Brief Report

Assessment of medical needs of the Hispanic community in Macon-Bibb County, Georgia

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ABSTRACT

Background: Little is known about the health concerns and issues among the Hispanic community in growing, mid-sized cities, such as Macon, Georgia.

Methods: A questionnaire on general health-related issues was given to a sample of 125 Hispanic participants.

Results: The top health concerns of the Hispanic community were diabetes, obesity, and dental hygiene; the most common factors preventing Hispanics from receiving medical treatment were the lack of insurance, language barriers, and copayments or deductibles being too high.

Conclusions: Lack of higher education and the inability to communicate effectively in English may be manifested as difficulties in finding proper information about where to access insurance and healthcare. Therefore, awareness campaigns, more advertising in Spanish, and perhaps increasing the availability of English lessons may be helpful for this population.

Key words: Hispanic, medical care, community, health

https://doi.org/10.21633/jgpha.6.220

INTRODUCTION

Individuals of Hispanic heritage represent over 17% of the U.S. population and are the largest and fastest growing racial and ethnic minority population in the U.S. (U.S. Census Bureau, 2012). Although the Hispanic population in Bibb County is relatively small, its growth has exceeded the rate for the state, increasing by 146% between 2000 and 2014 (Online Analytical Statistical Information System [OASIS], 2016). Despite this rapid growth, little is known about the health concerns and issues that these individuals face, especially at the local level. Therefore, the objective of this study was to identify the major health concerns of the Hispanic population in Macon, Georgia.

METHODS

Institutional Review Board Approval

The questionnaire was approved by the Institutional Review Board of Mercer University, and participant consent was obtained prior to their cooperation in the study.

Participants

A total of 125 adult members of the Hispanic community who resided in Macon, Georgia, participated in the study.

Setting

The study was based on a convenience sample, with surveys administered at two churches (n=63), one family advancement ministry (n=29), two restaurants (n=10), a grocery store (n=8), a health center (n=8), and a Spanish newspaper office (n=7) during March and April of 2016. These sites were identified based on conversations with the director of the local Spanish newspaper (Que Pasa) and Spanish radio station (WMUB), pastors of local churches, and heads of various service agencies.

Data collection, assessment/survey instruments

Participants were asked by a native Spanish speaker to complete a questionnaire on general health-related issues, including several demographic items. The questionnaires were in Spanish and were self-administered. To ensure anonymity, no data on names, addresses, phone numbers, or any contact information was collected. Participation was voluntary and incentivized, in that all participants were entered into a raffle with twenty \$5 and five \$20 gift certificates to local restaurants as prizes.

The questionnaire was based on items adapted from various health surveys (North Carolina Institute of Medicine, 2011; Enloe Medical Center, 2013) and consisted of 50 questions covering participant demographics, community issues and concerns, as well as personal- and family-level health information. This report focuses on the personal health

issues of the participants and their perception of healthcare needs of the Hispanic community. Participants were asked to identify, from a list of 13 conditions, the three main health problems facing the Hispanic community and to list, from a list of 10 possibilities, the three most important factors that prevent people from the community from receiving medical treatment. Participants were also allowed to write in conditions or factors not included in the list.

Statistical Analyses

Descriptive analyses were conducted by use of IBM SPSS Statistics, Version 19. The results are presented as percentages or means \pm SD for the overall population and by gender.

RESULTS

Of 125 participants, 45 (36.0%) were males, 72 (57.6%) were females, and 8 (6.4%) did not disclose their gender. The mean age of the respondents was 38.2 ± 9.3 years (38.7 \pm 10.5 for males and 37.8 \pm 8.6 for females). Most participants (71.4%) did not attend or complete high school (81.8% for males and 65.2% for females), whereas 8.9% (4.5% for males and 12.1% for females) had a high school or professional degree, and 19.6% (13.6% for males and 22.7% for females) had completed some college classes or were college graduates. Most participants reported that they did not speak English well (49.2%) or did not speak English at all (18.6%). The top three health concerns of the participants were diabetes, obesity, and dental hygiene (Table 1).

Table 1. Major health problems in the Hispanic community in Macon, Georgia

Health concern	All	Males	Female
	(n = 125)	(n = 45)	(n = 72)
Diabetes	70.4%	75.6%	68.1%
Obesity	60.8%	55.6%	62.5%
Dental hygiene	42.4%	35.6%	44.4%
Cancer	28.0%	37.8%	22.2%
Heart disease/Blood pressure	22.4%	20.0%	22.2%
Teen pregnancy	22.4%	20.0%	22.2%
Shortage of primary care physicians	16.0%	17.8%	13.9%
Sexually transmitted disease	10.4%	6.7%	9.7%
Respiratory disease/Lung disease	8.8%	11.1%	5.6%
Mental health problems	6.4%	2.2%	8.3%
Infectious diseases (hepatitis, tuberculosis)	5.6%	8.9%	2.8%
Cerebral vascular accident/Stroke	3.2%	0.0%	2.8%
Suicide	1.6%	2.2%	0.0%
Other	1.6%	2.2%	1.4%

The most common factors preventing people of the community from receiving medical treatment were lack of

insurance, language barriers, and copayments or deductibles being too high (Table 2).

Table 2. Main factors preventing people of the Hispanic community in Macon, Georgia from receiving medical treatments

Reasons	All	Male	Female
	(n = 125)	$(\underline{n}=45)$	(n = 72)
Lack of insurance	80.0%	75.6%	84.7%
Language barriers	72.0%	68.9%	72.2%
Copayments or deductibles are too high	45.6%	37.7%	47.2%
Don't know how to find a doctor	37.6%	40.0%	34.7%
Don't understand the importance of consulting a doctor	22.4%	20.0%	22.2%
Fear	18.4%	24.4%	15.3%
Transportation	16.8%	13.3%	19.4%
Lack of available doctors	10.4%	17.8%	6.9%
Religious and cultural beliefs	7.2%	13.3%	2.8%
No problems	0.8%	2.2%	0%

Of the 125 participants, 17.9% reported currently having health insurance (17.8% for males and 19.7% for females). However, 71.1% of the respondents indicated that their children had health insurance. Approximately two-thirds

(63.5%; 66.6% for males and 63.5% for females) of the participants reported having a routine checkup within the past two years, whereas 15.3% of respondents (20.0% for males and 12.1% for females) reported never having one.

DISCUSSION/CONCLUSIONS

The Hispanic community in Macon-Bibb County identified their main health concerns as diabetes, obesity, and lack of dental hygiene. For more than 20% of participants, cancer, heart disease/blood pressure, and teen pregnancy were also of concern. The lack of insurance and language barriers may have prevented them from seeking or receiving medical treatment. Moreover, the lack of higher education (70% reported not having obtained a high school degree) and a deficiency in English literacy, reported by 67.8% of participants, may have contributed to this problem. Although services are available to address these issues (e.g., Family Advancement Ministries, local WellCare Health Plan branch, and First Choice Primary Care), more than 35% of participants reported that not knowing where to find a doctor was a limiting factor that prevented them from obtaining medical treatment. Offering English lessons; promoting awareness campaigns in Spanish; informing and engaging the broader non-profit community and local agencies (e.g., March of Dimes, Susan G. Komen, Rehoboth Dental Clinic, and local churches) on the importance of creating brochures and other materials in Spanish; and advertising at local Hispanic events, such as health fairs and festivals, may aid the Hispanic community in order to obtain proper healthcare and thereby promote health equity.

Acknowledgements

We want to thank the Quality Enhancement Plan at Mercer University for providing some incentives for the study. We would also like to express our gratitude to the participants who contributed their time and effort to filling out the questionnaire, to the other individuals who were involved in supporting the study and to the agencies and institutions that allowed us to use their locations.

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