

Expanding Opportunities in Health Disparities Research

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Objectives

- Discuss program of research on HIV with health disparities populations
- Analyze future opportunities and challenges in health disparities research

“The future health of the nation will be determined to a large extent by how effectively we work with communities to reduce and eliminate health disparities between non-minority and minority populations experiencing disproportionate burdens of disease, disability, and premature death.”

~ CDC, Office of Minority Health (2006)

Health Disparities

Differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the U.S.

NIH Work Group on
Health Disparities

National Institute of Health, (2000). Strategic Research Plan to Reduce and Ultimately Eliminate Health Disparities.

Racial and Ethnic Health Care Disparities

Racial and ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of the intervention.

Institute of Medicine

Institute of Medicine, (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare.*

How Big is the Problem?

Conditions that disproportionately affect racial/ethnic minority groups:

- Cardiovascular Disease
- Cancer
- Infant Mortality
- Diabetes
- Lack of Immunization
- **HIV/AIDS**

Women at Increased Risk of HIV

Percentage of total new AIDS diagnoses:

- In 1985, 8% were female
- In 2003, 27% were female

Percentage of new AIDS diagnoses among heterosexual women:

- 67% African American
- 16% Latina
- 14% White

HIV/AIDS Rates in the Latino Community

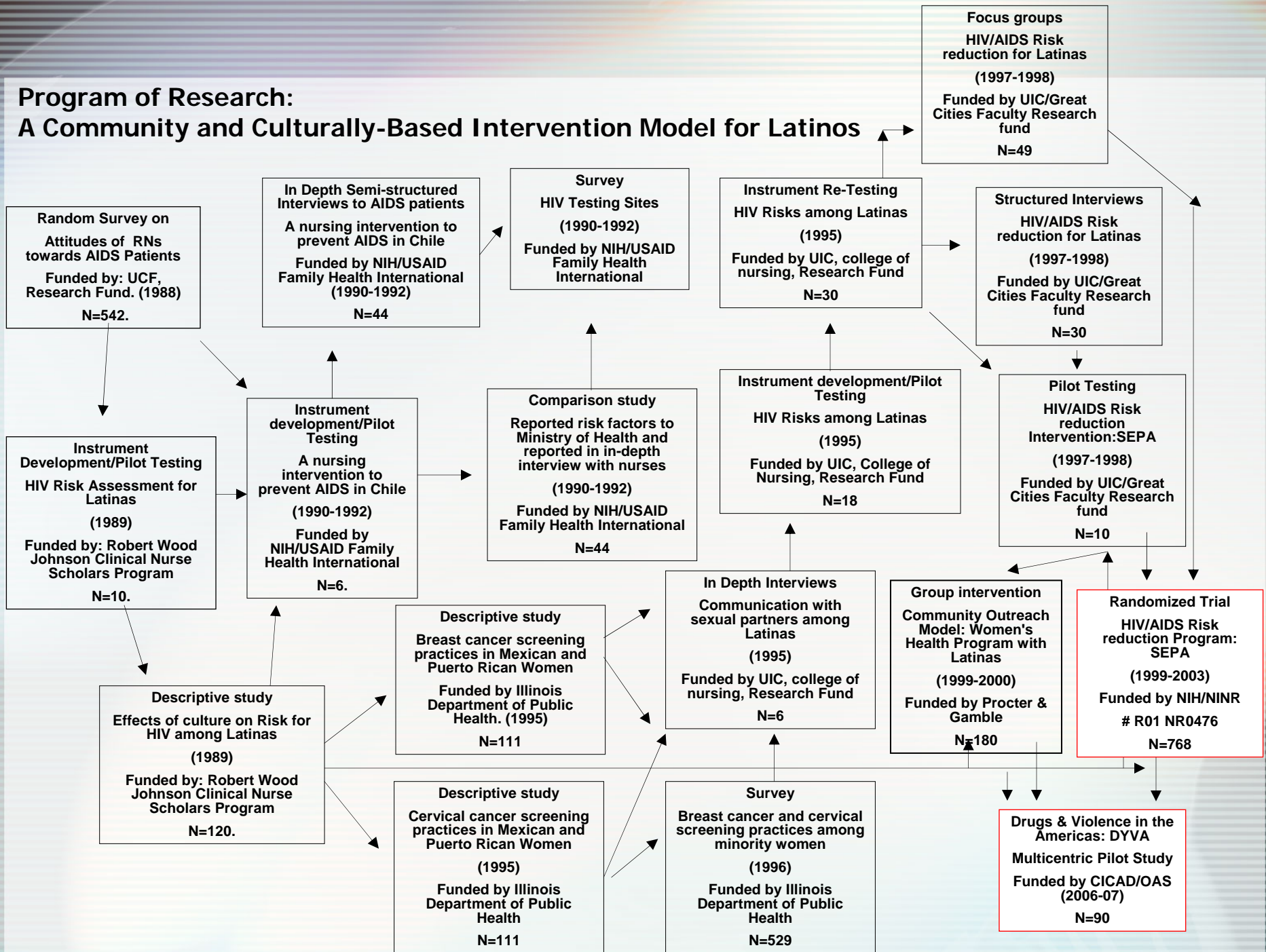
In 2003 Latinos comprised:

- 14% of the population
- 20% of new HIV diagnoses

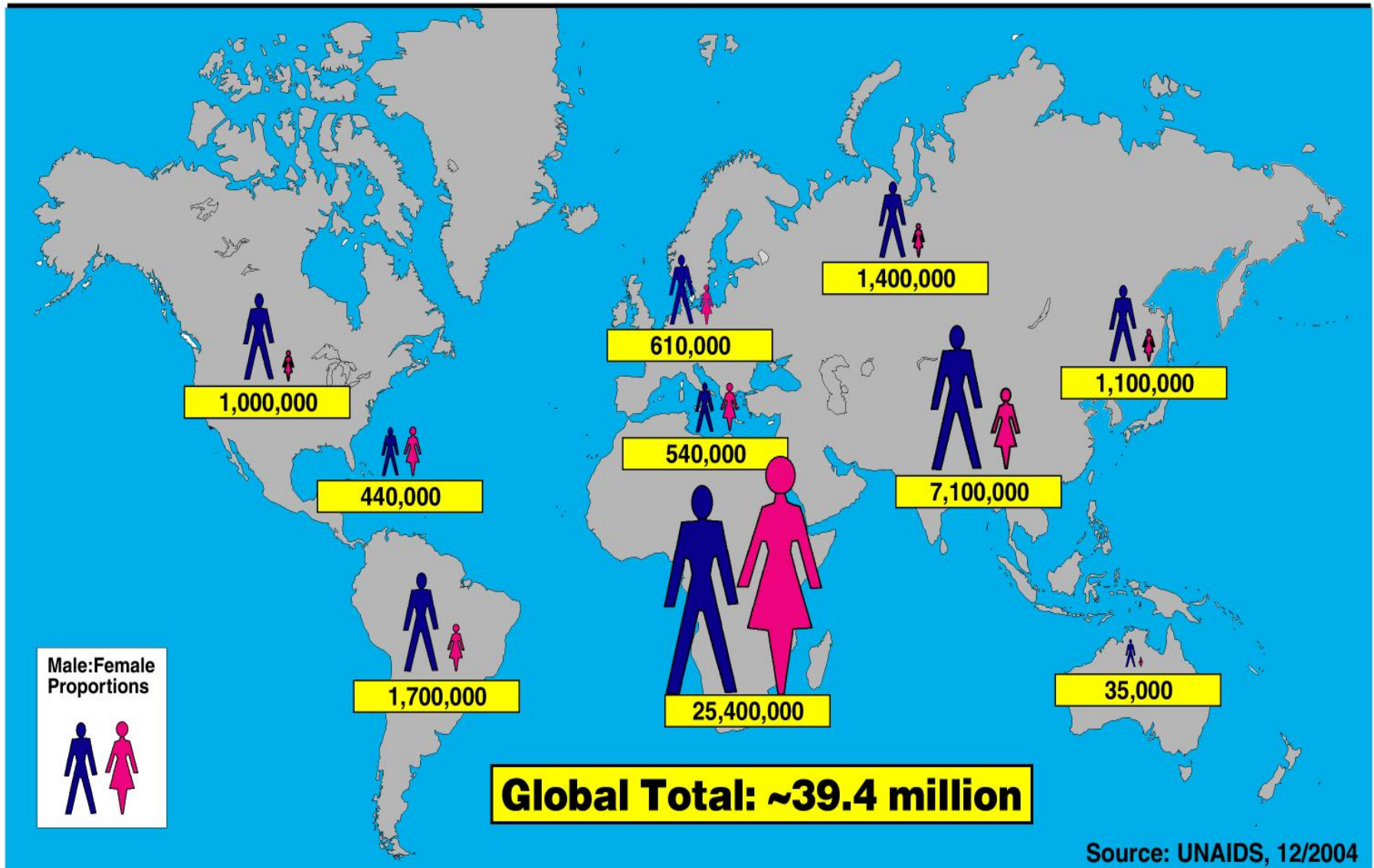
Between 1999 and 2003 new AIDS diagnoses demonstrated an:

- 8% increase among Latinos
- 3% decrease among Whites

Program of Research: A Community and Culturally-Based Intervention Model for Latinos



Estimated Number of Persons Living with HIV/AIDS, December, 2004



Factors that Increase HIV Risk for Latinas

- Unequal access to health care
- Language barriers
- Cultural characteristics
 - Gender roles, "machismo" and "marianismo"
 - Conceptualization of male sexual roles
 - Religiosity

Peragallo, N. (1996). Latino women and AIDS risk. *Public Health Nursing*, 13(3), 217-222.

HIV Risk Reduction in Latino Communities

SEPA Project

Salud/Health

Educación/Education

Prevención/Prevention

Autocuidado/Self-Care

Funded by NIH / NINR

R01 NR04746

(P.I. Peragallo)

DYVA Project

Drogas/Drugs

Y/and

Violencia en las/Violence in the

Americas

Multicentric Pilot Project

Funded By OAS/CICAD (P.I. Peragallo,

Co-P.I. Rosa Gonzalez, C.I. Elias P.

Vasquez, Toni Villarruel, and Susie

Nemes)

Objectives

Project SEPA

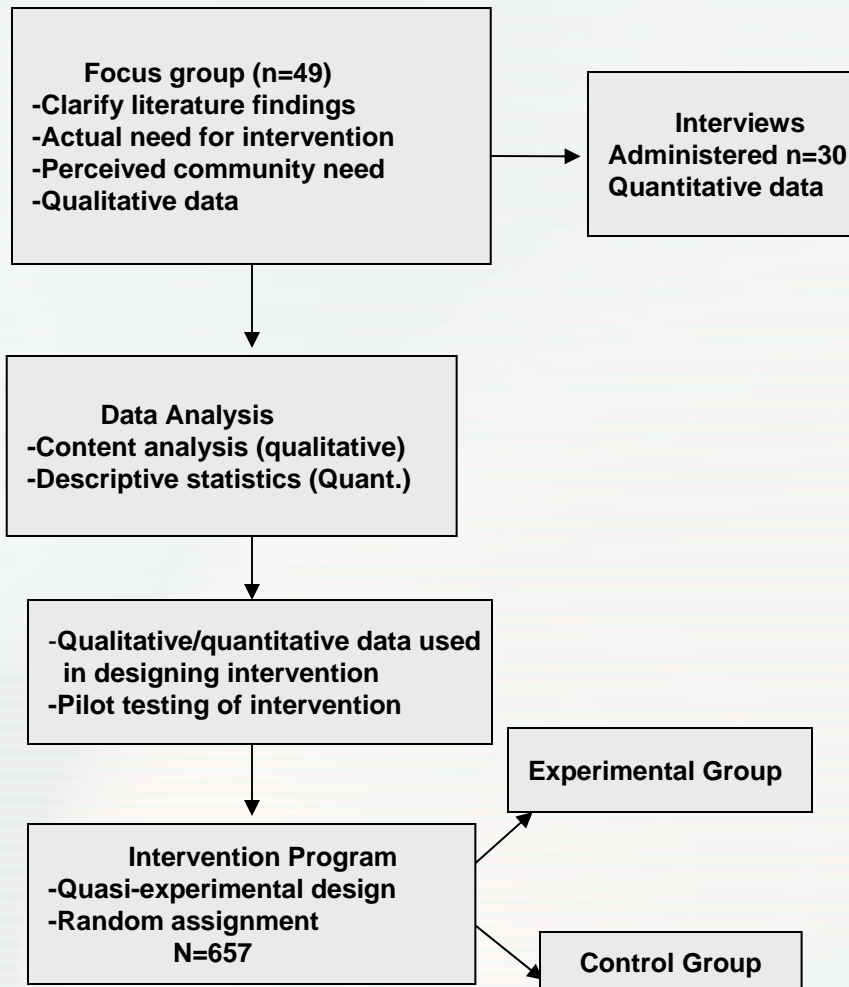
Evaluate a randomized culturally- tailored intervention to prevent high-HIV-risk sexual behaviors for Mexican and Puerto Rican women living in urban areas

Project DYVA

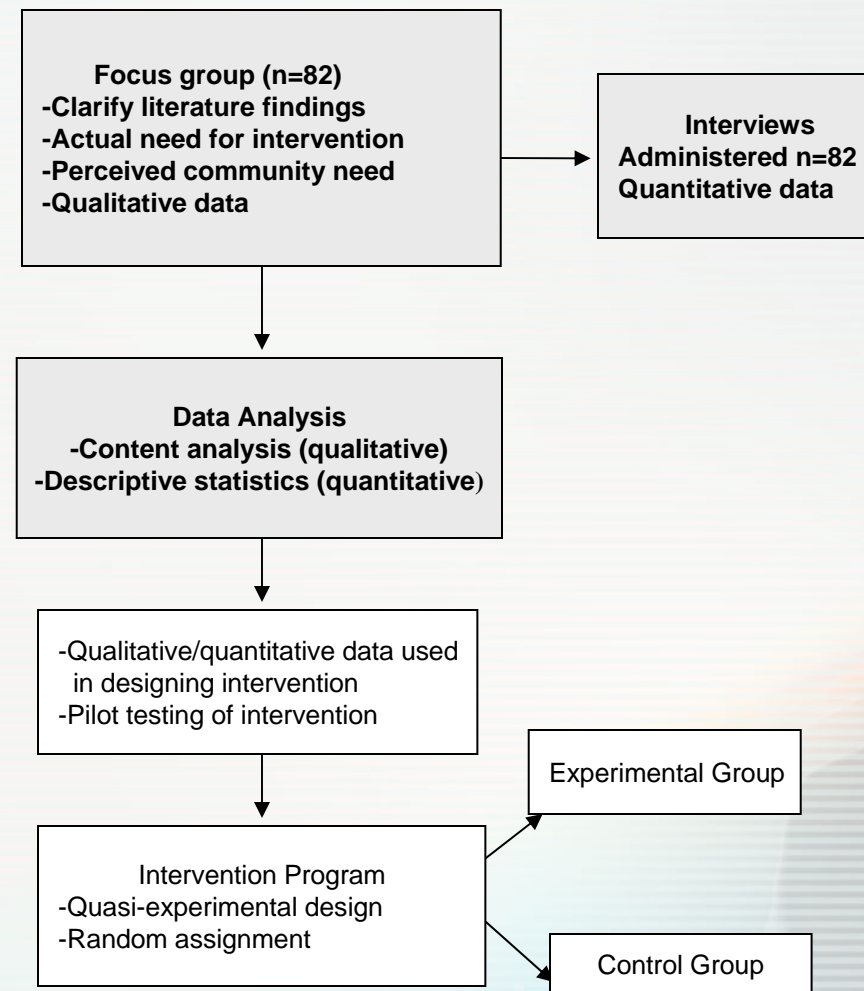
Explore the collective and individual experiences of Latinas with substance abuse, violence and risky sexual behaviors

Developing an HIV/AIDS Risk Reduction Intervention for Latinas

Project SEPA



Project DYVA



Participants in SEPA & DYVA

Project SEPA

- (n=657)
- Mexican and Puerto-Rican Latinas residing in the urban Midwest
- Ages 18 to 44
- Sexually active within 3 months prior to enrollment

Project DYVA

- (n=82)
- Heterogeneous sample of Latinas in the Broward/Miami-Dade area
- Ages 18 to 60

BASELINE DATA for SEPA and DYVA

Variables		SEPA (n=454) %	DYVA (n=82) %
Age	18-20	8	2
	21-25	22	11
	26-30	27	10
	31-39	32	34
	40+	11	43
Ethnicity	South American	0	78
	Mexican/Puerto Rican	100	6
	Central/Caribbean	0	16
Language	Spanish	81	96
	English	19	4

BASELINE DATA for SEPA and DYVA

Variables		SEPA (n=454) %	DYVA (n=82) %
Years in USA	< 2	8	24
	3-5	16	26
	6-10	35	28
	11-20	20	12
	21+	21	10
Education (yrs)	< 6	20	7
	7-11	42	7
	High School	19	15
	Beyond HS	19	71

BASELINE DATA for SEPA and DYVA

Variables		SEPA (n=454) %	DYVA (n=82) %
Employed	Yes	28	40
	No	72	60
Insurance	Yes	39	35
	No	61	65
Acculturation	United States (high)	6	29
	Hispanic (high)	67	100
	High on both	24	38

Common Findings from Focus Groups

- Physical, psychological violence
- Cultural norms and acculturation
- Machismo and male infidelity
- Alcohol and drug use
- Social discrimination amongst peers
- Barriers to accessing healthcare

Violence

SEPA

"...he hit me and I'm not gonna hit him because you're gonna get hit worse. A man, no matter how bad and how big you are, a man is stronger than a woman. Okay?"

DYVA

"...because the abusive man always knows how to prepare the scene and starts by diminishing your self-esteem"

Violence

SEPA

"...when I had been married only a short while he used to beat me. He wanted me to get pregnant and well I miscarried my first child, and he used to blame me and say that I had taken something and this and that. He wanted me to get pregnant and I couldn't..."

DYVA

"...and he violated me in the most brutal way a woman can be violated...in every way possible that they want to have sex, even if you don't want to, destroyed and many times bleeding...and he would say—I am your husband, I own you."

Machismo and Marianismo

SEPA

"...we used to see our mother get beat up by our father. Only because my mother took it, but my mother didn't know any better. Cause my mother grew up in an environment where there were like, you know, antique, in Puerto Rico, come on, you stay there you are my wife you marry me, you take whatever comes. No, it's not like that anymore..."

DYVA

"...women need to change their machista beliefs because there is no one more machista than a woman, not even men themselves... because without realizing it we repeat the same pattern of our mothers and grandmothers, and the generational curse repeats"

Machismo and Marianismo

SEPA

"...I used to be embarrassed to say that he had an affair, because you know, we as women are so, especially Latina, we are proud for women, we have the best marriages and we have everything best, but I say it because he's come a long way. And, for him to be Latino man..."

DYVA

"(Latino men say) 'I'm a man and I can have sex with 10 women without a condom'. American men won't have sex with a woman who doesn't want any protection, but our machos go to bed with anybody"

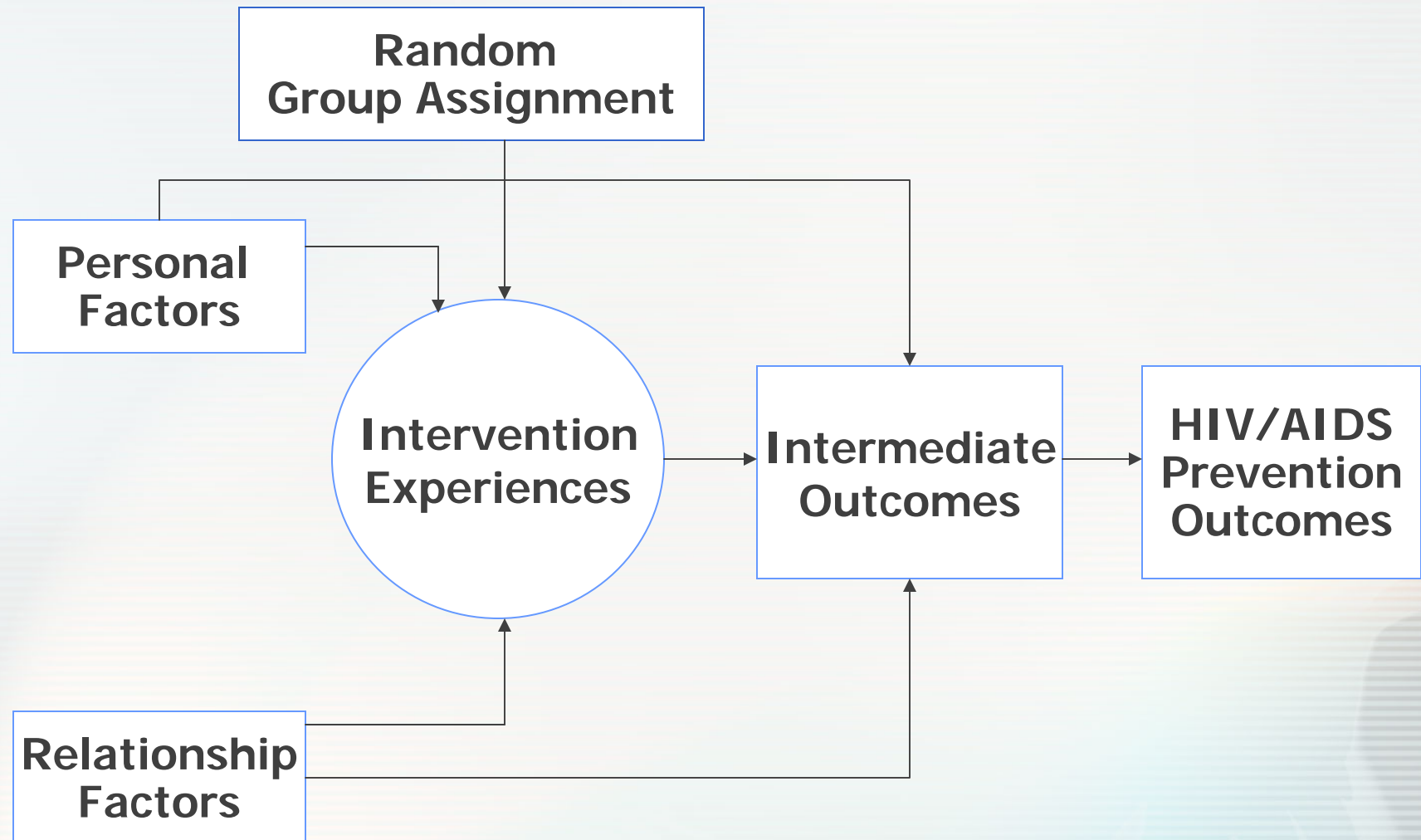
Comparisons of experiences with violence

Variable	SEPA (n=454) %	DYVA (n=82) %
Reported experiencing physical or child abuse before 18	32	60
Reported sexual abuse before 18	22	34
"Any" violence during adulthood		
Physical- sexual	45	52
Psychological		70
Reported being physically abused	41	46
Reported being forced into sex	22	26

SEPA Intervention and Results



Conceptual Framework



Community-Based Intervention

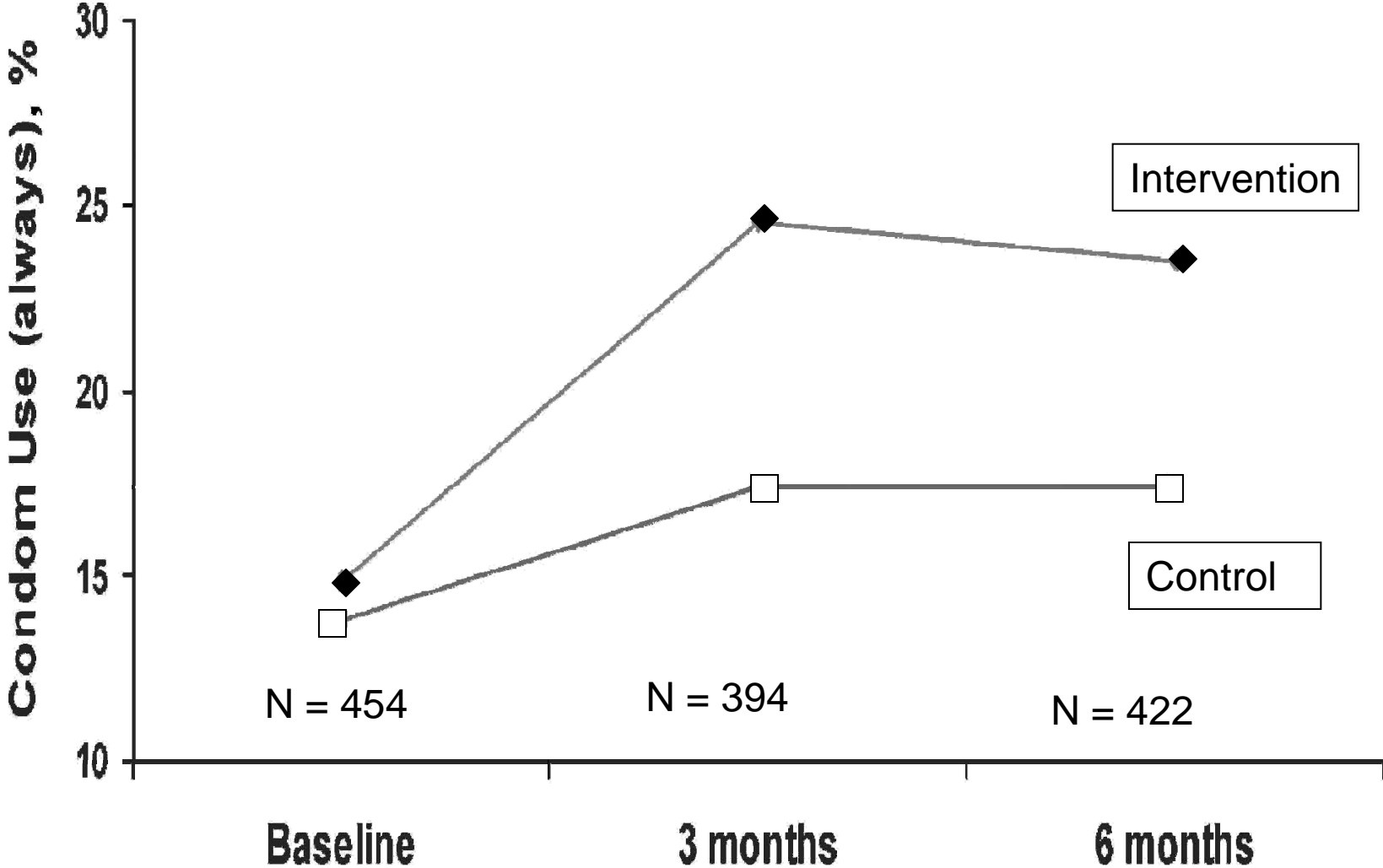
Six weekly sessions for two hours:

- Know your own body
- Skill training on condom use
- Sexual communication / negotiation and problem solving
- Violence prevention /conflict management
- Risk awareness/ risk management
- Peer support for change efforts



SEPA group at one of the community sites

Comparisons of Condom Use

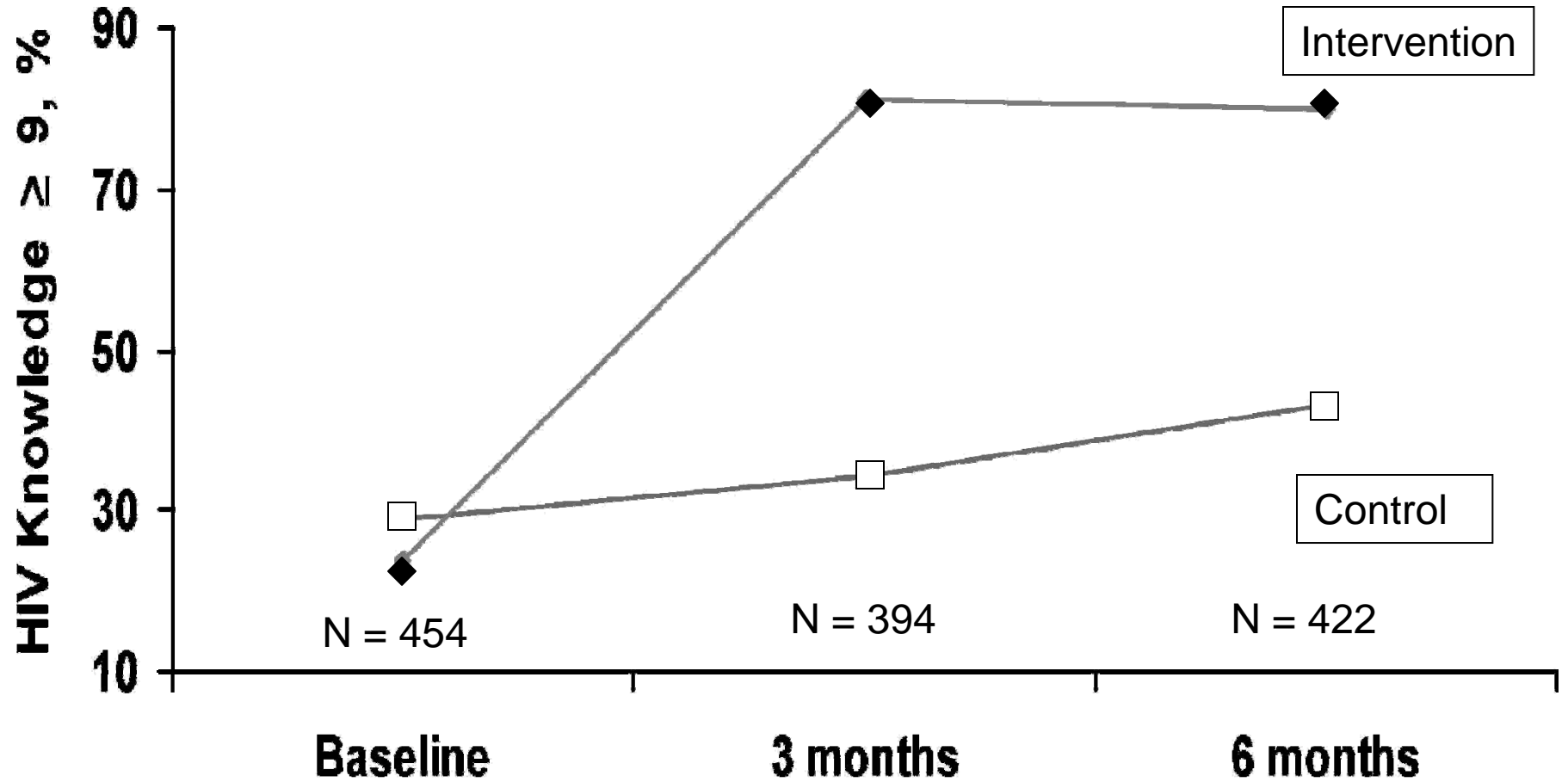


Results Using Multiple Linear & Logistic Regression

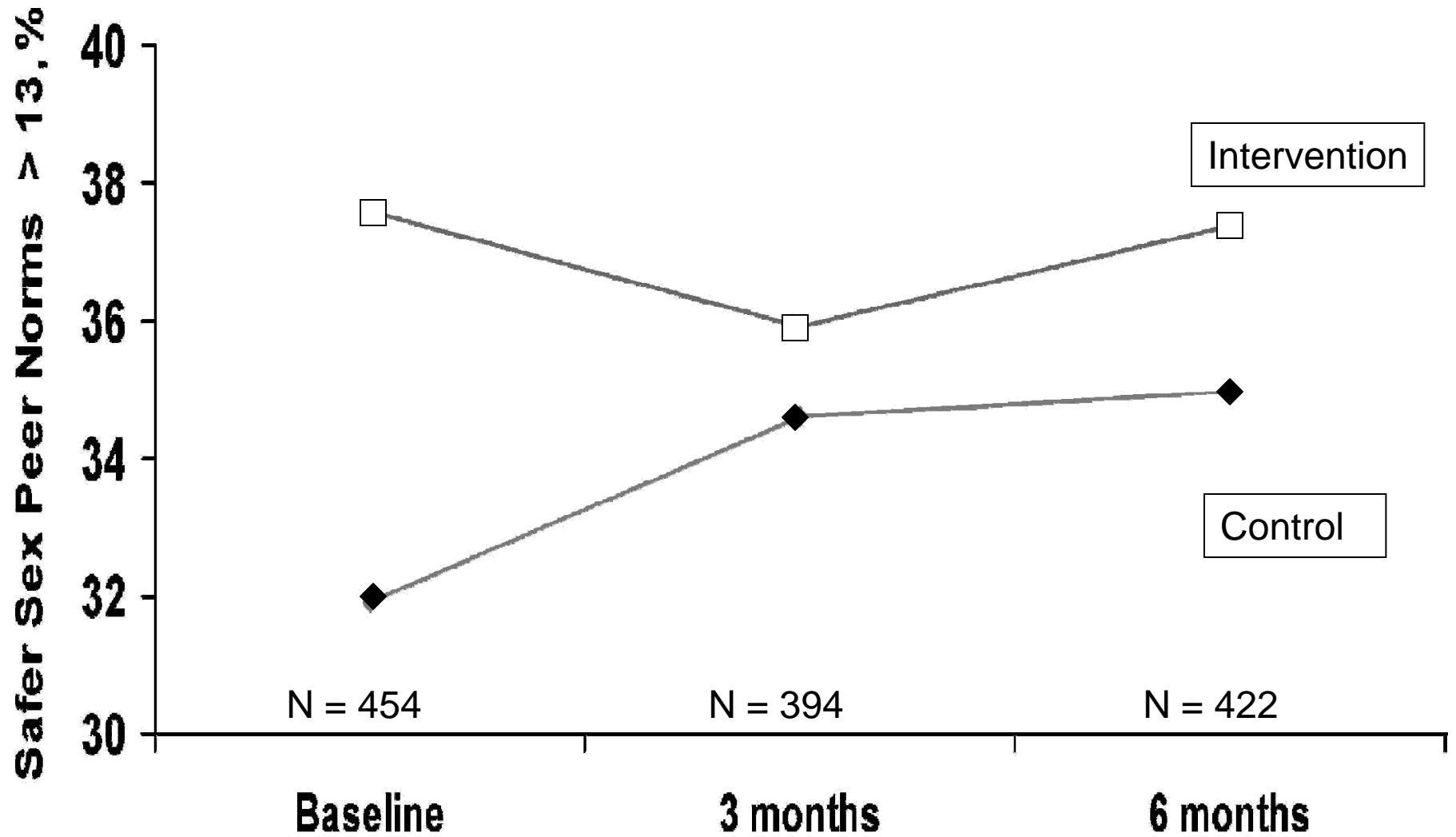
Group	OR	CI	p
Condom Use			
3 months	2.018	1.021, 3.985	.043
6 months	2.044	1.292, 3.234	.002

Adjusted by Baseline score of each dependent variable, acculturation, ethnicity, poverty, insurance, lived with partner

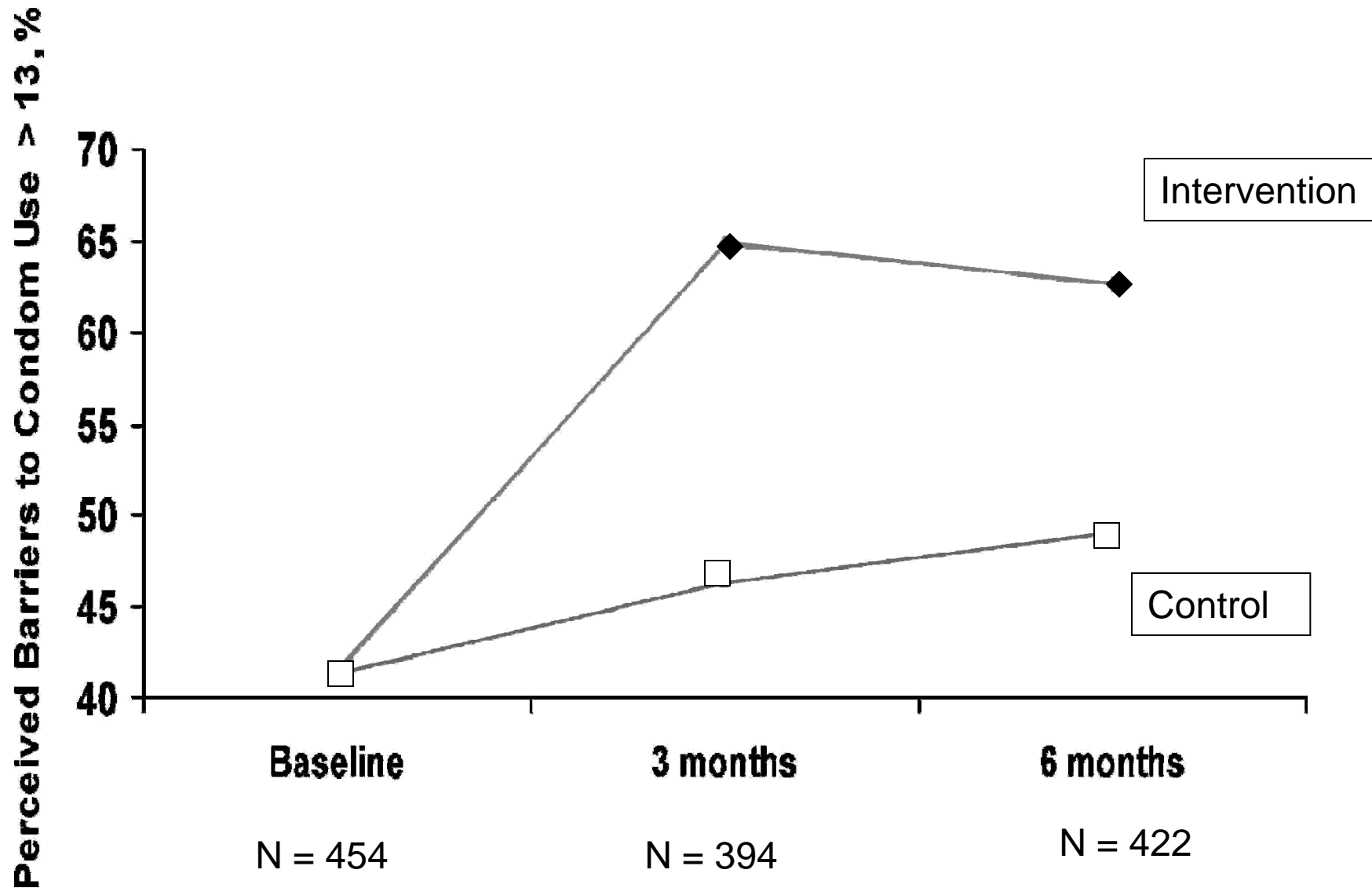
HIV Knowledge



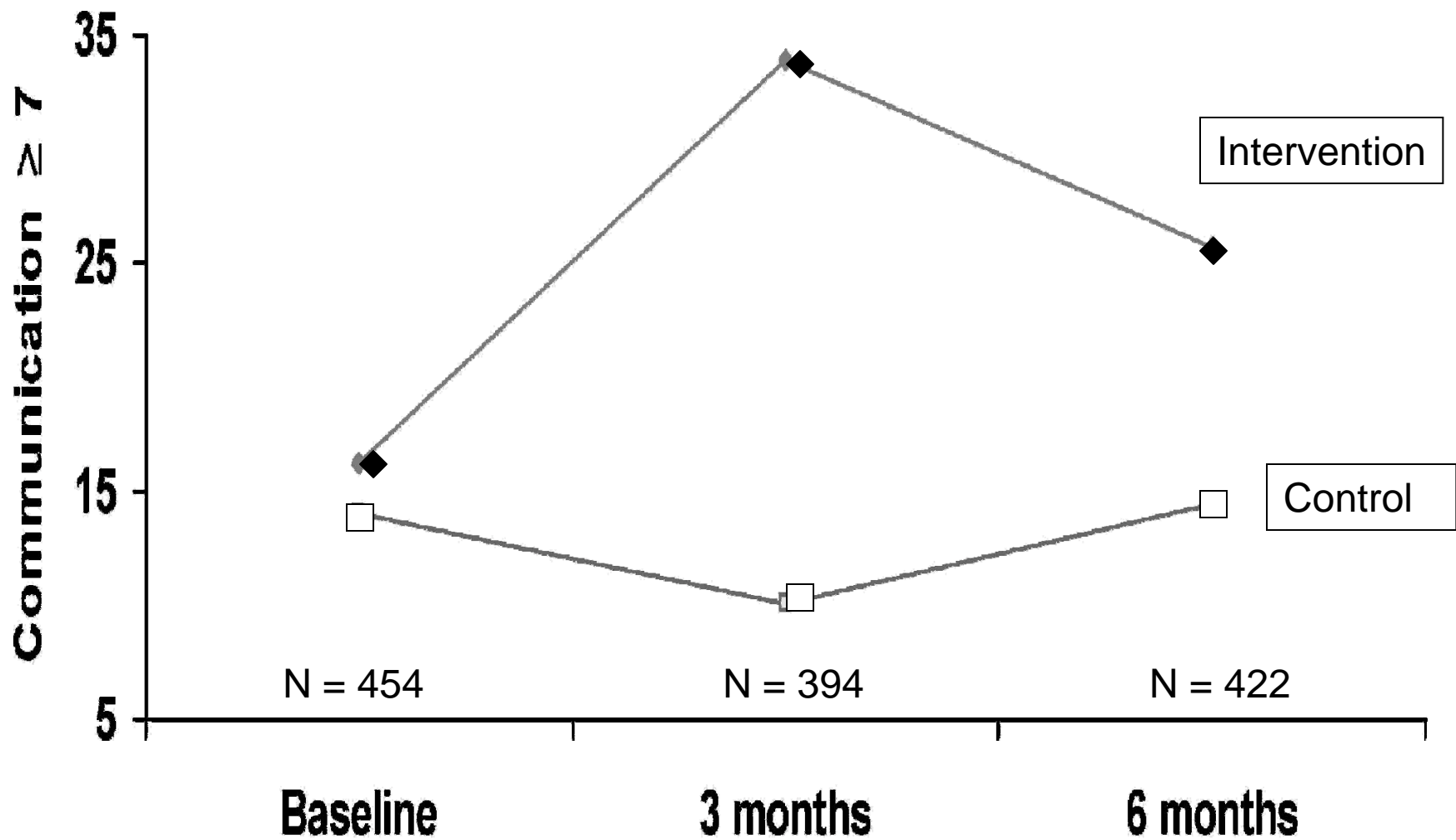
Safer Sex Peer Norms



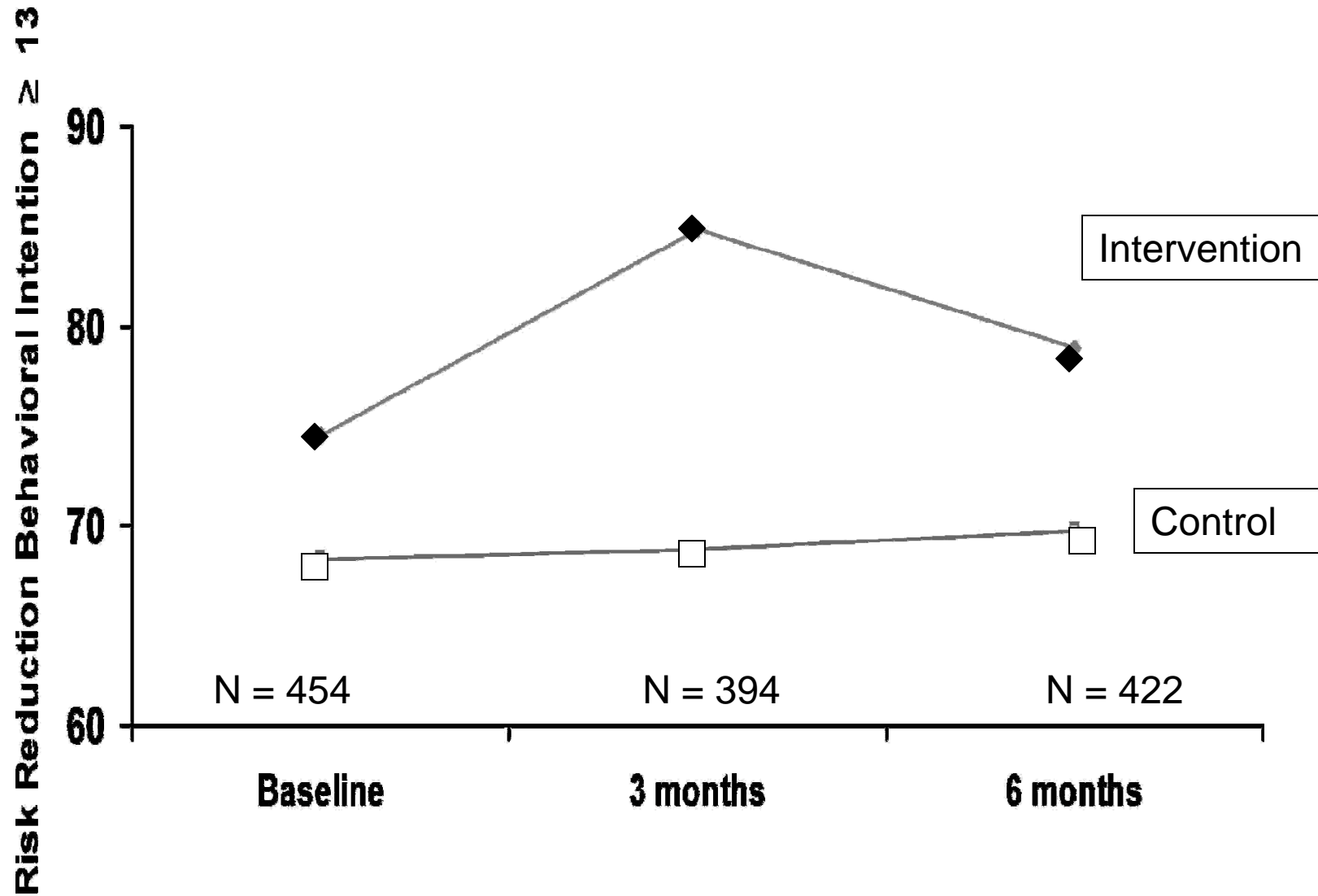
Perceived Barriers to Condom Use



Partner Communication



Intention to Use Condoms



Conclusions & Implications

- Project SEPA was highly successful in increasing condom use, HIV health protective communication, and HIV knowledge and decreasing risk behaviors among low income, primarily Spanish speaking Latinas.
- This study provided evidence that HIV/AIDS prevention interventions must be culturally tailored to the targeted population of the intended program.

Recommendations Based on SEPA

- Community-based and culturally-tailored
- Strong referral system established (e.g. mental health, domestic violence, housing)
- Sustained contact and booster sessions at 6 months
- Critical to address violence, mental health issues, discrimination, lack of access to healthcare
- Interventions must target non-English speaking populations



SEPA group showing off diplomas

Unfinished Business

Measuring Health
Disparities:

- Racial & ethnic
- Socioeconomic
- Rural health



Unfinished Business

Understanding health disparities:

- Biological factors
- Health care access and quality
- Physical environment
- Social environment
- Behavioral factors
- Stress
- Discrimination

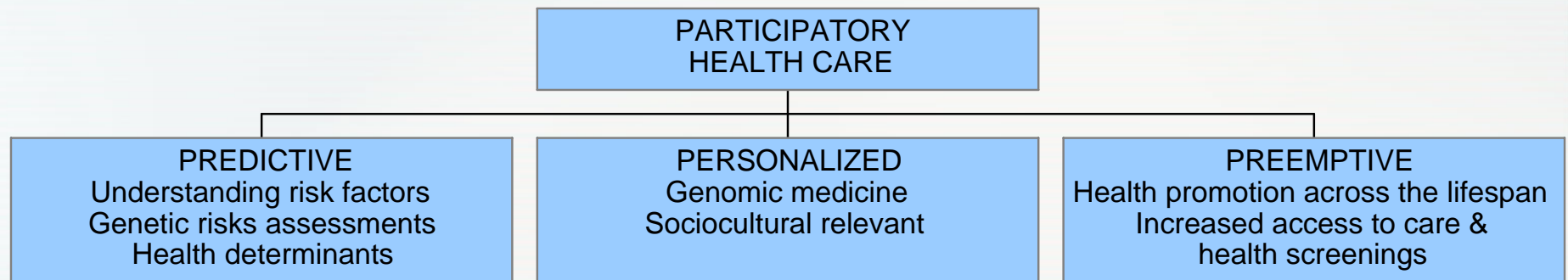
The Future of Health Disparities Research

- Create consensus on the conceptualization of health disparities
- Improve methods for identifying, understanding and measuring health disparities
- Improve methods of data collection of demographic information for health disparities populations
- Increase insight into causes of health disparities
- Development of common measures
- Increase participants of racial and ethnic minority populations in research studies

Future for Health Disparities Research

- Increase opportunities for research training, career development, and research supplements to researchers from racial and ethnic minority populations
- Increase funding to support health disparities research
- Increase representation of racial, ethnic and other health disparity populations in peer review groups

The Future Paradigm: Transforming Medicine from Curative to Preemptive



Zerhouni, E.A., (2006). NIH at the Crossroads: Strategies for the Future. Presentation at the NIH/NCMHD Advisory Panel Meeting, September, 2006.

Thank you