Title - Socioeconomic Status and Barriers Influencing Healthcare Access among Hispanics in Central Virginia

Program of Study – Public and Community Health

Presentation Type – Choose one of the following: PowerPoint AND Print Poster, PowerPoint (Remote)

Mentor(s) and Mentor Email - Dr. Oswald Attin (omattin@liberty.edu)

Student name(s) and email(s) – Dominique Richburg (drichburg2@liberty.edu); Olushola Ogunleye (ooogunleye@liberty.edu); Bethany Schaeffer (bmschaeffer@liberty.edu); Leslie Omoruyi (leomoruyi@liberty.edu)

Category – Choose one of the following: Basic, Applied, Theoretical Proposal, Textual or Investigative, Creative and Artistic. See category descriptions for more information.

Abstract: Evidence shows that low-income populations often have poor health-related quality of life. Health disparities are even worse among minority populations. Within the last two decades, the Hispanic population has been the principal driver of demographic growth in the United States. It is the most populous ethnic minority in the United States with an estimated 56 million people in 2014, and projected to reach 76 million by 2050. This study aims to increase understanding about socioeconomic determinants of health among Hispanics in Central Virginia to enable appropriate culturally-sensitive interventions by relevant stakeholders. Using a self-administered questionnaire, a cross-sectional survey of 100 participants from the Hispanic community in Central Virginia was done in April 2016. Research hypotheses were as follows: 1) socioeconomic status is a major determinant of access to healthcare, 2) barriers to healthcare services influence preventive health behaviors in this population. Chronic health conditions were the most commonly reported health problems. Among those who accessed preventative
healthcare, a long waiting list and racial discrimination were problems most commonly encountered at health facilities. With almost two-thirds (64.2%) earning household income \( \leq 30,000 \), the cost of healthcare and lack of medical insurance were the major barriers to seeking healthcare. The Chi-square analysis showed there was statistically significant evidence at \( \alpha = 0.05 \) that household employment problems varied by gender (\( \chi^2 = 38.930; p = 0.028; \text{df} = 14 \)) and that the healthcare facility accessed varied by household income level (\( \chi^2 = 81.622; p = 0.002; \text{df} = 35 \)). In addition, there was statistically significant evidence at \( \alpha = 0.05 \) that barriers to seeking healthcare varied by household income level (\( \chi^2 = 64.549; p = 0.002; \text{df} = 25 \)). Multiple factors interact significantly as a blend of social determinants that can be targeted in interventions to improve the healthcare-seeking behavior and access to healthcare among this population. Future studies will be done to assess Hispanic healthcare status, healthcare access, and socioeconomic barriers instead of immigration and household status. This future study will also address other Hispanic populated areas in Virginia and not solely the Central area of Virginia.