

ACCESS TO THE WATONWAN COUNTY HEALTH SYSTEM FOR LATINO COMMUNITIES

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Prepared by:



BACKGROUND

Access to quality health care is a fundamental determinant of health outcomes. However, disparities in access to health care persist among minority populations, including Latino communities in the United States.

Latinos represent the third largest population in Minnesota. According to the American Community Survey in 2024, approximately 388,435 of the state's inhabitants were Hispanic or Latino (U.S. Census Bureau, n.d.a) and almost 3,000 of them lived in Watonwan County (U.S. Census Bureau, n.d.b).

However, in the state, almost 18% of Hispanic/Latino people lack health insurance, which represents one of the highest rates in the country, contributing to delays in care and worse health outcomes (U.S. Census Bureau, 2022). Barriers such as language differences, cultural factors, and socioeconomic constraints limit the ability of Latino communities to access preventive and primary care services. These barriers often lead to an increase in emergency room visits and untreated chronic conditions.

In this project Hispanic Advocacy and Community Empowerment Through Research (HACER), in collaboration with Blue Cross Blue Shield of Minnesota (BCBSM), sought to learn about access to health care, including telemedicine services, among Latino communities in Watonwan County, MN. The collection of the data was carried out through a series of community engagement activities with Latino residents of this county. Moreover, this study utilized a Community Advisory Board (CAB) that worked closely with HACER's research team to ensure that the recruitment efforts and project activities were culturally responsive and aligned with the needs and culture of Latino Community in Watonwan County.

Objectives:

- **Raise awareness:**
Highlighting the major issues, challenges, and disparities that Watonwan County's Latino community has faced when trying to access health services where they live.

- **Build potential community partnerships:**
Collaborate with local clinics, community-based organizations, and Health Promoters (promotores de salud) to strengthen information outreach efforts.

- **Provide necessary recommendations to improve accessibility to the health system:**
Uplift community recommendations based on the experiences and perceptions that the Latino community itself has expressed.

METHODS

1. Research Design

In this study we used qualitative and quantitative methods to explore lived experiences of participants when they had accessed or attempted to access Watonwan County health services. Methods include in-depth individual interviews and a community survey. Participants of the study were given a gift card as appreciation for their time and thoughtful contribution to the project.

2. Participants

A total of 120 members of the Latino community in Watonwan County participated in the surveys, and an additional 13 were interviewed. Participants were recruited with the help of the Community Advisory Board which was comprised of 4 residents of the cities of Saint James and Madelia. This study's participants were contacted by phone, door to door outreach, and at various places and events held in the cities of Saint James and Madelia. Inclusion criteria required participants be 18 years of age or older, self-identify as Latino, and be residents of Watonwan County.

3. Data Collection and Analysis

Data was collected through semi-structured, in-depth interviews. Each interview lasted approximately 45 minutes and was conducted via Zoom. An interview protocol was developed to ensure consistency, covering relevant topics such as health services experiences, cultural appropriateness, and information access (Appendix 3). All interviews were audio-recorded with participants' verbal consent and transcribed using fathom transcription. With these transcriptions, the initial codes were generated and then grouped into broader categories (Appendix 2). Finally, these categories were adapted to be presented according to the five domains of the Social Determinants of Health (SDOH).

For the surveys, we used a quantitative, cross-sectional design to assess prevalence and identify potential relationships between key variables (Appendix 4). Survey data were entered and cleaned in Microsoft Excel, and prevalence estimates were calculated using formulas and pivot tables to support accurate analysis (Appendix 1).

Both the interview and survey formats were validated with the CAB and subsequently sent to BCBS representatives for approval.

FINDINGS

Demographics

- 76% of the participants in the survey were women, the age group with more participants was 25 to 34 years old (28%) and the highest educational level achieved for the majority was secondary education (63%). By comparison, in Watonwan County, 49.1% are women, 11.5% are between 25 and 34 years old, and 46.9% achieved secondary education.
- Most of the interview participants were also women (85%) aged between 25 and 34 years and with secondary education listed as the highest educational level achieved (63%).

Key Findings to Research Questions

1. What are the most prevalent health disparities experienced by the Latino community members in rural areas, such as in St. James and Madelia, MN?

The survey findings highlight significant health disparities affecting the sample of Latino community members in Watonwan County. When compared to the overall adult population of Minnesota or the Hispanic population of Minnesota using the 2024 Behavior Risk Factor Surveillance System (BRFSS), our sample showed health disparities related to:

- High proportion of Diabetes at 22.5% compared to 10.1% amongst the overall adult population in Minnesota and 12.2% amongst Hispanic adults in Minnesota (Lee, 2025)
- High proportion of self-reported “Fair or poor health” at 41.7% compared to 15.2 % amongst the overall adult population in Minnesota and 27.8% amongst Hispanic adults in Minnesota
- High proportion of “fair or poor mental health” at 19.2% compared to 14% amongst the overall adult population in Minnesota and 13.3% amongst Hispanic adults in Minnesota

However, our sample also found some areas in which health conditions were less prevalent than amongst the general adult population of Minnesota, including:

- Lower proportion of High Blood Pressure at 19.2% compared to 33.8% amongst the overall adult population in Minnesota and 29.1% amongst Hispanic adults in Minnesota in 2023 (Lee & Gupta, 2025)
- Lower proportion of Heart Disease at 2.5% compared to 6.5% amongst the overall adult population in Minnesota and 3.7% amongst Hispanic adults in Minnesota (Lee, 2025)

- Lower proportion of Arthritis at 4.2% compared to 25.2% amongst the overall adult population in Minnesota and 12.4% amongst Hispanic adults in Minnesota
- Lower proportion of Asthma at 7.5% compared to 9.3% amongst the overall adult population in Minnesota, but higher proportion compared to 6.8% amongst Hispanic adults in Minnesota
- Lower proportion of COPD at 0.8% compared to 4.2% amongst the overall adult population in Minnesota, but higher proportion compared to 1.8% amongst Hispanic adults in Minnesota

Additionally, the survey findings highlight significant differences in lifestyle between the sample of Hispanic participants and the overall adult population of Minnesota (Lee, 2025), including:

- Slightly lower proportion of survey respondents reported seeing a doctor in the previous year at 74.2% compared to 74.5% amongst the overall adult population in Minnesota, but a higher proportion compared to Hispanic adults in Minnesota at 62.9%
- Higher proportion of daily consumption of sugary drinks at 18.3% compared to 16.3% amongst the overall adult population in Minnesota, but lower proportion compared to 21.4% amongst Hispanic adults in Minnesota
- Lower proportion of cigarette smoking at 7.5% compared to 10.2% amongst the overall adult population in Minnesota, but higher proportion compared to 7.1% amongst Hispanic adults in Minnesota
- Lower proportion of E-cigarette use/vaping at 0% compared to 7.1% amongst the overall adult population in Minnesota and 5.9% amongst Hispanic adults in Minnesota
- Lower proportion of Marijuana use at 1.7% compared to 16.8% amongst the overall adult population in Minnesota and 7.8% amongst Hispanic adults in Minnesota
- In the survey sample, 78.3% of respondents selected “Never” for alcohol consumption

2. What are the underlying factors and Social Determinants of Health (SDOH) contributing to these health disparities?

According to the participants, health disparities are due to language barriers (12.5%) and lack of culturally competent care, which often results in avoiding going to the doctor when they need to and reduced adherence to treatment plans.

- While most participants reported that they had access to information in their preferred language (79.2%), 49.2% still had trouble understanding health information and instructions
- While most participants said they did not avoid seeking health care for fear of discrimination or immigration-related concerns (87.5%), the current political situation could also discourage Latinos from seeking medical assistance, even if they really need it.

Geographic distribution also plays a role, as these communities are in areas with fewer healthcare facilities and providers, especially specialized care.

- Lack of childcare (15.8%)
- Distance to care (26.7%)
- Lack of time (26.7%)
- Lack of transportation (31.7%)

Moreover, Social Determinants of Health (SDOH), including income and employment status, food security, and access to specialized services, further exacerbate these disparities. Survey findings related to SDOH include:

- 35% reported not having health insurance
- 38% are not currently working
- 83.3% reported that there are places to buy healthy food in their neighborhood, yet 36.7% reported that they cannot afford to purchase healthy food.
- 41.7% of participants responded “Often” or “Sometimes” to worrying about running out of food before they can afford more, compared to 20% of Minnesota households overall that cannot afford the food they need (Measuring Food Insecurity in Minnesota, 2024)
- Respondents rated access to specific services as “easy” or “very easy” at different rates:
 - Mental health access was easy or very easy for 10% of respondents
 - Pregnancy and child healthcare access was easy or very easy for 28.3% of respondents
 - Preventative screening access was easy or very easy for 33.3% of respondents
 - Immunization access was easy or very easy for 57.5% of respondents

The greatest barrier to healthcare, according to survey participants, was the overall cost associated with care. 40% of respondents identified cost as a major barrier to healthcare access.

Integrating the thematic analysis from interviews, the SDOH that are uncovered in the survey can be understood with more depth. Based on our findings, the top barriers to accessing health services experienced by Watsonwan County's Latino community may include:

2.1 Economic Stability

- Limited access to health insurance.
- High costs of procedures, medications, and treatments.
- Unemployment or very low income.
- Long and exhausting working days.
- Immigrant status.

2.2 Social and Community Context

- Difficulties communicating with medical staff due to limited English proficiency and cultural differences.
- Shortage of interpreters and/or poor quality of interpretation.
- Fear of discrimination due to their limited English proficiency, cultural background or immigration status.
- Minimal access to Spanish-speaking therapists.
- Poor follow-up after interventions.
- Latino cultural stigma around mental health and little knowledge of the services available.
- Not enough health information in Spanish, bilingual navigators and telephone lines responders.

2.3 Health Care Access and Quality

- Long waiting times for medical appointments.
- Low confidence in the professional skills of local health care providers.
- Limited or no access to specialized care, which forces people to travel to other counties.
- Some people from the Latino community have a perception that Nurse Practitioners are not medical professionals sufficiently trained to address their health needs.
- There are no dental clinics in the area.
- Very few low-cost or free preventive programs like SAGE.

2.4 Neighborhood and Built Environment

- Dependence on third parties (relatives, friends) to travel to health centers.
- Limited or non-existent public transportation, especially for older adults.
- The long distance to health care centers makes it difficult for people to attend their appointments.

2.5 Education Access and Quality

- There is little knowledge about where to find and how to cook healthy food, according to their cultural preferences.
- Not enough information or places to exercise and stay healthy.
- Lack of knowledge about the importance of preventive medicine.
- Lack of education about how to manage stress and anxiety.

Our findings are consistent with data presented by other studies on health disparities in Minnesota's Latino population. For example, according to the report presented by the Minnesota Council on Latino Affairs (MCLA), in 2017 Latinos had one of the highest prevalences of uninsured health insurance (26%) and their median household income was only \$42,227 per year (From Stories to Actions: A Rural Latino Vision to Strengthen Communities for a Thriving Minnesota, 2017). Among the barriers this study points out are factors such as overrepresentation in jobs that tend to pay lower than median wages and the fact that they are less likely to be offered health coverage through their employer.

Another similarity to our findings from the MCLA report is that language barrier plays a crucial role in health-seeking behaviors, as some Latinos were more likely to go to the clinic and seek care if they knew that the staff was bilingual or that they could rely on interpreters (2017). Our findings highlight the importance of understanding that a proper interpretation also involves knowing the different nuances in Spanish to identify diseases or parts of the body that may vary depending on the country.

As for the fear of discrimination, the MCLA report referenced the anti-immigrant and anti-Latino political discourse at the national level in 2017, in which both Latino immigrants and those born in the U.S. felt under threat or targeted. As the 2017 report highlights, anti-immigrant and anti-Latino political discourse relates to increased concerns of mental health issues among Latinos but also affected access to health care and preventive services. Our study did find some similar themes related to fear of deportation and discrimination impacted health-seeking behaviors.

However, our data collection took place in the summer of 2025 and did not focus on anti-immigrant sentiments. We believe that, given the increased immigration raids taking place in January of 2026, there are likely massive implications to health access and status for immigrant communities that our study is unable to address at this time.

Our results are also consistent with other studies done on immigrant populations in the state, which highlight the following as the main disparities:

- **Access to Care:** Undocumented immigrants often lack health insurance, leading to delays in treatment and preventive care (Kim, 2024)
- **Language & Cultural Barriers:** Non-English speakers experience lower quality of communication with providers, which affects diagnosis and treatment (Steward, 1995)
- **Chronic Disease Outcomes:** Black, Indigenous and immigrant groups show worse outcomes in diabetes and cardiovascular disease screenings compared to white Minnesotans (Donovan, et. al, 2023)
- **Mental Health:** Fear deportation, discrimination, and trauma from migration contribute to higher rates of stress and untreated mental health conditions (Kim, 2024)

3. How do these health disparities impact the quality of life and well-being of the Latino community?

As we analyzed our findings, we noted that one of the main impacts of these disparities may be on the physical and mental health self-perception within the Latino community. More than 40% of survey participants reported having fair or poor physical health. With respect to mental health, although 34% of survey participants reported having good mental health, participants' comments in interviews and community conversations reflect how difficult it is to provide sufficient follow-up for mental health conditions, especially among young Latino people, because the access to mental health services is very limited.

The lack of culturally appropriate medical information is also a factor that is affecting the Latino community in Watonwan County. We found that, although most survey participants claimed to have access to health information in Spanish, 66% of them still have difficulty understanding it.

Moreover, participants reported difficulty understanding the medical instructions given by health professionals.

Although the data collected did not show a measurable impact of discrimination on health outcomes, community members in community sessions expressed feelings of discrimination as well as fear of reporting or acknowledging discrimination. Participants shared concerns that the health care system often fails to diagnose illnesses in a timely manner, leading them to perceive that delayed diagnoses reflect a lack of interest in ensuring the well-being of minority populations.

Another disparity we found is in the prevalence of chronic disease within the sample. A significant number of participants reported having diabetes and high blood pressure, conditions that require a combination of lifestyle changes, regular medical monitoring and medication.

For all the above, preventive care is essential. But preventive care often means extra visits for screening, which means loss of wages and out-of-pocket costs. As we have already indicated, in the Latino community of Watonwan County there are many people without health insurance and without a job, which makes it very difficult for them to access any type of health care, even preventive one. Despite these challenges, families continue to look for options. However, this care is often provided by primary care providers rather than specialists, such as cardiologists or endocrinologists, for the chronic conditions identified.

During community sessions, comments from participants highlighted a need for clearer information about how health insurance works. Several attendees shared that they later discovered their insurance plans provided access to certain preventive services, even after they were no longer insured.

Due to these difficulties, families are looking for other options, and some prefer to go to nearby cities (like New Ulm or Mankato) where they can receive care in Spanish and with staff who understand their needs, beliefs and values. Participants also seek specialists who can more effectively address their needs, beyond the current reliance on nurse practitioners.

The above-mentioned concerns related to political and cultural factors, the lack of information in their preferred language about access to health insurance, preventive health programs, healthy food, and places for leisure and recreation have a huge impact on the quality of life and overall health of Latino residents in the county.

LIMITATIONS

Sample Size and Composition

- The study included 120 survey participants and 13 interviewees, which may not fully represent the diversity of the Latino population in Watsonwan County.
- There was an overrepresentation of women (76–85%) and participants between the ages of 25–34, which may limit how well the findings reflect the experiences of men and other age groups.

Geographic Scope

- Data were collected only in the cities of St. James and Madelia. This may not reflect the experiences of Latinos living in other parts of the county, such as Butterfield, where access to the community was difficult.

Recruitment Bias

- This study utilized a convenience sample in which participants were recruited with support from the Community Advisory Board (CAB) through phone calls, door-to-door outreach, and community events. This approach may have excluded individuals who are less connected to community networks or who were harder to reach due to work schedules.

Language and Cultural Factors

- Some participants may also have been hesitant to share sensitive information because of fear of discrimination, concerns about immigration status, or mistrust of outsiders.
- HACER conducted all data collection activities in either English or Spanish, which could have limited participation from individuals who primarily speak an indigenous language.

Data Collection Methods

- Surveys relied on self-reported information, which may have been influenced by participants answering what they thought was the “right” answer rather than what happened.

Limited Specialist Input

- Efforts were made to connect with self-identified providers and specialists; however, the study was not able to collect any responses from providers. Some providers that were approached expressed fear about participating or showed limited interest in the study, which both led to the lack of participation.

Cross-Sectional Design

- The study focuses on people's experiences at a single point in time. Given the changing situation of immigrants and Latino communities in rural areas, this study does not capture how access to health care may change over time.

Political and Social Context

- Fear of immigration enforcement and political issues may have made some community members hesitant to participate, so some barriers may be underestimated. In particular, Guatemalan community members may face increased barriers to participation due to historical trauma associated with colonization and exploitation as well as barriers associated with a high prevalence of indigenous language speakers,
- Recruitment initiatives were heavily impacted by increasing anti-immigrant sentiments and immigration raids in Watonwan County. Participants who would usually attend community gatherings were not as prevalent, limiting our ability to collect diverse perspectives across the county. Instead, convenience sampling based on individual referrals had to be implemented to build on interpersonal trust. Ultimately, the response rate was lower than the project goal, and the dataset is not representative of the full county or the diversity of the Hispanic/Latino communities in Watonwan County.

RECOMMENDATIONS

4. What are the potential interventions and strategies that can be implemented to address these health disparities?

Below are our recommendations, which are based on input from the Latino community of Saint James and Madelia and are disaggregated by the main topics covered on in our investigation:

4.1 Access to health services:

4.1a: Cost

- More accessible health insurance: more affordable and available to all people regardless of their immigration or employment status.
- Financial support to cover essential medications.
- More free or low-price preventive programs.
- Low-cost community clinics that can provide services to the entire population, whether they have health insurance or not.

4.1b: Cultural Care

- Clear and culturally appropriate information about how health insurance works and how to use it: deductibles, out of pocket, coverage, etc.
- More training on cultural diversity for healthcare personnel to avoid possible cases of discrimination.

4.1c: Oversight

- Government supervisors oversee medical care provided in hospitals and clinics

** Please note that this recommendation must be carefully interpreted within contextual realities and may not be advisable given the current political landscape of Minnesota*

4.1d: Services

- More specialists, especially internists, cardiologists, endocrinologists, and gynecologists.
- More dental clinics at affordable prices.
- Health insurance with greater coverage of mental health services.
- Community activities where there are preventive check-ups and other tests that are low-cost.
- Bring more professionals to share basic health information or to form groups like the "Grupo Edad de Oro", which was launched from a nonprofit organization when a group of community members

raised funds to provide a space for seniors to connect and spend time together. This effort aimed to address the gap in access to resources and to reduce social isolation, which can negatively affect mental health, by offering older adults a dedicated space for engagement and support.

- Workshops or activities that help the community stay healthy: Zumba, aerobics, healthy eating, etc.

4.2 Mental health:

4.2a: Information about Mental Health Care

- More available information, in multiple languages, about how and where to start being treated.
- More investment in education so the Latino community can be trained in these issues.
- Communication and information centers for mental health.

4.2b: Mental Health Communities

- Support groups where you can socialize with more people and have an activity.
- A communal place for mental health support groups.
- Address the bullying problem in schools.
- Special programs for families with members who have mental health issues.

4.2c: Low-Cost Access

- Community Mental Health Services for low-income families.
- Free or affordable mental health workshops.

4.2d: Cultural Care

- More mental health specialists who speak Spanish and know the Latino culture.
- Bilingual and culturally competent mental health guidance.

4.2e: Follow-Up

- Programs that ensure an adequate follow-up process. Not only a couple of sessions but ensuring people really get the support they need for their mental well-being.

4.3 Language barrier:

- More well-trained and culturally competent interpreters in clinics and hospitals, ensuring that they not only properly translate medical terminology, but also know the subtle differences in words between Latinos.

- The interpreters should be physically present at the doctor's appointment.
- Interpreters need to be *“more human when doing their job, so the patient understands easily and that they explain the technicalities in a colloquial way”*.
- More affordable and effective resources for people to learn different languages. For instance, *“having teachers who show the community the easiest and faster way to learn English”*.
- More information about health programs, services, reviews and reports in Spanish.

4.4 Transportation and Labor Problem:

- Bring health services closer to the community: mobile clinics, vaccination programs, telemedicine etc.
- More public and private, affordable transportation within the healthcare system.
 - The hospitals and clinics should have their own transportation, even if they charge for the ride.
 - Free transportation for seniors.
 - Carpooling options to go to appointments. *“That 3 or 4 people agree to go to medical appointments together”*.
 - Hiring drivers for patient transfers.
 - Financial support for transportation is important.
- Improved accessibility to education and work opportunities to address these social determinants of health.
 - A private transportation service, to work or school, to help people access their employment or education spaces.
 - More sources of employment for our community.

4.5 Other recommendations:

- Listening and working hand in hand with the community, because *“together we can ensure that all Latino families have access to fair, close, and quality health care”*.
- Include the community in health decisions so that solutions are fair and effective.
- More accessible membership to gyms and exercise classes.

CONCLUSION

Ensuring equitable access to health services for Watonwan County's Latino population requires a comprehensive strategy that combines investment in formation and information, inclusive policies, and community participation.

Of particular interest to insurance providers such as Blue Cross Blue Shield of Minnesota, research findings suggest the need for increased communication and education of services and basic information about how health insurance functions. Community members would benefit greatly from increased understanding of their insurance programs, which would improve accessibility and utilization rates amongst customers. Moreover, increased utilization of insurance benefits must consider the evolving needs of community members, and providers can benefit from direct partnership with communities to understand and address social determinants of health.

Finally, the greatest difficulty in addressing Latino health status is lack of access to insurance. Because of recent policy changes, undocumented adults will no longer be able to access MinnesotaCare after December 31, 2025. Future research should look at how access to health care changes over time, especially as immigration policies and economic conditions continue to change. Moreover, insurance providers may want to prioritize creative solutions to providing affordable insurance coverage to people with undocumented status to increase the population-level health of the community.

This study shows the importance of working in collaboration with local clinics, community organizations, and insurance providers. Together, they can share clear and culturally appropriate information about how health insurance works, ideas for increasing access to preventive care, and highlight local health resources to address health disparities. HACER is grateful for the opportunity to contribute to this project and looks forward to continued partnership in the future.

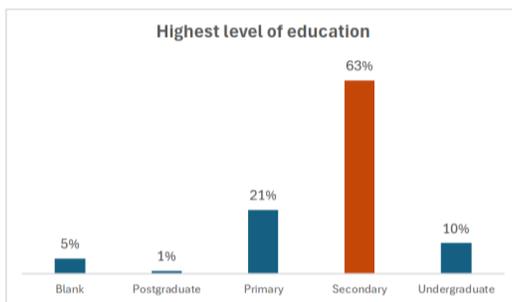
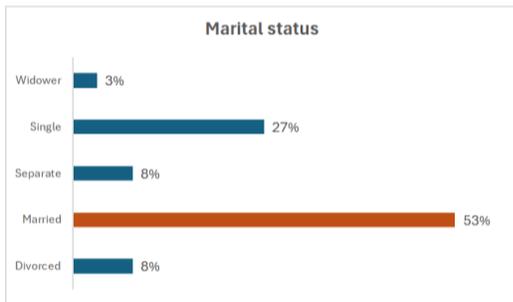
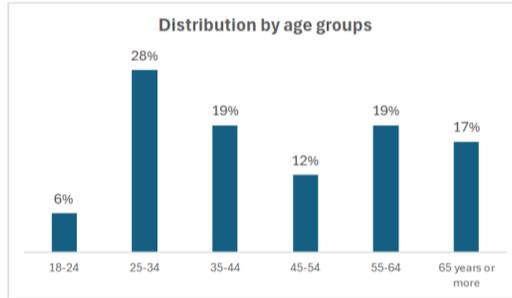
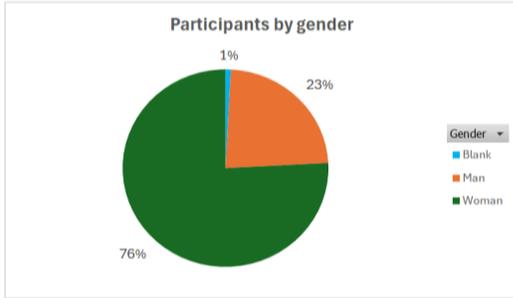
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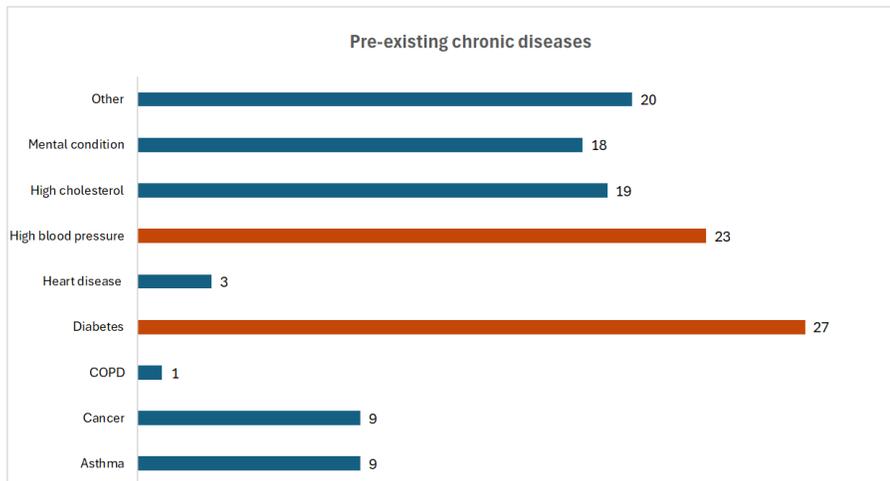
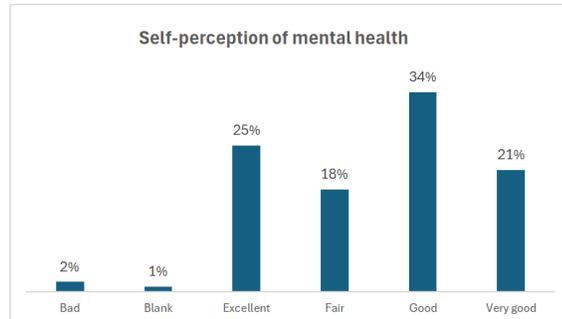
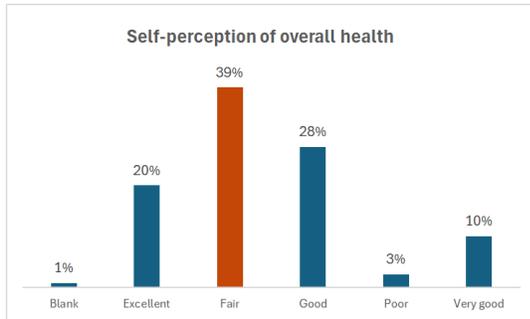
APPENDICES

Appendix 1. Surveys Graphics.

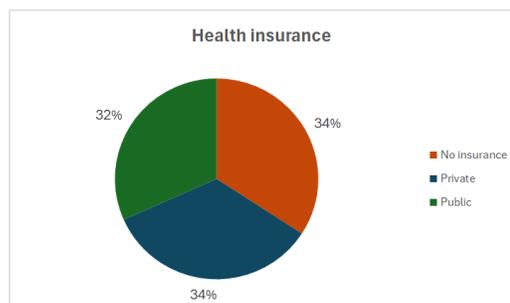
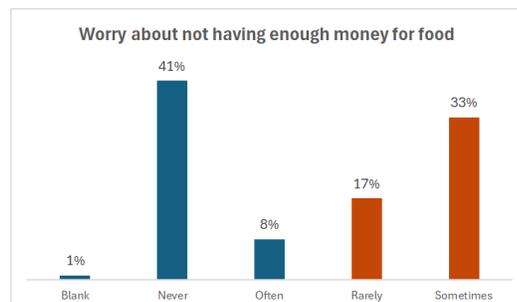
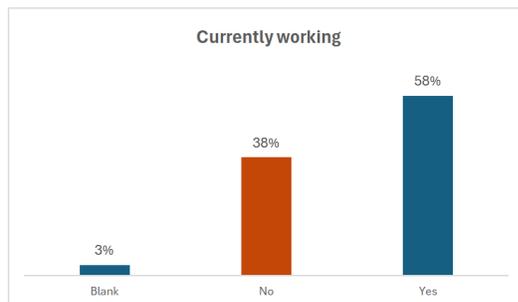
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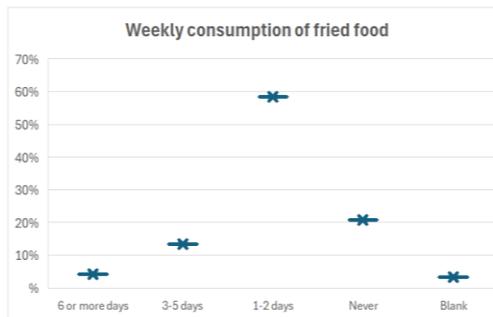
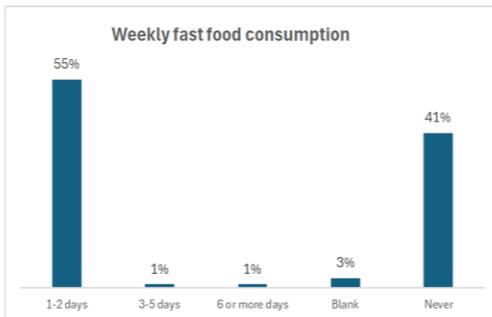
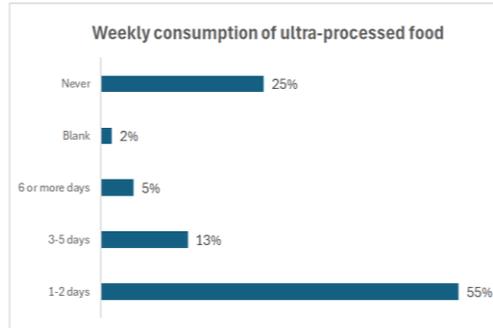
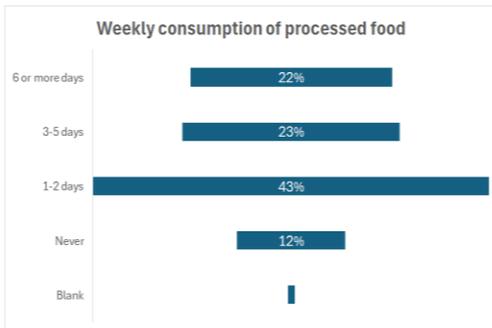
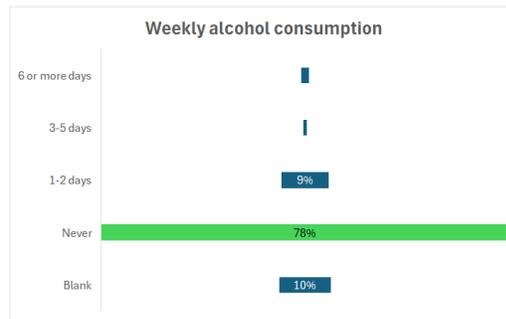
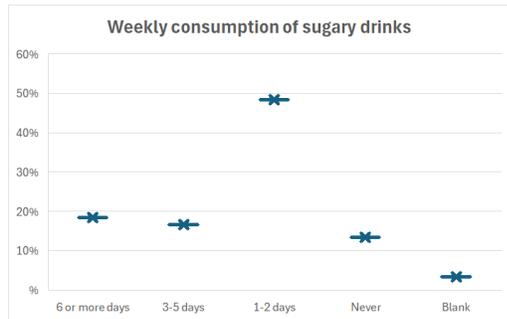
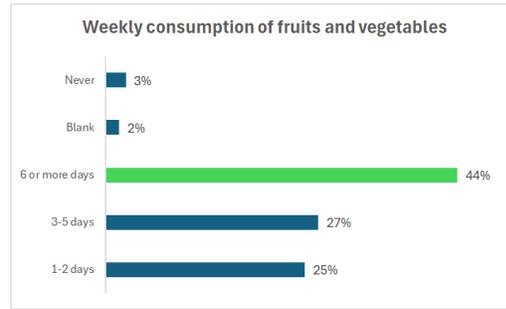
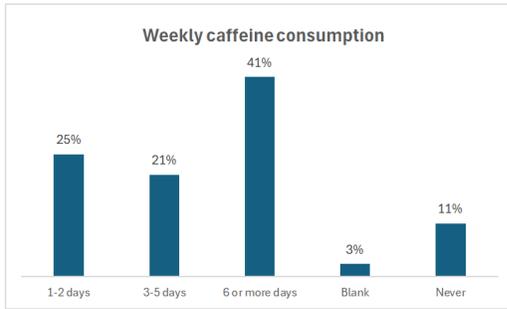
Health: Physical health self-perception and chronic diseases prevalence:



Economics: work status, health insurance and preoccupation for running out of food.



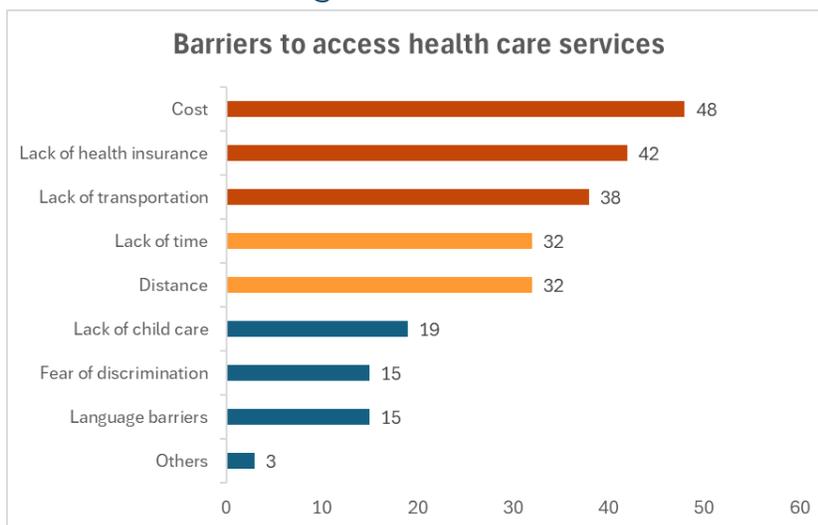
Habits: Food habits.



Barriers: Language.



Barriers in accessing health care:



Appendix 2. Thematic analysis from the surveys and interviews.

Health Insurance and Economic Barriers	Cultural and language barriers	Access to specialists and preventive services	Transportation and geographical barriers
Very limited access to health insurance because of the cost, work situation and immigrant status.	Difficulties communicating with medical staff due to limited English proficiency and cultural differences.	No dental clinics in the area.	Dependence on third parties (relatives, friends) to travel to health centers.
High costs of procedures, medications, and treatments.	Shortage of interpreters and poor quality of interpretation.	Limited access to specialized care, which forces people to travel to other counties.	Limited or non-existent public transportation, especially for older adults.

	Long waiting times for medical appointments.	The distance to healthcare centers makes it difficult for people to attend their appointments.
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Emotional confidence and security	Mental health and emotional well-being	Information gaps and navigation in health	Positive perceptions
Fear of discrimination due to their limited English proficiency, cultural background or immigration status.	Minimal access to Spanish-speaking therapists and poor follow-up after interventions.	Need for more health information in Spanish, bilingual navigators and telephone lines responders.	Watsonwan is considered a caring and friendly county, and advances in interpreter services are recognized.
Low confidence in professional skills of local health care providers.	Cultural stigma around mental health and little knowledge of the services available.	Need for broader and more effective communication from clinics to the community.	
	Desire for bilingual and culturally competent mental health guidance.		

Appendix 3. Interview protocol.

Interview protocol - BCBS Project.

Introduction

Hello, good morning (afternoon), thank you for agreeing to participate in this interview. My name is _____, and I am a Research Associate at HACER. HACER is a nonprofit organization that connects with and works alongside Latinos in Minnesota through research, evaluation, and community action to promote their representation at all levels of institutional decision-making and policy change.

I will be facilitating this conversation, during which I will ask you a few questions to learn more about your thoughts, experiences, and challenges in accessing healthcare services in Watonwan County. For example, whether you've had the opportunity to receive medical care in the community where you live, and whether you've faced any barriers or difficulties accessing it.

When we talk about "healthcare," we mean all kinds of medical services, including dental care, physical or mental therapy, emergency room visits, and nutritionist consultations, among others. We are also referring to preventive services, such as mammograms, colonoscopies, and vaccinations (for both children and adults). It may also include attending talks or workshops on how to stay healthy, for example, the importance of exercising and eating well, oral hygiene habits, or mental health maintenance.

Thank you for taking the time to be here today and for being willing to share your experiences. Our questions aim to better understand your stories, feedback, suggestions, and recommendations. This will help HACER and Blue Cross Blue Shield of Minnesota identify needs, barriers, and opportunities to support the Latino community in gaining better access to healthcare services in Watonwan County.

Although we have a set of questions to help guide our conversation, we want this to feel like an open discussion. This is a safe space, and there are no right or wrong answers. All information, opinions, and questions are welcome and valuable, so feel free to speak openly and share your thoughts and viewpoints.

If at any point the discussion gets too far off-topic or we spend too much time on one question, I may step in to help us get back on track. We know your time is valuable, and we want to be respectful of it.

I would also like to let you know that this discussion will be recorded. The recording helps us ensure that we capture all the important details and that we understand and accurately share what is discussed here. Your name will not appear in any public reports we produce, nor will we share your name outside of this discussion.

Lastly, please know that this recording will be stored on a password-protected computer and will only be accessible to the researchers working on this project at

HACER. The information collected through this project will also be shared with the research team at Blue Cross. If you do not feel comfortable with the recording at any time, please let me know—either verbally or by sending a message via Zoom—and we will not record the session. Please note that your request not to be recorded will not affect your relationship with HACER or any of the organizations or members involved in this project.

Do we have your permission to record this interview?

INTERVIEW QUESTIONS

Let's begin with our questions:

4. What difficulties have you or your family faced in accessing healthcare services in Watsonwan County? How did you resolve those difficulties?

Probe: What places or people do you go to for health services? Hospital, medical center, clinic? How often do you or a family member seek medical care?

5. When you go to the doctor or clinic, do you understand the information they give you—whether they tell you in person, give you papers, or send it online? For example, do you understand your prescriptions, diagnosis, or instructions?

Probes: "Do you feel comfortable filling out the forms they give you?" "Have they offered you translation or interpretation services if you needed them?"

6. What changes would you suggest to improving access to healthcare in your community?

Probe: How would you prefer to access these health services? Do you use a website to schedule your appointments? Is it easy for you to use?

7. Have you ever felt that you were treated differently and/or negatively because of your identity (gender, country of origin, ethnicity, language, etc.) when seeking healthcare?

Probe: Do you feel this experience has changed your willingness to seek medical care in the future?

8. What changes would you suggest for reducing these kinds of situations in healthcare

Probe: What would make you feel more comfortable when seeking medical care?

9. What health resources or programs would you like to see more of in your community

Probe: Are there any health services in your country of origin that you would like to have available here?

10. Have you received any information about environmental risks (such as air or water pollution) that may be affecting your community?

Probe: How did you receive this information? Did you understand the information you were given? Did anyone explain or translate it for you?

11. Do you have access to a drinking water system that ensures the water is not contaminated with chemicals?

Probe: Do you or someone in your family drink water directly from the tap?

12. What changes would you suggest for improving these environmental risks in your community?

Probe: What steps have you taken to reduce the impact of these environmental factors in your daily life?

13. Is there anything else you would like to share about your health or your experiences with healthcare in Watonwan County?

Appendix 4. Survey template.

SURVEY QUESTIONS

The survey will collect data on demographics, health status, access to health care, and health behaviors.

Eligibility Questions

1. Do you self-identify as Latino/Hispanic/Chicano?

- Yes
- No ➡ **Stop**

2. Age?

- Under 18 years of age. ➔ Stop
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 years or older

Demographic Information

3. What gender do you identify with?

- Woman
- Man
- Non-binary
- Trans woman
- Trans man
- Queer
- One that doesn't appear in the list _____
- I prefer not to answer

**4. How many years have you lived in the United States of America?
(Optional) _____**

5. What is your country of origin? (Optional) _____

Contextual Information

Marital status

6. What is your current marital or cohabitation status?

- Single (never married)
- Married, or in a domestic partnership
- Widower
- Divorced
- Separate

Level of Education

7. What is your highest level of education?

- Primary Education (Elementary)
- Secondary Education (Middle School and High School)
- Undergraduate Education (associate degrees and bachelor's Degrees)
- Postgraduate Education (master's Degrees and Doctoral Degrees)

Health

8. Do you have any of the following disabilities? (Optional) [Select all that apply]

- Physical (Ex- needing a wheelchair, walker, or help to move around)
- Mental (Ex- having problems thinking clearly or remembering things.)
- Emotional (Ex-feeling very sad, angry, or worried a lot and it makes life hard.)
- Other _____ (Ex-having something else that makes it hard for you to do things)
- None (Do not have any disability)

9. Do you have health insurance?

Yes_____ No_____

10. What kind of health insurance do you have?

- Public (Medicaid, Medicare, Veterans benefits, Indian or Tribal Health Service)
- Private (Provide through an employer, purchased yourself through MNSure)
- Other_____
- I don't have health insurance

Employment or financial situation

11. Are you currently employed? Yes_____ No_____

12. Does your income allow you to cover your weekly household expenses? (OPTIONAL)

Always

- Almost always (ex- 3 weeks of a month, or 10 months of the year)
- Sometimes (ex- 2 weeks of a month, or 6 months of the year)
- Almost never (ex- 1 week of the month, or less than 3 months of the year)
- Never
- I prefer not to answer

13. During the past 12 months, how often did you worry that food in your household would run out before you had money to buy more?

- Often
- Sometimes
- Rarely
- Never

Safety and access to basic services

14. Please rate your level of agreement with the following statements about your neighborhood and household.

	Strongly disagree	Disagree	Agree	Strongly Agree
I feel safe in my neighborhood				
I have a safe and clean place to live				
I have access to the internet				
I have access to basic utilities (clean water, garbage pick-up, electricity)				

General Health

15. In general, would you say your health is

- Excellent
- Very Good

- Good
- Fair
- Poor

16. In general, how would you rate your mental health, including your emotional well-being, the ability to cope with stress, and overall mood?

- Excellent
- Very good
- Good
- Fair
- Poor

17. Have you been diagnosed with a medical condition? (OPTIONAL)

Select all that apply

- Diabetes
- Heart Disease
- High blood pressure
- High Cholesterol
- Asthma
- COPD
- Cancer
- Depression, anxiety or other mental condition
- Other: _____

18. To better understand how you take care of your health, please tell us how often you have consumed the following during the past year:

	Never	1-2 days week	3-5 days per week	6 or more days per week
Caffeine (Coffee, tea)				
Fresh fruits and vegetables				

Sugary drinks (Regular soda, energy drinks, sports drinks like Gatorade, fruit drinks such as Snapple, Capri Sun and Kook-aid)

Processed foods like yogurt, packaged tortillas, frozen fruits or vegetables)

Ultra-Processed foods like sugar, salt, or fat — examples are chips, sweet cereals, lunch meats like sausage or ham, instant noodles, cookies, candy, frozen pizza, and salad dressings)

Fast food (McDonalds, Burger King, Dunkin Donuts, Subway)

Fried foods (French fries, Fried chicken, Empanadas, Churros)

Alcohol

19. To take care of your health, it is important to eat healthy foods such as fruit, vegetables, fish, eggs, white meat, or olive oil. Please answer the following questions about how easy it is for you to access these foods:

	Strongly disagree	Disagree	Agree	Strongly Agree
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There are places to buy healthy foods in my neighborhood				
I can afford the healthy foods in my neighborhood				

20. In the past 30 days, how often have you used the following products each week:

	Every day	Some days	Not at all
Cigarettes			
Cigar, little cigar or pipe			
Vape or another electronic nicotine delivery device			
Smokeless tobacco (snuff, snus, chewing tobacco or nicotine pouches like Zyn)			
Cannabis (THC, marijuana, weed)			
Other drugs, specify _____			

21. During the past 30 days, outside of your regular working day, how many days a week do you participate in physical activity (walking, running, playing a sport, riding a bike, etc.)

0 days

1-2 days

3-4 days

22. or more

Quality of care in Watonwan County

22. Do you have access to health care information in your preferred language? Yes ____ No ____

Please list your preferred language _____

23. How often do you have trouble understanding medical and health information or instructions?

- Always
- Sometimes
- Seldom
- Never

24. Where do you typically go when you are sick, injured, or in need of health care?

- Medical doctor or nurse at a clinic, hospital, doctor's office, or pharmacy
- Neighbor, friend, or family member who has medical training in their home country but is not in the United States medical system
- Naturalist or homeopathic service
- Other: _____

25. When was the last time you saw a doctor, nurse, or other health professional in a clinic, hospital, doctor's office, or pharmacy in Watonwan County?

- In the previous 12 months
- In the previous 2 years
- In the previous 5 years
- I have not accessed the medical

> Skip to Q28

26. If you have received general care at a clinic, hospital, doctor's office, or pharmacy in Watonwan County, how would you rate the quality of care you received?

- Excellent
- Good
- Fair
- Bad

27. If you have received specialized care (psychiatry, oncology, gynecology, gastroenterology) in Watonwan County, how was the care you received from your specialist?

- Excellent
- Good
- Fair
- Bad

Access and barriers to healthcare

28. Have you ever cancelled a doctor’s appointment or avoided/postponed medical care due to the following:

Cost	Yes	No
Distance to health center	Yes	No
Lack of transportation	Yes	No
Lack of insurance	Yes	No
Lack of time	Yes	No
Lack of childcare	Yes	No
Language barriers	Yes	No
Did not know where to go	Yes	No
Other:		

29. How easy is it for you to access the following healthcare services?

Services	Not easy at all	More or less easy	Easy	Very easy	I have not needed this type of care
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Mental Health Care

Preventative

Screenings

(Mammograms,
Colonoscopies)

Immunizations

IMPACT OF DISCRIMINATION

30. Have you ever avoided seeking medical attention because you feared discrimination?

Yes _____ No _____

31. Do you feel that health care providers respect your cultural background and beliefs?

- Always
- Sometimes
- Seldom
- Never

32. How confident are you that you will receive the same quality of care as others, regardless of race and ethnicity?

- Very confident
- Somewhat confident
- Not very confident
- No at all confident

33. What would make health care better and more accessible for you and your family in Watonwan County?

Additional comments: