Mississippi Voices Project 1.0

Summary of focus groups

Listening to the Voices of Black and Hispanic women on access and affordable Healthcare in Mississippi

High-quality, affordable, accessible health care can serve as an equalizing force in communities of color. Everyone should have the health coverage they need. However, in Mississippi, nearly 100,000 uninsured low-income nonelderly adults fall into a health insurance coverage gap. Therefore, this project’s focus was on access and affordable healthcare for Black and Hispanic women in Mississippi.

The project’s aim was to build power in four target areas (MS Delta, Gulf Coast, Northeastern (Tupelo Area), and Central Mississippi. One method of building power was to conduct focus groups in those areas, which heard the perspectives of women who were directly impact by healthcare in Mississippi.

From July 2021 to October 2022, seven focus groups were conducted with a total of seventy-two participants. The groups’ participants ranged from college students to seniors. Due to COVID restrictions, the groups were conducted via zoom in Pace, Bassfield, and Biloxi (two groups),
Jackson held three in-person groups, including seniors, college students and one Hispanic group with an interpreter.

The process included recruitment throughout Mississippi within community settings. Using Dr. Richard Krueger’s research as a guide, focus group questions and protocol were developed. Additionally, thematic analysis was used to identify common themes-topics, ideas, and patterns.

Findings from Listening to the Voices of
Black and Hispanic Women

**THEMES AROUND ACCESS CHALLENGES**

- Lack of transportation especially in rural areas
- Long waiting times for an appointment
- Shortage of specialists that will take Medicare.
- Being out of network
- Not able to pay a copay.
- Feeling “not listened to by the physician.”
- Women of color not given the same information as white women
- Hispanic women felt very strongly that they are made to wait extremely long times even though they arrive at the time they were given.
- Hispanic women felt treated with disrespect because of the language barrier.

Comments from participants:

”Those copays add up, especially if you go to a specialist. I get a monthly check and copays can be up to $45.00.”
“I had a stroke back in 2009 and they wanted me to come for therapy four days a week and pay $40 each time. I just stopped going. As you can see my fingers are still not straight.”

“I bypass the facilities where I live because they don’t take your healthcare seriously.”

“Before Affordable Care Act, I could not even afford the healthcare insurance and I uh, take medicine for high blood pressure and I have to take that constantly every day and that was the issue that I faced trying to get somewhere I could get medicine and stay on it to regulate the blood- uh, my blood pressure and be able to afford to go to the doctor and uh, afford the medicine.”

Considering the frustration some women felt about the providers “not listening to them”, being treated with disrespect and obvious long waiting times based on race.” This is an opportunity to provide healthcare professionals with feedback:

- Believe that your patient deserves to be heard.
- Do not dismiss the patient’s concerns.
- Long wait times create more anxiety and feelings of helplessness.
- Believe, “I am a person with feelings.”

E-BOOKS COMING SOON.

Mary Nelums, PhD, LCSW

Olga Osby, DSW, CFSW