Health Education for Vulnerable Populations–Programming and Research Implications

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Race, Ethnicity & Culture

Definitions

- Race - Simplest definition
  - Measure of skin color or physical appearance
  - In some instances cultural heritage & language
- When using this, we miss much
- Disparity is rarely caused by such physical/color/cultural differences
- Race/ethnicity used as **proxy measure**
  - To measure other factors that better explain differences

National Trends

- National initiatives to reduce disparities
  - Surgeon General– priority
- Even apart from SES issues also disparities
  - Need to be addressed
- Use of term "minority" is becoming inapplicable as minority groups grow
  - Minority population grew 31%
    - From 24% in1990, to 30% in 2000, to 35% in 2010 of US population
    - Hispanics & Asians grew the fastest

National Trends continued

- Diversity
  - % of times that two randomly selected people in a specific area would be of different racial & ethnic backgrounds
    - 49%
  - Varies by location in US
    - Most diverse- western and southern states
    - Most increase in diversity- Midwest, Northwest & Southeast

Vulnerability & Health

What is Vulnerable?

- Webster's definition
  - "capable of being wounded"
  - "open to attack or damage"
- Susceptibility to poor health
  - Who are they?
  - Link between minorities and vulnerability – Why?

Research and Policy

- Tend to focus on distinct subpopulations
  - Racial or ethnic minorities
  - Uninsured
  - Children
  - Elderly
  - Poor, etc…

- List terms found in the literature to refer to "vulnerable"

Terms for vulnerable populations (VP)

- Disadvantaged
- Underprivileged
- Medically underserved
- Poverty stricken
- Distressed populations &
- American underclass

However, they all share many common traits and experience multiple vulnerable characteristics or risk behaviors

Why Study VPs?

- VP have greater health needs
- There is an increasing prevalence of vulnerability in the US
- Vulnerability is influenced and remedied by social forces
- Vulnerability is fundamentally linked with national resources
- Vulnerability and equity cannot coexist

Minority Populations in US

- Dominant racial/ethnic pops
  1. Hispanic Americans
  2. African Americans
  3. Asian American & Pacific Islander
  4. Native American or American Indians

Total US Population 2010: 308,745,538

RACE	1990		2010
	N	%	%
White	211,558,460	77.31%	72.4
Black or African American	32,690,635	11.95%	12.6
American Indian and Alaska Native	2,060,651	0.75%	0.9
Asian	10,282,955	3.76%	4.8
Native Hawaiian and Other Pacific Islander	418,182	0.15%	0.2
Hispanic or Latino (of any race)	34,474,440	12.60%	16.3
Male	133,502,983	48.79%	
Female	140,140,290	51.21%	
Median Age	35.5		

http://2010.census.gov/2010census/data/

Health Education for Vulnerable Populations: Programming and Research Implications

Culturally and Linguistically Competence, and Health equity

Theoretical Implications: Addressing Vulnerable Populations

Why use Theories?

- To investigate answers to the questions of "why," "what," and "how" health problems should be addressed.
- To guide the search for reasons why people do or do not engage in certain health behaviors.
- Theories suggest how to devise program strategies that reach target audiences and have an impact.
- To identify which indicators should be monitored and measured during program evaluation.
- Programs based in theory are more likely to succeed than those developed without the benefit of a theoretical perspective.

- (Source: Glanz, et al, 2008)

Theoretical Pathways

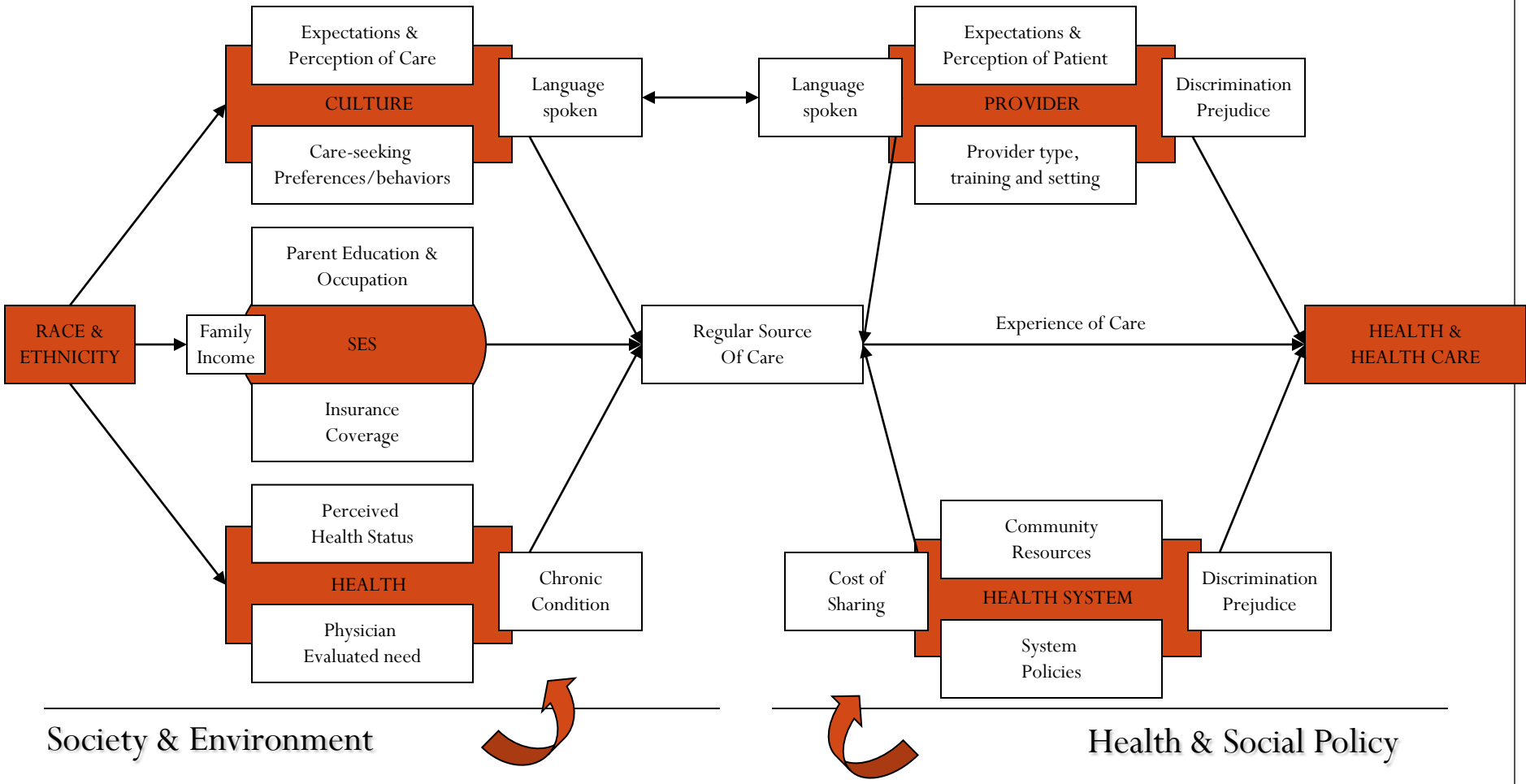
- Socioeconomic Status
- Cultural Factors
- Discrimination
- Health Needs
- Provider Factors
- Health System Factors

(Source: Shi, L & Stevens, GD, 2010)

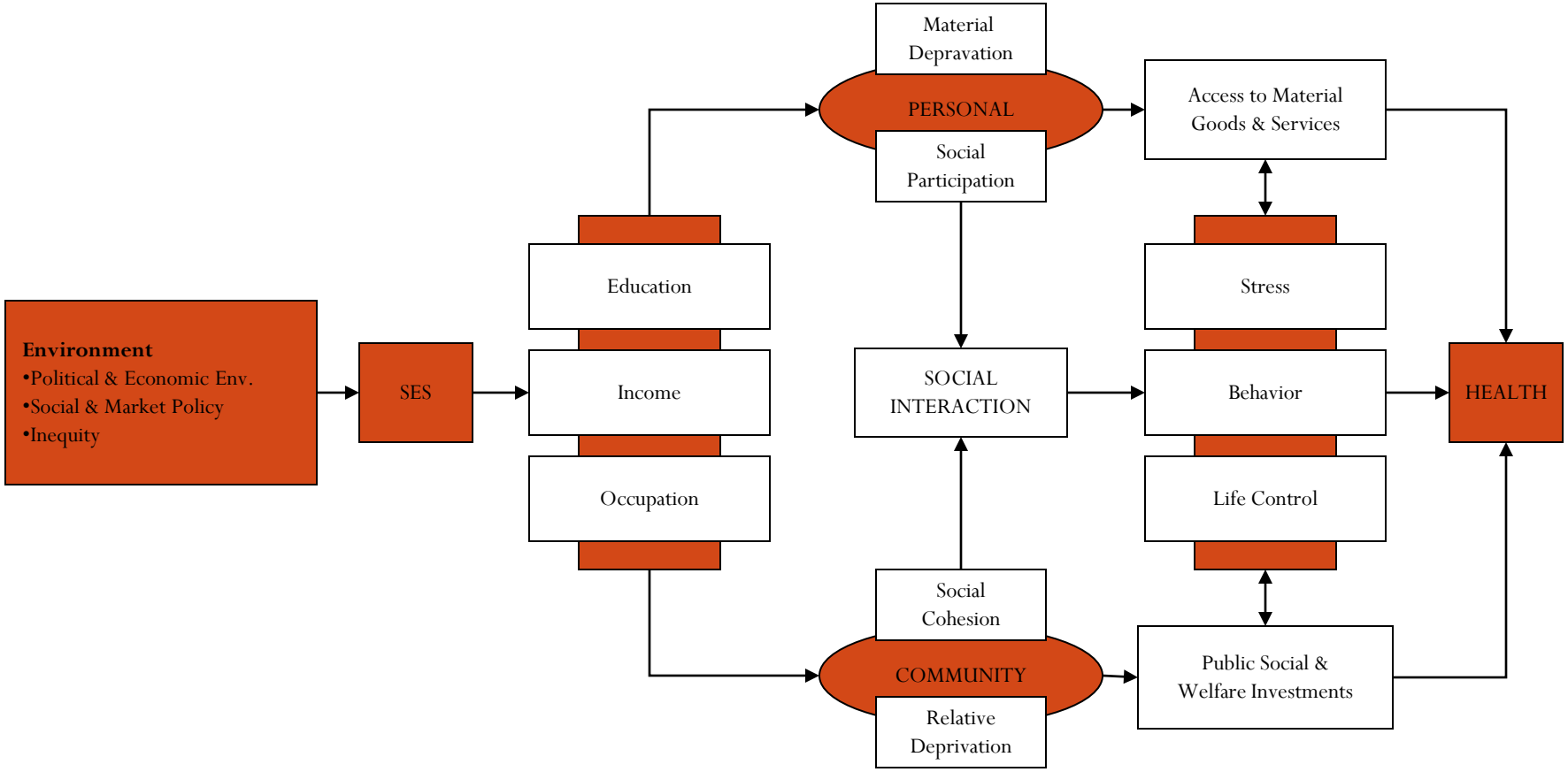
Activity

- In pairs, select one of these questions:
  - Why are theories important in understanding the link between health & race/ethnicity?
  - Why would we need theories to guide research with vulnerable populations?
  - How are the populations different & how are they similar?

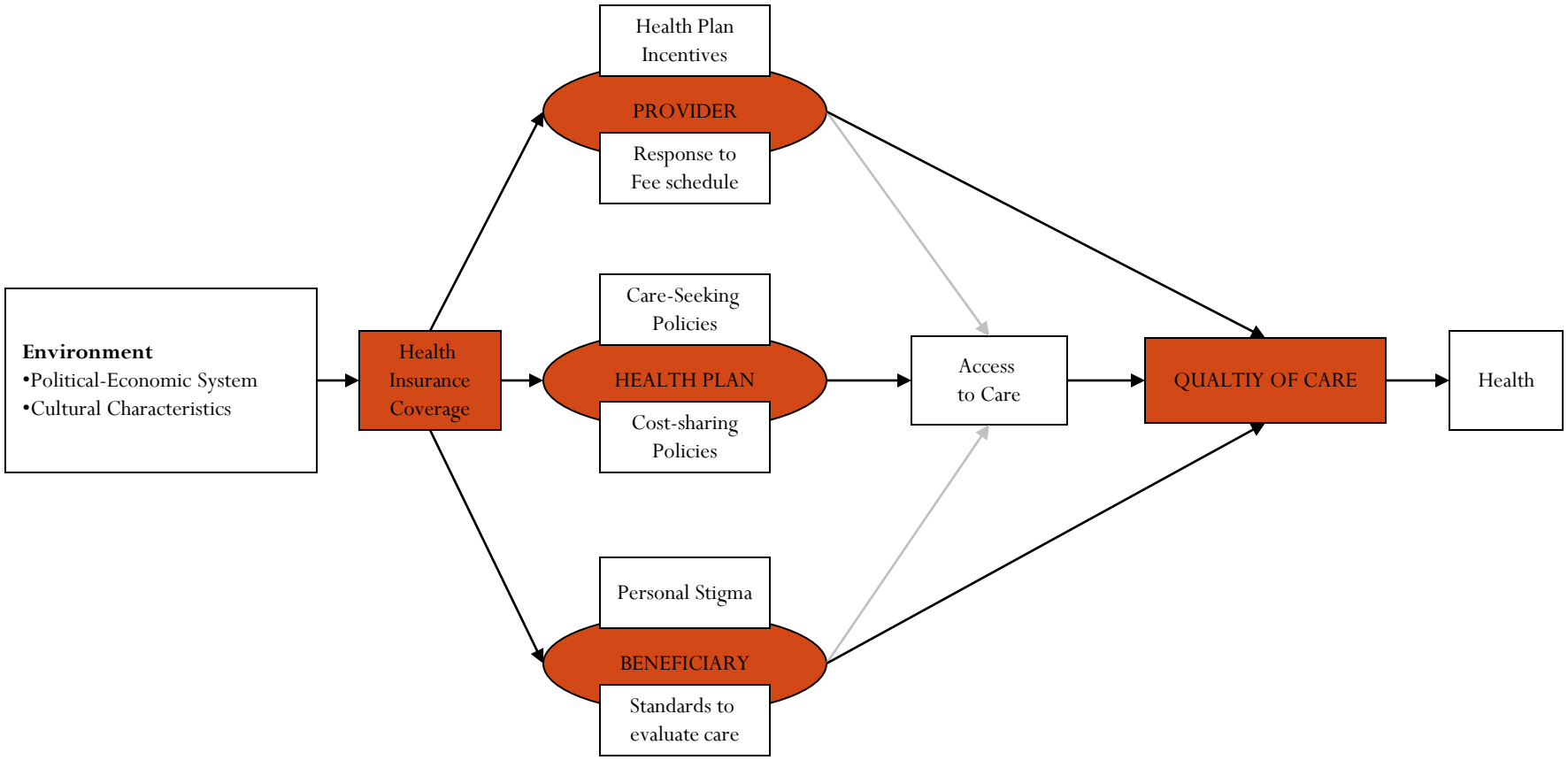
Conceptual Model Linking Health Care Experiences & Race/Ethnicity



Conceptual Model Linking SES with Health



Conceptual Model Linking Health Insurance Coverage with Health Care Experiences



Cultural Model for Addressing Vulnerable Populations

Why a Cultural Model?

- The widely used theories and models used in health education are based primarily in social psychology. They tend to acknowledge the role of the dominant social and cultural influences in health behaviors, thus, have limitations for minorities (Freudenberg, et al, 1995).
- Behavioral change models for health promotion in minority communities tend to be based primarily upon the experience of Caucasian (Airhihenbuwa, 1992).

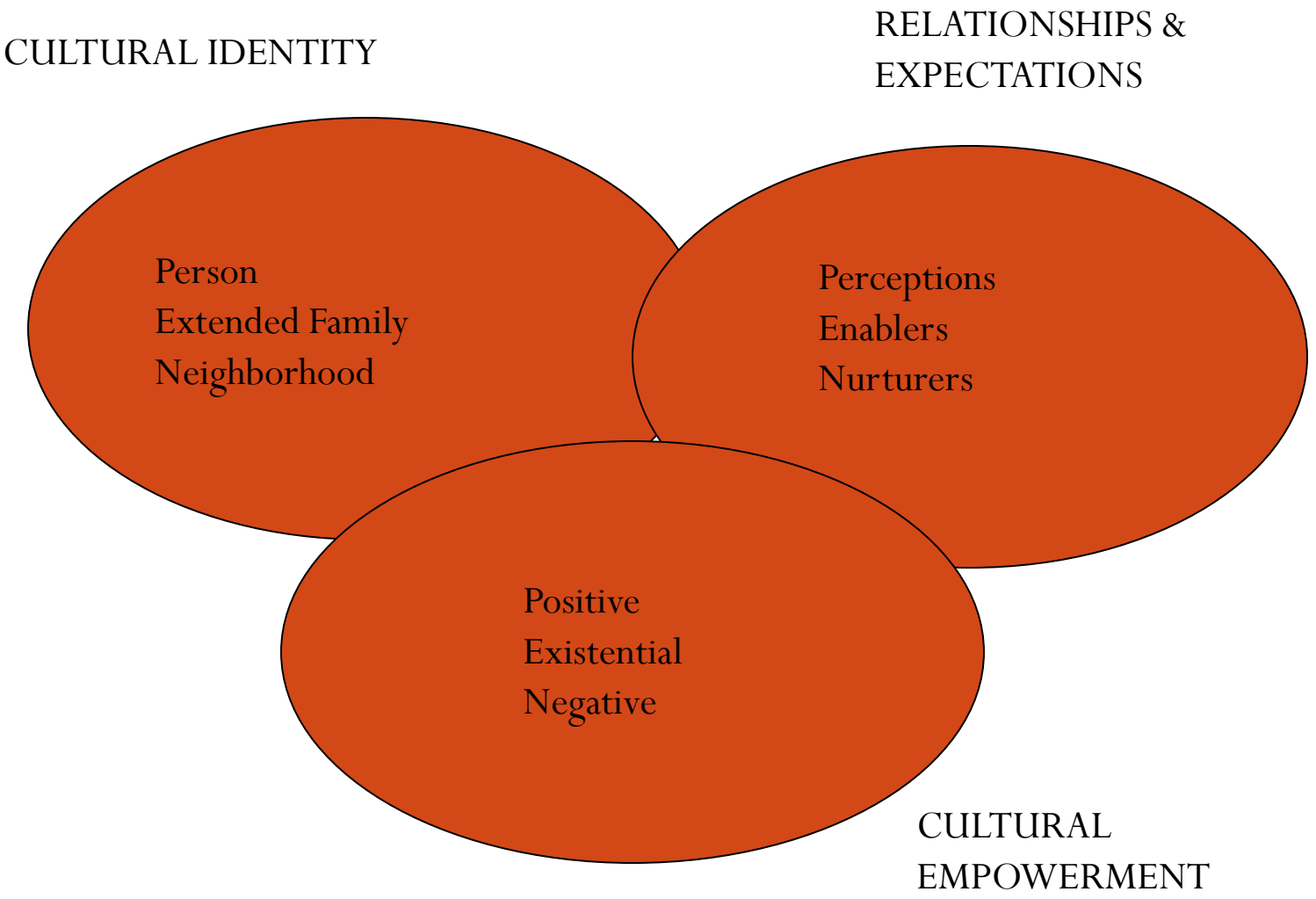
Why a Cultural Model (cont'd)

- "Nowhere are the divisions of race, ethnicity and culture more sharply drawn than in the health of the people in the United States. Despite recent progress in overall national health, there are continuing disparities in the incidence of illness and death among African Americans, Latino/Hispanic Americans, Native Americans, Asian Americans, Alaskan Natives and Pacific Islanders as compared with the US population as a whole." (National Center for Cultural Competence)

Model Essence

- A cultural model that:
  - Situates culture at the center of determinants of health behaviors.
  - Provides a framework to identify and organize a community's cultural components.
  - Guides a community in prioritizing cultural issues to be addressed and helps them identify intervention entry point(s).
  - Has been used to address HIV, hypertension, diabetes, and cancer efforts targeting African Americans and for HIV prevention efforts in Africa. (Airhihenbuwa, 1995, 1999).

THE PEN-3 MODEL



Source: Airhihenbuwa, 1995, 1999

Cultural Identity

- Intervention Point of Entry
  - Person
    - Child, parent, professional, spouse, leader, etc
  - Extended Family
    - Marital circle, parents and children, parents and grandparents, etc.
  - Neighborhood
    - Geographic area, ethnic group, gendered group in the area, leaders in area, racial group, etc.

Relationships and Expectations

- Perceptions
  - Knowledge, belief, media, etc.
- Enablers
  - Income vs. wealth
  - Class & behavior
- Nurturers
  - Education & schooling
  - Community socialization
  - Meanings of life

(Source: Webster, JD & Parker, S., 2004)

Cultural Empowerment

- Positive
  - Values & relationships; healing modality; food & diet
- Existential
  - Language elasticity, “face-saving”
  - Spirituality & value
  - Communication codes
- Negative
  - Educational contexts
  - Institutional values
  - Behavior change

Activity

- Develop a program using the PEN-3 model
  - Delaying onset of Early Sexual Debut in African American youth
  - Cultural Identity
  - Relationship and Expectations
  - Cultural Empowerment
- Where to intervene to delay early sexual debut?
  - Person level
  - Extended level
  - Neighborhood level
  - Multiple levels

Application of PEN-3 Model to a Health Intervention (Delaying onset of Early Sexual Debut)

Relationships/Expectations	Cultural Empowerment		
	Positive	Existential	Negative
Perceptions	Sexuality is a positive experience when one is old enough for it.	Sexual relations within the context of religion.	Unprotected se x can lead to unwanted pregnancy and diseases.
Enablers	Church is a good source of support for sexual information.	Boys & girls develop sexually in different ways & at different rates.	Peer pressure to have sex should be avoided.
Nurturers	Parents and elders are supportive of children waiting to have sexual medical check up is part of family tradition.	Discussing sex with parents does not lead to having sex.	Parents refusing to discuss sexuality with their children could lead to the children getting the wrong info from their peers.

VP Recruitment and Retention into Research

Definitions

- Recruitment
  - Negotiating entry to “sites”
    - What is a site? How are they defined?
    - Research model issues in defining ‘site’
      - Nonmaleficience
      - Beneficience
  - Value to community
  - Locating sites
    - Must have good representation of population
  - Sensitive nonjudgmental environment

Definitions

- Retention
  - Prevent attrition
  - Debate benefits and disadvantages of location for recruitment
- Researcher
  - Debriefing
  - Reciprocating with staff

Anticipation of Barriers

- Misunderstanding of goals of research
- Researcher as outsider
- Association of researcher's inhibition by population e.g. UC—bad university…
- Education level, class, age, gender, and ethnicity/race differences
- Most researchers resemble "elite" who have historically taken advantage of VPs
- Funding restrictions and lack of community understanding about it

Considerations…

- Plan ahead
  - time & funding
  - Include time to 'get to know' in proposal
- Understand in and out's of community to
  - maintain independence
  - share "inside" information with research team
- Learn local customs and information
  - e.g. history, dress, mannerisms, etc.
- Researcher ethnicity---doesn't have to match!

Resource Provision

- Resource examples:
  - insurance, more money, cab fare, subway money, food, snacks…
  - Also skills, knowledge & support
- Economic and social supplies or resources to empower participants to do research
- It is the lack of resources that often prevents vulnerable populations, not the contrast in values or attitudes

Common Barriers to participation, recruitment, and retention

- Access, availability, and affordability e.g. internet
- Perceived research as burden e.eg. If living day to day not a priority
- Language and literacy e.g. interpreters? Distort?
- Cultural values, beliefs, and attitudes
- Social priorities and team/distrust
- Insensitive and depersonalizing approaches discourage participation
- "HPE rsk—Prevention and screening versus Cure and Tx Rsk"

Health Literacy

Definitions of Health Literacy

- The ability to read, understand and act on health care information
- The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.
- The ability to read and comprehend prescription bottles, appointment slips and the other essential health-related materials required to successfully function as a patient

Types of illiteracy

- Functional illiteracy
- Sensory/physical illiteracy
- Cultural/language illiteracy
- Psychological illiteracy
- Computational illiteracy
- 21% of adult Americans = functionally illiterate, read at 5th grade level or lower and have difficulty with oral instructions
- Additional 25% are marginally illiterate

Cultural/Language Literacy

- Non-English speaking
- Immigrant status
- Ethnic interpretation of illness
- Spiritual and religious beliefs
- Default answers
- Lack of insurance/transportation

What is it Like?

- These instructions simulate what a reader with low literacy sees on the printed page
- Read instructions out loud.
- You have 1 minute to read.

Hint: The words are written backwards and the first word is "cleaning"

GNINAELC – Ot erussa hgih ecnamrofrep, yllacidoirep naelc eht epat sdaeh dna natspac revenehw uoy eciton na noitalumucca fo tsud dna nworb-der edixo selcitrap. Esu a nottoc baws denetsiom htiw lyporposi lohocla. Eb erus on lohocla sehcuot eht rebbur strap, sa ti sdnet ot yrd dna yllautneve kcarc eht rebbur. Esu a pmad tholc ro egnops ot naelc eht tenibac. A dlim paos, ekil gnihsawhsid tnegreted, lliw pleh evomer esaerg ro lio.

Cleaning – to assure high performance, periodically clean the tape heads and capstan whenever you notice an accumulation of dust and brown-red oxide particles. Use a cotton swab moistened with isopropyl alcohol. Be sure no alcohol touches the rubber parts as it tends to dry and eventually crack the rubber. Use a damp cloth or sponge to clean the cabinet. A mild soap like dishwasher detergent will help remove grease or oil.

Questions/Comments

Thank You!