

Summary Report of Findings

From the Hispanic Health Assessment Survey

Produced For The

SC Department of Health and Environmental Control

Diabetes Prevention, Tobacco Prevention and Control

Produced By

The SC Commission for Minority Affairs

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Introduction

The South Carolina Commission for Minority Affairs (CMA) in collaboration with the South Carolina Department of Health and Environmental Control entered into a contract agreement to provide the following: 1) A Health Needs Assessment Tool specific to CMA minority populations; 2) Serve on the Advisory Council, and 3) To provide a report on the findings of the survey among each of the target minority groups.

The CMA has developed a culturally and appropriate health needs assessment tool that was utilized to reach out to the specific target populations. The health needs assessment tool was approved by the South Carolina Department of Health and Environmental Control –Division of Diabetes and Tobacco Prevention. Each tool has been tailored to meet the needs of each target group: Hispanic/Latino, Native American and African American.

This report includes the findings obtained from surveys disseminated to the Hispanic/Latino population only. The process that was undertaken to complete this report will be outlined with the following information: Development of the Assessment Tool, Methodology and Procedures, Data Analysis, and Findings of the Health Assessment Needs Tool.

Development of Health Needs Assessment Tool

The CMA had already developed a Health Needs Assessment Tool that had been utilized to survey the Native American community. Although this survey was comprehensive in nature, it did not reflect the information that needed to be obtained for purposes of this grant, nor did it reflect the unique questions that would allow us to obtain demographic and health information from the Hispanic/Latino community.

As a result the CMA invited a group of health care leaders within the Hispanic community to help review and develop a comprehensive yet simple health assessment tool to obtain information specific to Diabetes and Tobacco use among the Hispanic/Latino population. This committee ¹ is comprised of representatives from the South Carolina Hispanic/Latino Health Coalition, Good Samaritan Clinic, Lexington County Parent Center, Greenville County Safe Kids, and Perinatal Awareness for Successful Outcomes (PASOs) Program and the USC-Consortium for Latino Immigration Studies. The committee met and provided input on changes

¹ Hispanic Leaders -Names appear in order of agency listed above: Dr. Deane Messias, Dr. Lidia Navarrete, Maria Arroyo, PhD, Lillian Garcia, Julie Leone, and Edena Meetze, PhD.

and revisions that needed to be made. A draft with recommended changes was resubmitted to the committee for a second review. As a result a finalized draft was completed.

Methodology and Procedures

Geographic Area

Once the survey was completed a determination was made as to where the surveys would be administered and the sample size of surveys that would need to be collected.

Data was obtained from the U.S. Bureau of the Census American Community Survey and consideration was given to those counties with the highest concentration of Hispanics.² After careful review and time frame limitations the research team decided to divide the state into the Upstate, Midlands and Low Country regions. Surveys would be administered in any of the counties within a region. This allowed the research team greater flexibility than if we had chosen specific counties to administer the survey tool. Completing the survey tool in some of the specific county areas would have been challenging as we may not have had a contact person who would lead us to working with the Hispanic community.

Surveys were conducted in the following geographical counties and areas of the state: Greenville, Richland, Lexington, Myrtle Beach, Hilton Head Island, Bluffton, North Charleston, Kershaw County, Dorchester, and Sumter.

The Health Needs Assessment was conducted by one-on-one interviews and via telephone. Ms. McElveen had a team³ of individuals from across the state that assisted in the survey process. The surveyors were known leaders within their communities which helped to facilitate the survey process.

Methodology

The SC Commission for Minority Affairs utilized the online sample size calculator⁴ to determine the sample size that would be utilized for this target group. Demographic information on the total number of the Hispanic/Latino population in South Carolina was obtained from the SC Budget and Control Board -SC Community Profile. The formula utilized to calculate sample size is based on the Hispanic population in South Carolina of 183,981. Our margin for error based on a sample size of 150 surveys is 8%. Based on this information our confidence level

² The American Community Survey provides statistics for cities or counties with a total population above 65,000. For counties with a population below 65,000, the 2000 Census was used.

³ Interviewers: Sandy Nieves, Nilsy Rapolo, Maria Arroyo, Socorro White, Eric Esquivel

⁴ RAOSOFT-www.raosoft.com/samplesize.html. The formula can be provided upon request.

was at 95%. Information will be entered in an Excel spreadsheet and then calculated for complete analysis of the findings.

Organizations that helped facilitate the survey process are as follows:

- Good Samaritan Clinic-Richland
- Lexington Parent Center
- Wellness and Beyond, Life Coaching Services, LLC
- La Isla Magazine-Hilton Head Island
- Tienda El Don Juan-Hilton head Island
- City of West Columbia
- Myrtle Beach Business- USA Services
- Safe Kids- Greenville Hospital Systems
- Café Cultura-Simpsonville
- Bilingual Connections-Myrtle Beach

The following procedures were undertaken to complete the survey process:

- Review of Health Needs Assessment with CMA staff and DHEC staff
- Revisions made per DHEC to the Needs Assessment by the DHEC staff
- Hispanic Health Committee was formed to revise the needs assessment specific for the Hispanic population
- Revision of the Health Needs Assessment were made and final survey completed
- Population and geographic area was reviewed by the CMA staff to determine sample size
- A calendar for travel to geographic areas to conduct surveys was determined
- Key Stakeholders were contacted for assistance
- Surveys were conducted in a variety of settings(Medical Clinic, Hispanic stores, school, and Hispanic organizations)
- One- on- One interviews were conducted across the state
- Telephone interviews were also conducted where face-to-face surveys were difficult to obtain
- Surveys were entered in Excel spreadsheet by volunteers⁵ and CMA staff
- Analysis of data was conducted by the Research Program Manager at the CMA
- Final Report of findings was prepared

Unique Challenges

⁵ Volunteers from University of Florida entered Part I (Demographic) of the Health Needs Assessment survey. Part II was entered by CMA staff.

During the survey process there were some unique challenges to getting the surveys completed and having individuals participate in completing the surveys. Incentives would have facilitated the process however the collaboration and partnership with leaders across the state provided more help to facilitate the process. In the Upstate region, individuals had concerns and questioned whether this survey was part of the US Census.

Some individuals agreed to answer questions for the survey but some were hesitant once the questions began. Some of the responses to the survey were not obtained as the individual choose not to answer all the questions or did not see the relevance in answering certain questions. The findings of the survey may indicate they did not understand why we needed to know certain information such as number of people living in the home, birth date, and any demographic information. Information regarding specific health questions did not appear to be a problem however demographic information was not well received.

Data Analysis

In order to analyze the surveys collected by the staff and organizations, the data obtained was entered into Microsoft Excel. Because of the way that the survey instrument was constructed through questions and statements, the final data was divided into two spreadsheets:

1. **Spreadsheet on Demographic Information** – this spreadsheet contains the following survey response information:
 - Personal and Household Information
 - Race and Ethnicity – including country of birth, state, length of time in the United States
 - Language Spoken in the Home
 - Marital Status
 - Type of Housing and Persons Living in the Home
 - Employment Status and Type of Work
 - Whether the respondent receives Public Benefits
 - Transportation Ownership, Access and Utilization
 - Communication Access (Home of Cell Phone), Computer and Computer Access

2. **Spreadsheet on Health and Health Care** – this spreadsheet contains the following survey response information:
- Whether the respondent has visited the doctor within the past twelve months
 - Whether the child(ren) has had a doctor visit within the past twelve months
 - Where was the doctor visit conducted
 - Purpose of the doctor visit
 - Availability of an interpreter and who provided the interpreter service to assist the family in the doctor visit
 - Whether the respondent and their dependents have medical insurance
 - Place of where the respondent seeks medical care
 - Listing of Medical Conditions and Medical History
 1. Selection of specific (health) conditions
 2. DHEC-CDC Health and Medical Conditions
 - a. Diabetes
 - b. Pre-Diabetes
 - c. Tobacco Use: Cigarettes
 - d. Tobacco Use: Smokeless Tobacco-Dip
 - e. Tobacco Use: Smokeless Tobacco-Snuff
 3. Smoking-Length of time smoking or using tobacco, whether individuals in the household smoke
 4. Prevalence or Diagnosis by a Medical Worker of Diabetes
 5. Whether the respondent or a household member has been told that they are diabetic or at risk for diabetes
 - Women's Health Status
 1. Selection of specific (health) conditions
 2. Number of children delivered in the past year

3. Whether the mother was diagnosed with borderline or gestational diabetes
4. Prenatal health behaviors of the mother

The remainder of this document provides an analysis of report findings from the Health Assessment Survey of the Hispanic population.

Report Findings

Report Findings on the Demographic Information

Chart 1 provides a summary of overall information from the Hispanic Health Assessment Survey.

Chart 1: Summary Information from the Hispanic Needs Assessment Survey

Information on the Health Assessment	Total	Percent
Survey Administered	137	100.0%
Completed Surveys	126	92.0%
Male ⁶	37	29.4%
Females ⁶	89	70.6%
Number of SC Counties in Which Surveys were Administered and Completed	8	100.0%

The total and percentage statistics reveal that:

- The Health Assessment survey was administered within the top eight counties in which the Hispanic population was highest

⁶ Percentages are based on the number of completed surveys

- Approximately one out of every three surveys (29.4%) was completed by men
- Seven out of ten surveys (70.6%) were completed by women

Age, Race and Ethnicity

Data obtained from the completed Health Assessment Surveys for the Hispanic Population reveal important information regarding the Hispanic population. First, Hispanics can represent any racial category. Of the entire sample of surveys completed, none of the respondents specified a particular race. However, each respondent who completed the entire survey did specify which ethnic group and country of origin in which they belong.

Key findings of age, race and ethnicity from the Hispanic Needs Assessment include:

- The average number of persons within each household was two persons; with the highest number persons within a household being four persons.
- The average length of time in the United States given by respondents was 11.2 years. The average length of time in South Carolina was 7.0 years.
- The average age of the respondent completing the survey was 38.14 years. Also:
 1. The youngest respondent completing the survey was 21 years of age.
 2. The oldest respondent completing the survey was 70 years of age.

Individual respondents completing the Health Assessment Survey represented five (ethnic) countries as shown in Chart 2. Chart 2 reveals that slightly more than six of every ten surveys completed were from a person from the country of Mexico. One of every five surveys completed was from an individual of Hispanic Origin from another country, while one of every eight surveys (12.4%) was completed by a respondent from the country of Colombia. The remaining country of origin totals and percentages are provided in the chart.

Chart 2: Ethnicity Information and Country of Origin of Persons

Completing the Health Assessment

Ethnicity/Country of Origin	Total Surveys Completed	Percent of Surveys Completed
Total Completed	129	100.0%
Mexican	80	62.0%
Puerto Rico	4	3.1%
Cuban	3	2.3%
Guatemala	0	0.0%
Colombia	16	12.4%
Other ⁷	26	20.2%

Language Spoken at Home and Marital Status

Survey respondents were asked to provide information regarding the predominant language spoken at home. These findings are listed as follows below based on a total of 139 responses. Note the total respondents for the predominant language spoken at home are greater than the total number of completed surveys. This indicates that individual respondents were bi-lingual, or spoke Spanish and (at least) one other language.

Predominant Spoken Language	Total Responses	Percent of Responses
Spanish	121	87.1%
English	10	7.2%
Other	8	5.7%

Marital Status – the total and percentage of respondents by marital status for those completing the Needs Assessment were as follows:

⁷ Note: Other countries of origin of the Survey respondents include Costa Rica, El Salvador, Honduras, Nicaragua, Peru, Dominican Republic, and Uruguay.

Marital Status of Respondent	Total Responses	Percent of Responses
All Respondents	131	100.0%
Single	27	20.6%
Married	75	57.3%
Divorced	10	7.6%
Common Law	14	10.7%
Live In Partner	5	3.8%
Widowed	0	0.0%

Housing and Household Status

Respondents were asked to provide information on the Health Needs Assessment Regarding Housing (living arrangements) and the age of family members averages were computed for the age(s) of the parents, as well as the ages of those living in the home (children, friends, etc.).

Housing arrangements consisted of houses, apartments, mobile homes, and other (non-specified) living arrangements. Respective totals and percentages were as follows:

Type of Housing (Living Arrangement)	Total Responses	Percent of Responses
House	27	21.4%
Apartment	60	47.6%
Mobile Home	38	30.1%
Other	1	0.8%
Total Survey Population in Housing:	345 Persons	
Average Age of Housing Respondent:	20.4 Years	
Average Age of Persons Living in the Home:	20.8 Years	

A total of 345 persons resided in some types of housing or living arrangement among the Hispanic population surveyed. The average age of the respondent completing the survey was 20.4 years of age. This could reflect that persons of younger age were best suited to provide complete answers for the entire survey assessment.

Employment Status, Weekly Earnings and Benefits

Survey respondents were asked to provide information regarding their current employment status, weekly earnings, and whether or not they received any type of governmental and related benefits. This information is summarized as follows:

- 83 of 134 respondents (61.9%) stated that they were currently employed at the time the Assessment Survey was administered
- 51 of 134 respondents (38.1%) stated that they were currently unemployed
- Average weekly earnings among those respondents who were employed at the time the Assessment Survey was administered was \$345.90 per week, or approximately \$17,987 annually.
- In regards to governmental benefits received:
 1. 41.5% of respondents (56 of 135) stated that they did receive governmental assistance compared to 58.5% who receive no assistance
 2. Governmental Benefits received include
 - SNAP (Food Stamps) – 24 respondents, 25.3%
 - WIC – 20 respondents, 21.2%
 - Medicaid – 45 respondents, 47.4%
 - SSI-Disability – 5 respondents, 5.3%
 - Other Benefits (Not specified) – 1 respondent, 0.01%

Transportation – Communication

The final section of the collection demographic information for the Health Assessment involved the following areas: (1) access to transportation, and (2) an identification of forms of communication for the Hispanic population. Totals and percentages are provided below for those respondents completing the Assessment Survey.

For respondents indicating transportation access:

- Own a Personal Vehicle: 99 of 136 respondents (72.8%)
- Someone else in the Household Owns a Personal Vehicle: 87 of 125 respondents (69.6%)

Primary Mode of Transportation:

- Car – 129 of 138 respondents (93.5%)
- Public Transportation – 1 of 138 respondents (0.7%)
- Taxi – 1 of 138 respondents (0.7%)
- Bicycle – 3 of 138 respondents (2.2%)
- Walking – 4 of 138 respondents (2.9%)

For respondents providing answers to the statements regarding communications:

- 128 of 136 respondents, (94.1%) stated that they had a working phone or cell phone.
- 62 of 136 respondents (45.6%) indicated that they had a working home computer.
- 52 of 133 respondents (39.1%) indicated that they had internet access; with 22 or one-of-every six total respondents that they did have access to a computer with internet service.

Report Findings on the Assessment Regarding Health and Healthcare

The last section of the Assessment Survey requested information from the Hispanic population regarding their access to health and healthcare. The remainder of this document provides a summary of assessment findings.

Information Regarding Routine Health Visits to the Doctor

The first set of health questions asked to respondents sought information regarding the following:

- Whether the respondent sees a doctor on a routine basis when someone is sick.
- Whether a health service was utilized within the past twelve (12) months

- Whether a child was taken to the doctor in the past twelve (12) months
- Place of the last doctor visit

Of those individuals completing the questions:

- 42.0% of respondents indicated that they have seen a doctor when someone is sick (58 of 138 persons responding)
- 58.3% of respondents have seen a doctor within the past 12 months (77 of 112 respondents)
- 71.0% of respondents had taken their child to the doctor (66 of 93 respondents)

In regards to where did the respondent go to visit the doctor,

- 18.3% of respondents (23 of 126) saw the doctor in the emergency room
- 53.2% of respondents (67 of 126) went to a doctor's office
- 3.2% of respondents each (4 of 126) went to an urgent care or other place to see the doctor
- 22.2% of respondents (28 of 126) saw the doctor at a Free (or Reduced Price) Clinic.

Most of the visits to the doctor were for routine well or sick visits, or treatable illnesses based on routine or seasonal events (colds, sinus, immunizations for the flu, H1N1, and sick or well baby visits).

Need for and Use of Interpreter Services

In some cases, language barriers can create problems for members of the Hispanic population to receive medical services. The next set of statements provides statistics on the need for interpreter services, as well as the provider of those services. In regards to respondents completing the assessment survey,

- Sixty (60) of 118 respondents (50.8%) indicated that they needed an interpreter
- Fifty-two (52) of 74 respondents (70.2%) indicated that an interpreter was provided
- Seven (7) respondents indicated that they were individually responsible for providing interpreter services.

Medical Insurance - Sources of Medical Care

The next section of the Health Assessment collected information on which respondents indicated that they have medical insurance for themselves or their dependents. The findings are as follows:

- Only 16 of 135 respondents (11.9%) indicated that they currently have health insurance
- Of those with insurance for their dependents, 70 of 105 respondents (66.7%) indicated that they did have dependent care insurance. In most cases, this insurance was on the child or children within the family.

Respondents were also asked about where they would go to receive medical care for themselves or their dependents. Overall, respondents had a difficult time providing one answer. This was due to the fact that each medical situation was unique for individual respondents and members of their families. However, respondents did carefully consider where they could obtain the medical care services for themselves and family members. A total of 125 persons provided response information for this portion of the Assessment Survey.

The findings reveal that:

- 21.69% or 27 respondents sought medical care in the Emergency Room
- 36.0% or 45 respondents utilized the Doctor's office or a personal physician for medical care
- 30.4% or 38 respondents utilized a Free or (Reduced Price) Clinic for medical care
- 2.4% of respondents utilized an Urgent Care facility
- 3.2% of respondents utilized the local Pharmacy for medical care

Medical Conditions

The last major section of the Hispanic Health Assessment sought information on various medical conditions experienced by the respondents to the Assessment Survey. Medical conditions receiving the highest responses as reported by the respondents themselves include the following health problems:

1. Diabetes (11) and Pre-Diabetes (10) respondents
2. Depression (19)
3. High Cholesterol (13) respondents

4. High Blood Pressure (22) respondents

DHEC Specific Response Information from the Hispanic Population

A key component of the Assessment Survey on the Hispanic Population was to collect information pertaining to diabetes, smoking and tobacco use by type among the Hispanic population. Key findings are summarized within this section of the Report.

Smoking and Tobacco use

Overall, only 31 respondents indicated that tobacco use was prevalent within the Hispanic population. This represents approximately one of every four respondents who completed the Assessment Survey: Specific tobacco use indicated by the respondents includes:

- Cigarettes – 12 respondents
- Snuff – 8 respondents
- Other tobacco products not specified – 11 respondents

In addition to the risk of smoking, respondents were also asked to indicate whether or not they or someone in the household have been diagnosed as diabetic by a medical worker or physician, or were officially determined at risk for diabetes based on a diagnosis from a medical worker or physician. Of the entire sample of 137 persons surveyed, not all persons surveyed answered the statements on tobacco use and diabetes diagnosis. However, the information provided by the respondents indicates that:

- 40.9%, or 56 (of 137) respondents were told that they have diabetes
- 68.6% or 59 (of only 86) respondents were told that someone in their household were at risk for becoming diabetic.

In regards to the length of time of tobacco use, respondents indicate times as small as three months, and as long as twenty-five to thirty years. The average length of time provided by respondents who indicated a length of time is seven years. This average however, was subject to wide variation, and would need to be tested using empirical methods.

Survey Responses for Women Only

The last section of the Hispanic Health Assessment Survey requested response information from Hispanic-Latino women only regarding prenatal health and risks for diabetes. Findings from this section reveal:

- Only 5 of 51 women respondents surveyed (9.8%) indicated that they had been pregnant in the past year
- A total of six children were born to the five women who stated that they experienced a pregnancy within the past year. One respondent stated that she had twins. One respondent experience a miscarriage of a child within the past year. Three of the answers provided by respondents were mistyped, making it difficult to determine if the women respondents actually had a baby.
- In regards to gestational or borderline gestational diabetes:
 1. Only 3 women reported that they had experienced gestational diabetes
 2. 29 of 32 women were not diagnosed as having gestational diabetes.

This section of the Assessment Survey may require additional follow-up due to the uncertainty of the level of understanding by those women who responded to the survey.

- In regards to prenatal health at some time during pregnancy:
 1. 37 respondents (88.1%) indicated that they did not smoked while pregnant
 2. 38 respondents (90.4%) indicated that they did not drink while pregnant
 3. 37 respondents (88.1%) indicated that they did not take any illegal drugs while pregnant.

Summary

This report has provided a summary and analysis of data collected from a random survey of the Hispanic Latino population. The Hispanic population is a growing population in South Carolina, and is prevalent in several metropolitan and rural counties. Care was undertaken by the staff of the Commission to account for this in the administration and collection of survey data. In collaboration with DHEC, and the securing of additional funding, the staff of CMA is planning to collect data on the health conditions from the Native American population. This data will be used to provide information to DHEC staff regarding the incidence of tobacco use and the presence of diabetes within the Native American population. Where possible, the staff of CMA will work in partnership with DHEC staff to provide additional assistance in outreach to other communities where both the Native American and Hispanic populations reside in South Carolina.