

REDUCING STIGMA FOR BETTER HEALTH OUTCOMES AMONG HISPANICS WITH HIV/AIDS

HIV/AIDS is an important public health problem in the United States. Although HIV rates decreased since the early years of the epidemic, the spread of HIV continues to increase among ethnic minority groups. People living with HIV and AIDS face many challenges resulting from how others understand the disease. Lack of knowledge, fear, and many other factors create a social stigma, which can be harmful to those living with this disease. For example, those who report feeling disgraced by the disease may experience poor quality of life, may be more likely to have risky behaviors, and less likely to take HIV medications.

Today, more and more attention is being paid to the effects HIV-related stigma has on those who experience it. Social stigma has been linked to poorer physical health, weaker social relationships, and worse psychological functioning. Ethnic minority groups may be

especially at risk for the negative impact of this stigma. Hispanics report higher levels of HIV-related stigma, even when compared to other ethnic groups. Due to the 33% increase in HIV infection among Hispanics between 2001 and 2004, it is important to focus our attention on this population when examining factors such as stigma that may contribute to HIV risks and outcomes.

Our study explored the effects of stigma on low-income Hispanics living with HIV in San Diego, California. We examined the relationship between stigma and quality of life; stigma and social support; and stigma and health outcomes in 160 study participants. Results showed that participants reporting higher levels of stigma had significantly lower levels of psychological and physical functioning, lower social support, and greater interference with their daily activities. These findings highlight the need for additional research to under-

stand the types of stigma faced by Hispanics and to address how to effectively help those with stigma experiences.

Increasing public awareness around the HIV epidemic in ethnic minority groups and the impact that stigma can have may lead to better health outcomes and better quality of life for Hispanics living with HIV/AIDS. Proper identification of HIV-related stigma could lead to the creation of programs that address these mistaken beliefs and could positively affect treatment and prevention efforts for Hispanics and all people living with HIV in the United States.

Source: Concerns about Stigma, Social Support, and Quality of Life in Low-income HIV-positive Hispanics

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MEASURING RACIAL DISCRIMINATION

Racial discrimination or unfair treatment could worsen the health of African Americans. To know whether it does or not, researchers need tools to measure discrimination. Since discrimination is not a simple thing, these measures must account for the many ways it could occur. The day-to-day occurrences and the level of discrimination over one's lifetime could act differently on health. Few studies have determined whether the measures used to assess discrimination in African Americans are accurate. This paper reports on

the development and testing of the measures of discrimination used in the Jackson Heart Study (the JHSDIS measure).

Using data from the Jackson Heart Study (JHS), we examined whether the JHSDIS instrument appropriately measured perceived discrimination in a sample of 5,302 African Americans in the tri-county area of the Jackson, MS metropolitan statistical area. We tested different parts of JHSDIS instrument, such as the level to which discrimination occurred, how often it occurred, what might be causing it

(eg, race, height, etc.), and how one coped with it (eg, speaking up, praying, etc.). We also measured the level of lifetime burden caused by discrimination and the degree to which one's skin color was a determinant of unfair treatment.

We found that the JHSDIS instrument measured perceived discrimination very well among African Americans in the JHS. Our analysis also confirmed that the JHSDIS represented 11 factors that validated its unique aspect of measuring perceived discrimination.

By using an accurate measure such as the JHSDIS, researchers can be sure they are properly measuring discrimination. This will help to explain health disparities between African Americans and Whites, particularly in the state of

Mississippi which has the highest rate of heart disease mortality in the nation.

Source: Development and Psychometric Testing of a Multidimensional Instrument of Perceived Discrimination

Among African Americans in the Jackson Heart Study

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WHY DO PARENTS OF CHILDREN WITH ASTHMA USE THE EMERGENCY ROOM?

The purpose of this study was to find out why California's parents of African American, Latino, and White children used the emergency departments (ED). We looked at data from the 2001 California Health Interview Survey (CHIS) to examine parental reports of ED use by their children (aged 1 to 11 years) with asthma.

An overall sample of 1,313 children with asthma was studied. We found that

Whites and African American children were almost 2 times more likely to use the ED for their asthma as compared to Latinos. We found that more use of ED was linked to the severity (mild, moderate, and severe) of symptoms, having private health insurance, being from a single-family home, and childhood disability factors. We concluded that health insurance type, being from a single-parent home and asthma severity and dis-

ability predict the use of emergency department for African American, Latino, and White children with asthma in California.

Source: Disparities and Predictors of Emergency Department Use Among California's African American, Latino, and White Children with Asthma, Aged 1–11 Years

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WHAT DO AFRICAN AMERICAN TEENS UNDERSTAND ABOUT HIGH BLOOD PRESSURE?

Since the early 1980s, researchers have shown that high blood pressure can appear in children and that this happens more often in African American children than White children. Today African American teens, especially young men, are twice as likely as Whites to have high blood pressure. Helping young African Americans learn how to prevent high blood pressure before middle age may offer the greatest hope of reducing death and disability from heart attacks and strokes.

We are interested in tailoring high blood pressure prevention programs to young African Americans. To learn what they understood about high blood pressure, we interviewed 58 African American men and women between 17–20 years old who were at high or low risk of developing high blood pressure. Through these interviews, we learned what they knew about the risk,

prevention and effects of having high blood pressure. They also told us how aware they were of their own family history of hypertension and if they thought they were at risk of developing the condition. Finally, they shared their thoughts on their own health education and how it could be improved.

In our findings, "low risk" teens saw high fat diet and fast food as causing high blood pressure while the "high risk" teens saw diet and daily stress equally as important. About half of the teens mentioned family history, salt intake, and exercise. Few, if any, were aware that being African American and male increased the risk of high blood pressure and that being overweight, smoking and drinking alcohol contribute to one's risk.

Awareness of high blood pressure differed by sex and risk group. Young women were more aware of their mother's history of high blood pressure

and understood that once hypertension develops it can not be cured. With the exception of "high risk" women, few teens had any idea what a normal or high blood pressure reading was and few recognized their own personal risk. Most were unaware that someone can not tell when they have high blood pressure from headaches or other physical symptoms and that blood pressure must be measured by a doctor to be diagnosed. Finally, most believed that once developed, medicine was the most important way to treat hypertension.

The results showed that all teens were aware of the seriousness of high blood pressure and understood that heart attacks and strokes are its consequences. They felt that their own health education had focused exclusively on sexually transmitted diseases, illegal drug use, and unsafe sex and that important information about chronic

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disease was absent. These findings emphasize the great need and opportunity for tailored blood pressure education for African American teens. Future research will focus on the best ways to talk to teens about high blood pressure risk,

screening and prevention, and to teach them to care about being healthy now.

Source: Views of Hypertension among Young African Americans Who Vary in Their Risk of Developing Hypertension

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UNDERSTANDING PHYSICAL ACTIVITY PROGRAMS FOR FIRST NATION POPULATIONS

The health of adults in the First Nation is marked by higher rates of obesity, diabetes and cardiovascular disease. Recent research has shown that about half of the population is inactive.

Before physical activity programs can be developed to help address these health issues, research needs to be completed that identifies the factors that influence or motivate First Nation adults' choices to be active. Models are often used to try to explain these influences and frequently combine both social and cognitive elements. The Theory of Planned Behavior (TPB) is one well-established model that has guided programs to improve levels of physical activity. To our knowledge, however, the TPB has never been used with First Nation communities despite the value it has shown when used with the general population.

The purpose of this pilot study was to explore the effectiveness of the TPB in explaining First Nation motivations to be physically active. We also wanted

to find out more about physical activity and beliefs of First Nation adults. We used focus group or sharing circle methods.

We found some value in using the TPB to understand physical activity patterns in the First Nation population. Questionnaire responses showed that First Nation motivations to be active are similar to the general population. Physical activity programs that focus on enjoyment and offer participants some control over the activity may be most effective. Our data showed that First Nation adults engaged in various types of physical activities, culturally relevant (for example, pow wow dancing) or otherwise (for example, softball).

Although not all participated in cultural activities, these activities were still being performed in the community. We found that more emphasis on cultural or traditional activities which connected them with nature and their history, would be welcome. Outdoor

activities have been shown to improve enjoyment and First Nations' traditional activities, many with close association to the outdoors, may be an excellent blend.

Beliefs about being in control are often tied to access, so it seems sensible that programs also consider the types of activities that are easy to perform, conveniently located and have few barriers (for example, unattended dogs). Further, the focus groups revealed that First Nation adults have a holistic view of physical activity and so program design must consider addressing multiple physical, psychological, social and cultural needs. Overall, the findings support the return of First Nations' physical activity behaviors to traditional roots and culture.

Source: Physical Activity Behaviors and Motivations in an Adult First Nation Population: a Pilot Study

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LOW-INCOME OVERWEIGHT AND OBESE BLACK WOMEN MORE LIKELY THAN NORMAL WEIGHT WOMEN TO BE EMPLOYED

The Temporary Assistance for Needy Families (TANF) program is a state-federal partnership program that is the primary "welfare" cash assistance program for needy families. Its primary goal is to move individuals quickly from welfare to work; participation is time-limited. As time limits approach, one

concern is that being overweight interferes with holding a steady job. We wanted to find out if being overweight is a barrier to employment, as many people think.

To our surprise, our study found that overweight African American women and obese Caribbean Black women

were *more* likely than normal weight welfare recipients to be employed. Overweight, but not obesity, was an employment barrier only among White women receiving welfare.

One explanation for these sharply contrasting results is that important social and cultural differences are at

work, shaping differing outlooks for overweight women and differing patterns of societal response. Considering the issue from a cultural perspective, some theorists have argued that African Americans respond more favorably to higher weight levels than do Whites, and that women at higher weight levels find greater acceptance. These normative beliefs can translate into a greater sense of personal comfort and self-confidence when in the workforce. Thus, overweight and obesity were positively linked to employment both

for African American and Caribbean Black women, suggesting that the Black communities of both groups demonstrate this greater acceptance of higher levels of weight for Black women.

More research is needed on employment barriers facing women receiving public assistance. Reducing unemployment may decrease the taxpayers' burden on public programs such as Medicaid, emergency room visits for related health conditions, rising unemployment rates, and on other public services designed to serve low income citizens.

In carrying out studies, researchers must recognize the critical role of culture. It is our hope that this research leads to more research on Black populations and takes into account the many cultural differences affecting welfare participants as they enter the workforce.

Source: Increasing Body Weight and the Transition from Welfare to Work: Findings from the National Survey of American Life

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