls being returned in a timely manner. One

theme that was identified between both groups of participants were being transferred multiple times on the phone.

> "They answer a machine at the beginning and then an actual person and will be like 'oh can you give me a moment' and then another person will answer and say 'can I help you?' Than I say 'do you speak Spanish?' and they say 'yes of course just give me a minute' and then they just keep passing the telephone until they attend me."

Participants from the first focus group also mentioned the online patient portal Salud offers through their website. Participants thought this was a good resource and identified that it was helpful. However, they also voiced frustration in that it is often not working or is hard to access.

> "They have something new called the patient portal. It's fine, but if you can't get on it, it's not working because I have tried several times to get on it, and I have never been able to achieve that"

Although a weaker theme, the evaluation team felt it was important to include within this report. Communication impacts the provider-client relationship and is important to address.

Culture and Language in Care

The evaluation team thought this was an important topic to address within the focus groups as Salud aims to serve all members of the community. The evaluation team wanted to identify if clients perceived that their cultural, ethnic background and/or primary language played a role in their care at Salud.

When the evaluation team asked participants if they perceived their culture and/or language as a possible barrier to care, participants immediately responded "no." The first focus group participants discussed that Salud always offers an interpreter if one is needed in order to bridge the language barrier.

> "Well the majority of the doctors here speak Spanish, it is just when newer ones arrive they do not speak it very well. However, the nurses do speak Spanish and they translate. Yet, they learn Spanish really fast."

The participants in the second focus group, the majority of which identified their primary language as Spanish, immediately said they do not think their language and/or culture impacts their care. They quickly brought the conversation back to wait times and mentioned that everyone had to wait.

A client's culture and language are important factors to address when providing care to a diverse population. It is known by many in the community that Salud does this well and clients share these feelings.

C. Additional Findings

An additional finding that the evaluation team felt was important to mention was the barriers identified by participants. As mentioned previously, the

participants from the first focus group identified their lack of knowledge of the health care team as their primary barrier to access. This was not mentioned in the second focus group.

When asked about barriers, participants in the second focus group instead named two factors that were not discussed in the first focus group. The participants in the second group first identified fear as a barrier to them seeking care. This fear was a personal fear about hearing negative news that participants did not want to hear.

The other barrier the participants in the second group identified was a financial barrier. None of the participants in the second group had insurance and expressed that when they do seek care, they immediately think of what kind of financial burden will come of it.

> (Paraphrased translation) Then another woman says she has another fear… "Fear of bills"

The evaluation team acknowledges that these diverse differences in barriers to care, access, or seeking care could be related to the participant's culture. The above themes emerged during the analysis of the focus groups and again, cannot be generalizable to the general Salud client population.

VII. DISCUSSION OF FINDINGS

The results of this study were very interesting. To the knowledge of the research team, novel data was collected from Salud Family Health Center regarding client's

perceptions of the facility. Similar to other studies performed elsewhere, this study examined the knowledge of the integrated health care team from the clients' view as well as the cultural and linguistic competence of the health care providers. Both qualitative and quantitative data were collected on the participants. Differences between the results of this evaluation and previous studies may be attributable to the differences in the team's evaluation methods including data collection and phrasing of questions in the moderator's guide. The guide was created specifically for this study based upon a secondary analysis of data from Salud. Additionally, the quantitative data may vary from previous data due to geographic location.

The five core themes identified from the focus groups are important as they provide a stepping-stone to achieving the ultimate goal of an effective integrated health care team at Salud facilities. The themes identified specific areas of Salud client care that the clients felt needed improvement. Understanding factors such as patient-provider relationships, knowledge of health care teams, wait times, ease of communication, and cultural competence is important to achieving the best health care possible for the clients.

Understanding barriers to accessing health care in underserved populations is important due to the severe health disparities that unequally plague minority populations that Salud serves. Identifying barriers to health care and creating realistic solutions to those barriers can significantly impact the overall health of minority and underserved populations in a positive manner.

Salud serves a wide variety of cultures and ethnicities. Previous research has shown that being culturally incompetent can lead to negative consequences in the health of the client. As such, the focus groups were asked about how they felt culture and

ethnicity played a role in the care they receive. All participants reported that they felt that Salud was culturally competent in the care they provide. This is important as it reflects the desire to serve the diverse, underserved populations found in Colorado. Research has shown that minorities and underserved populations have an increased risk of health disparities. Having competent staff at Salud helps to alleviate some of the disparities of the community.

Limitations

It is important to understand that the method of inquiry limits the generalizability of the findings to all Salud clients. Furthermore, the sample sizes were small and did not fully represent Salud's diverse clientele. While clear themes were observed, the limitation of only two focus groups made it difficult to remove bias introduced by individual participants. It should be noted that one participant was related to a Salud employee and two other participants brought clear agendas to the meeting.

In addition, the scope of this project allowed for changes to the moderator guide after the first group. Due to language difference, the use of interpreters and two different transcribers was needed. And although similar themes were observed in the analysis of the second focus group, it is important to acknowledge that some of the transcriptions were summaries and not verbatim.

Recommendations

Based on the results of this evaluation project, the evaluation team recommends that Salud staff increase the visibility and accessibility to information about the integrated health care team members through in-person education, educational brochures and the

online patient portal to enhance familiarity and trust between the client and health care team members. Furthermore, Salud should develop and implement strategies to decrease client wait times, on the telephone and during appointments. Finally, Salud should explore options to enhance telephonic communication with clients.

Future Research

Because the data collected is not generalizable to all of Salud's clientele, it is recommended that future research should be focused on obtaining a larger sample size from the Salud clientele at the Commerce City location specifically. Additionally, it is recommended that evaluation regarding the experience of care should take place at all Salud locations to fully understand the experience of care that all clients receive.

VIII. SUMMARY

Integrated health care (IHC) attempts to implement the coordination of health care through many levels and types of providers to facilitate better care, improve communication and develop relationships between providers and clients. Salud Family Health Center is a patient centered medical home that provides comprehensive care to clients, with a priority to serve low-income and underserved communities in Colorado. The evaluation team conducted two focus groups to evaluate the implementation of integrated health care within the Salud Health Care System from the client's perspective. Several themes emerged from the focus groups. Five common themes arose in both of the focus groups: relationship with provider, knowledge of the health care team, wait times, communication, culture and language in care. Results from this evaluation are not

generalizable to other Salud clients and it must be noted that a participant's culture and/or language may have affected the data.

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APPENDICES

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D. Demographics Survey - Spanish

E. Secondary Data Analysis: Project HealthViews surveys

F. Moderator's Guide #1

G. Informed Consent - English

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I. Focus Group Demographic Data

APPENDIX A

Moderator's Guide #2

APPENDIX B

Promotional Materials

APPENDIX C

Demographics Survey - English

APPENDIX D

Demographics Survey - Spanish

APPENDIX E

Secondary Data Analysis: Project HealthViews surveys

APPENDIX F

Moderator's Guide #1

APPENDIX G

Informed Consent - English

APPENDIX H

Informed Consent - Spanish

APPENDIX I

Focus Group Demographic Data