

# **Latinos with Diabetes: A Sub-Ethnic Exploration of Health Values and Beliefs**

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(Key words: Sub-ethnic Latinos, diabetic education, health beliefs)

## **Purpose:**

Since 1990, the number of Latinos in a suburban metropolitan county in northwest Georgia grew by 400 percent, and currently Georgia has the highest rate of Latino immigrants in the southeast United States. As for their health, Latinos have a higher rate of diabetes than does the general population. The purpose of this research is to explore the health beliefs and values of various Latino sub-ethnic groups in order to develop a culturally congruent diabetic health care program for them.

## **Method:**

The authors conducted four separate focus groups (8 participants each), each representing one of four Latino sub-ethnic groups-- Mexican, Guatemalan [Mayan], Colombian, and Puerto Rican. Discussion centered on their health beliefs, values, and practices.

## **Findings:**

There were commonalities and differences expressed among the different ethnic groups. For example, all groups stated that the cost of medical care and lack of Spanish-speaking providers are barriers to health care, and all groups reported that health was very important to them, with diabetes being a major health problem. Examples of differences are: The Mexicans stated that their most common health problems are alcoholism and drugs. The Mayans talked about stress and the need for mental serenity. Many do not speak Spanish or English. In contrast to the other groups, the Mayans state that the man is the medical decision maker for the family. The Colombians also talked about stress and said that the main problem with coming to this country is the feeling of being uprooted from ones own country. The Puerto Ricans reported that they are more bilingual and have higher educational levels than do other Latinos; also they are citizens of the USA.

## **Discussion:**

These Latino cultural differences and commonalities can be utilized when planning and implementing diabetes education for the different groups—making the education more effective. Also, the Latino person with diabetes can be viewed as a potential “door” to that person’s sub-ethnic community for community health education.

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