

CERC **FOURTH ANNUAL**
HEALTH DISPARITIES INSTITUTE
October 19-21, 2011 🌿 St. Thomas, U.S. Virgin Islands

Partnerships, Collaborations, and Models to Reduce Health Disparities in the USVI and the Caribbean

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HEALTH DISPARITIES INSTITUTE
October 19-21, 2011 🌺 St. Thomas, U.S. Virgin Islands

Breakout F

**Best Practice Partnerships,
Collaborations, and Models for Reducing
Disparate Health Issues: The Caribbean
Exploratory Research Center**

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Continuing Education

**This live activity has been reviewed
and is acceptable for elective credits(s)
by the American Academy of Family
Physicians**

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Breakout F

Presenters will discuss the significance of the current collaborative health disparity studies supported by the Caribbean Exploratory Research Center.

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Ivy Moses, MSW
OPENING REMARKS

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Abstract #01.03.04

Hossein N. Yarandi, PhD

Selected Chronic Diseases Trends in US Virgin Island: 2001-2009

Hossein N. Yarandi

Faye A. Gary

Aracelis Francis

Gloria Callwood

BRFSS

The *Behavioral Risk Factor Surveillance System* (BRFSS) data from 2001 to 2009 are used to glean an overview of changes that have occurred over nearly a decade in the most important indicators of men's and women's health status residing in United States Virgin Islands (USVI)

BRFSS

- The BRFSS is a collaborative project of the Centers for Disease Control and Prevention (CDC) and the United States (U.S.) and territories.
- It is administered and supported by CDC's Behavioral Surveillance Branch to measure health related behaviors of adults living in households.
- It is initiated in 1984, with 15 states collecting data through monthly telephone interviews.
- Over time, the number of states participating in the survey increased.
- By 2001, 50 states, the District of Columbia, Puerto Rico, Guam, and the US Virgin Islands were participating in the BRFSS.

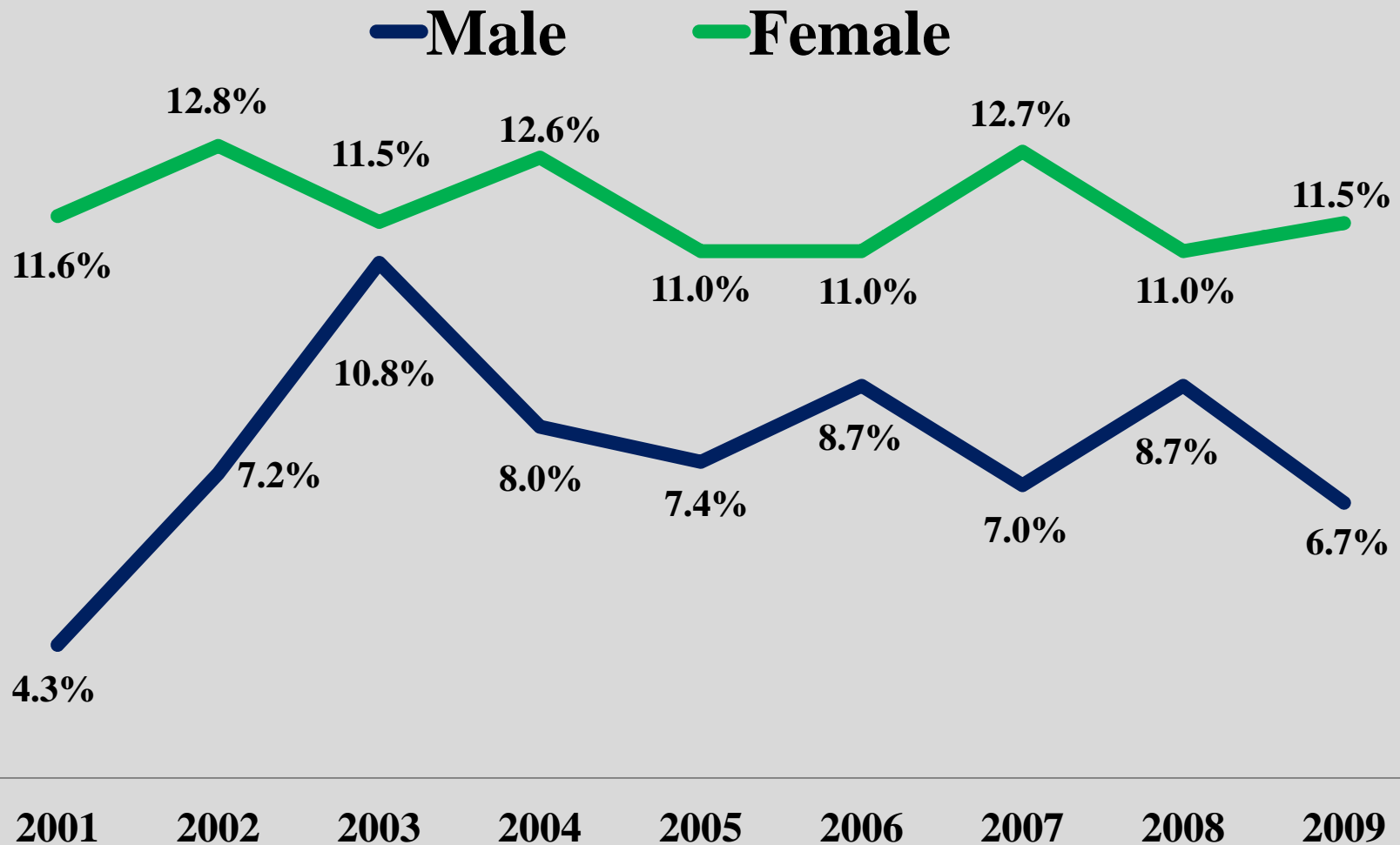
Objective of BRFSS

- The specific objective of the BRFSS is to collect data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases that negatively affect the adult population.
- The health characteristics estimated from the BRFSS pertain to the adult population, aged 18 years and older, who live in households.
- Since the respondents are identified through telephone based survey methods, post stratification weights are used for correcting any bias caused by no telephone coverage.
- These weights adjust for differences in probability of selection and nonresponsive in achieving representative population on estimating of disease prevalence.

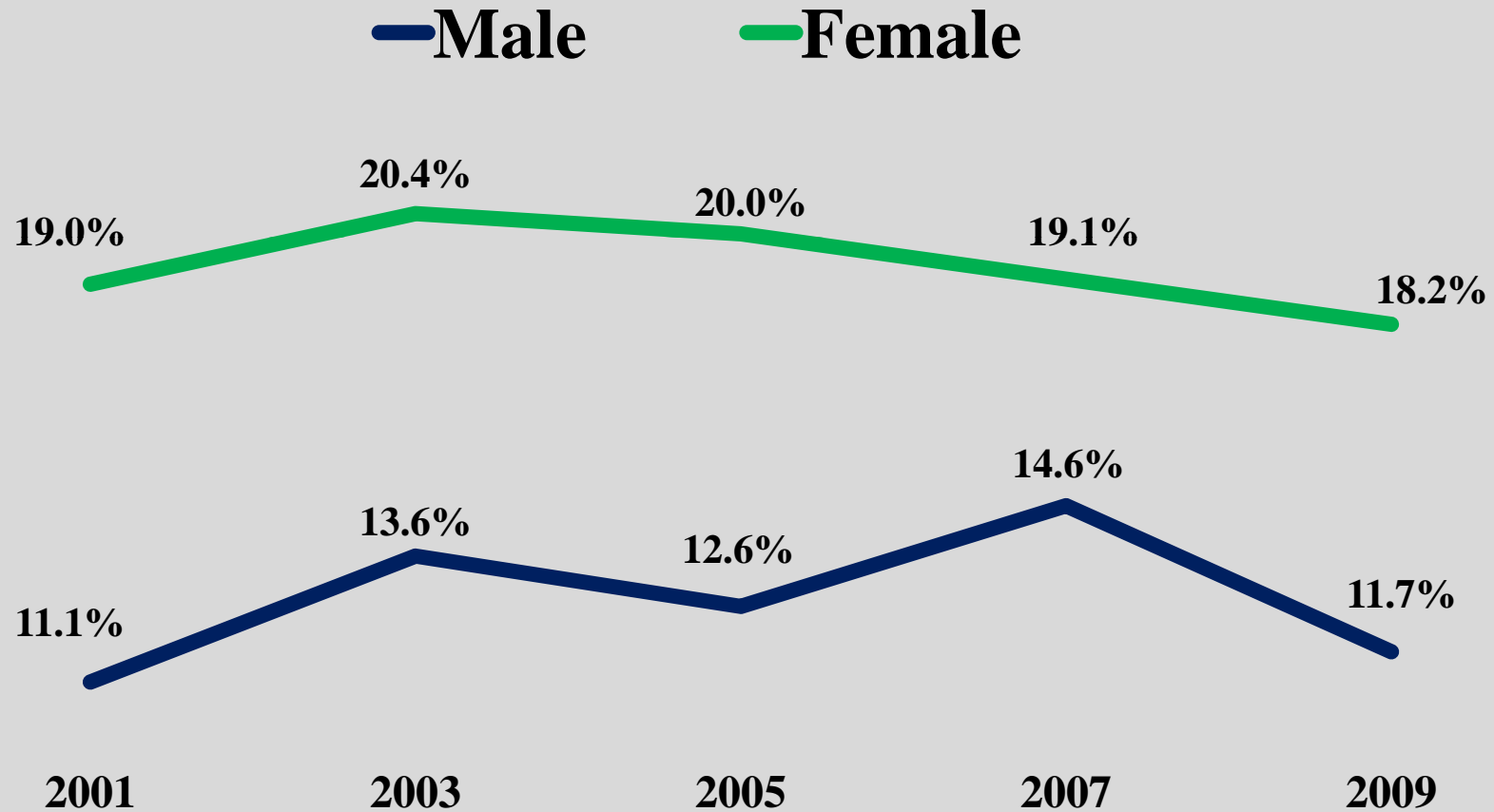
BRFSS Questionnaire

- Is a standard set of questions that query US household members about current health status, chronic diseases, and risky behavior.
- It includes questions such as health status, diabetes, arthritis, asthma, stroke, high cholesterol, high blood pressure, heart attack, heart disease, HIV/AIDS, current smoking, heavy drinking, and body mass index (BMI)

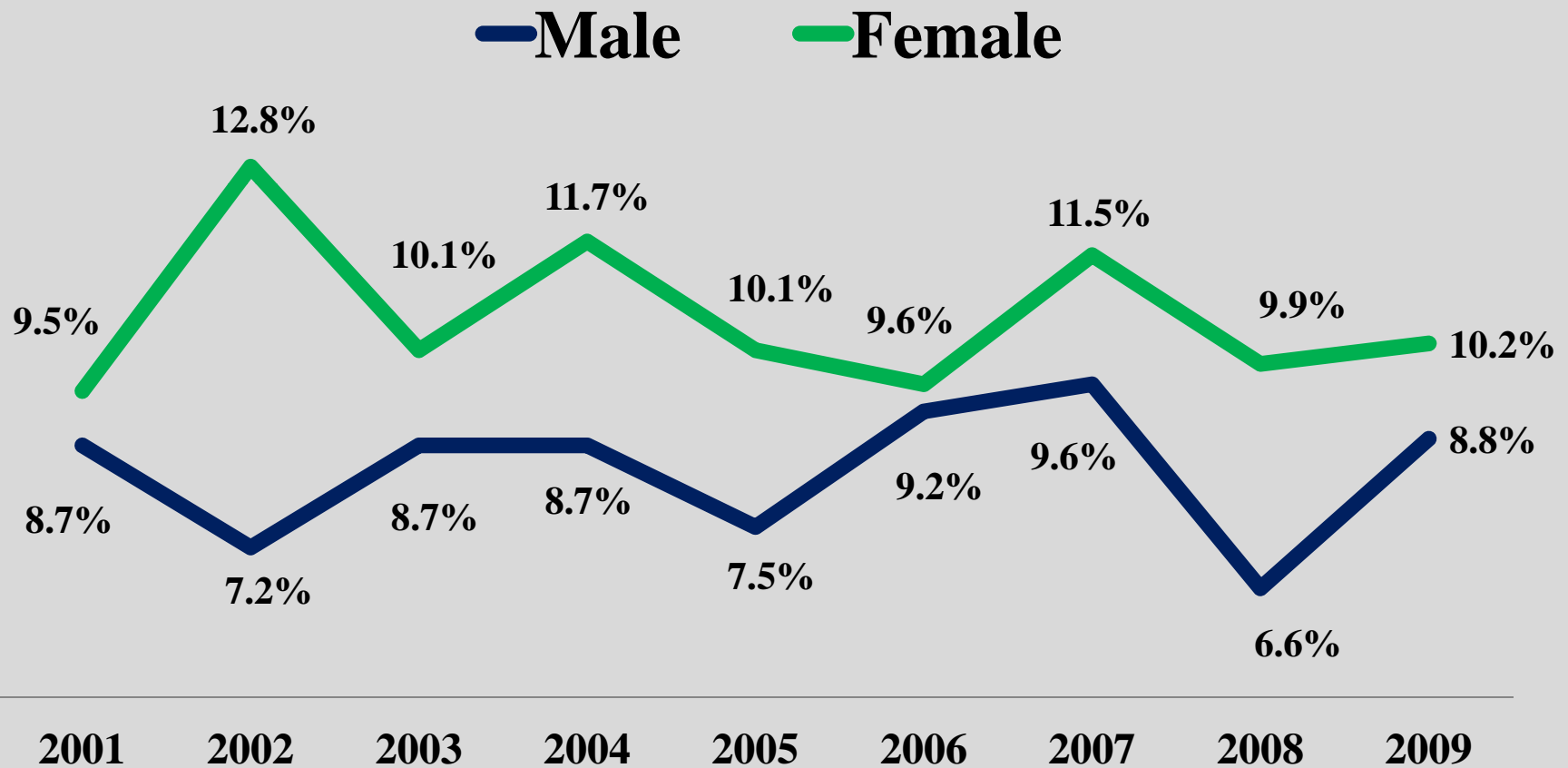
Have you ever been told by a doctor that you have diabetes?



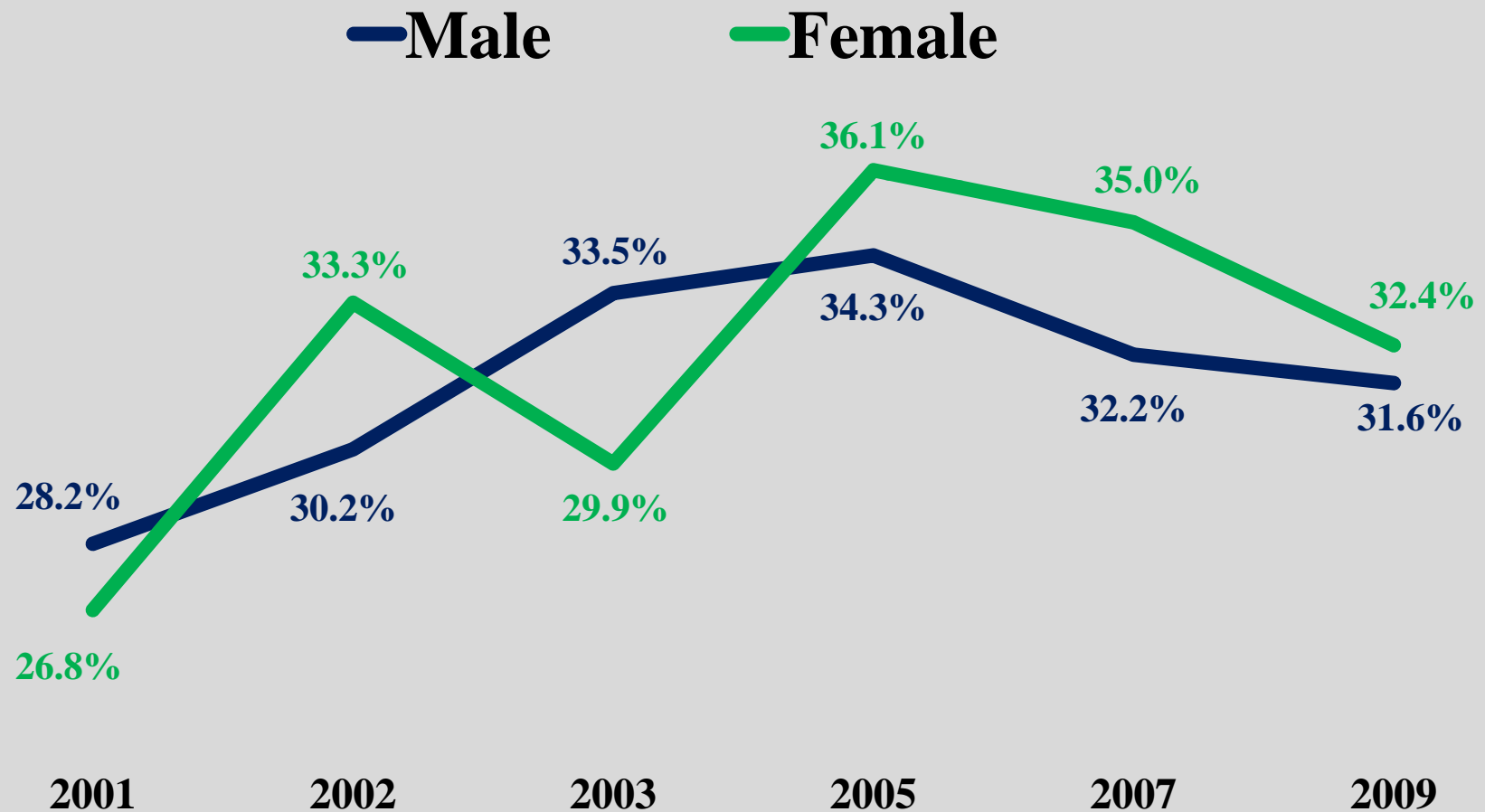
Have you ever been told by a doctor that you have arthritis?



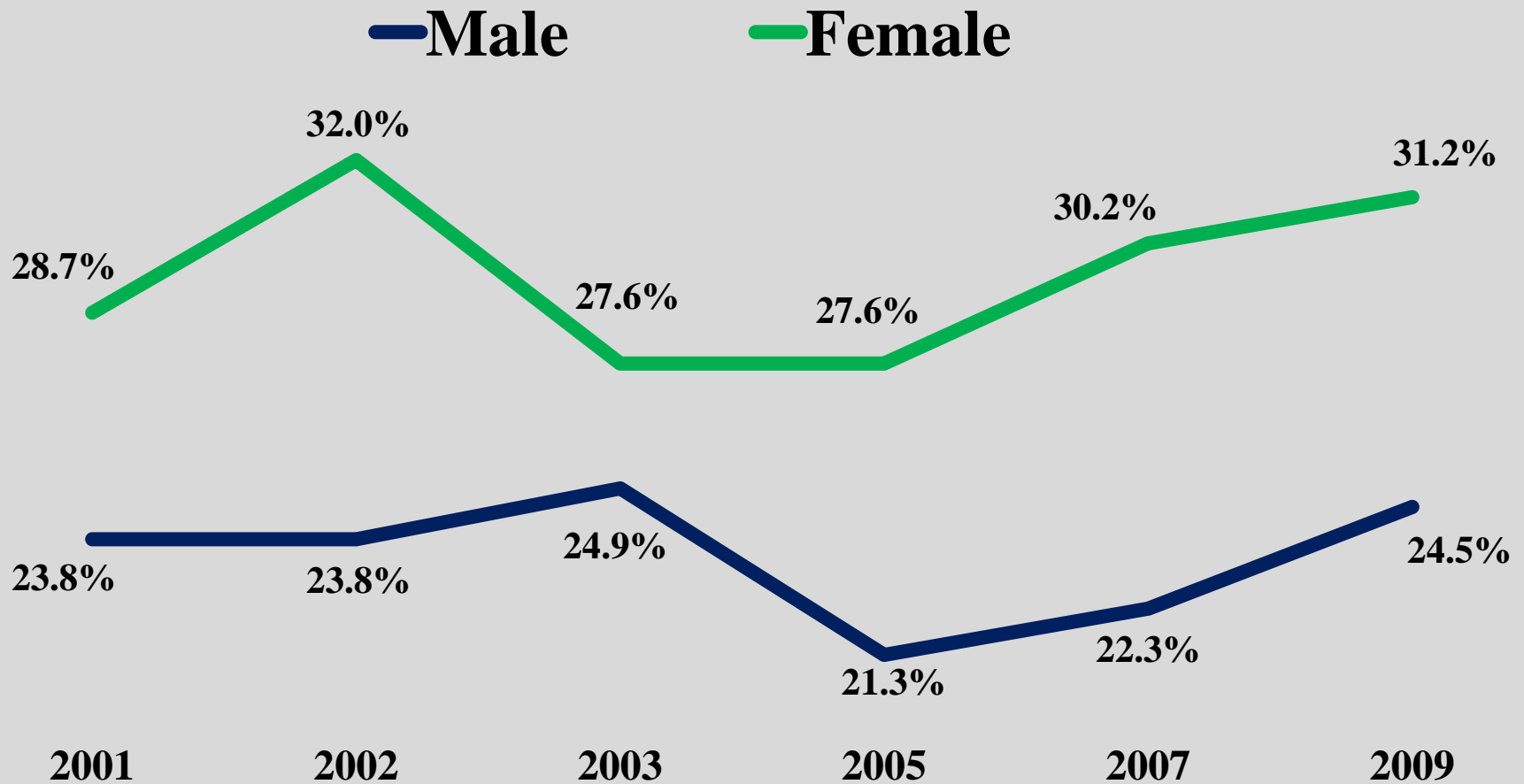
Have you ever been told by a doctor, nurse, or other health professional that you had asthma?



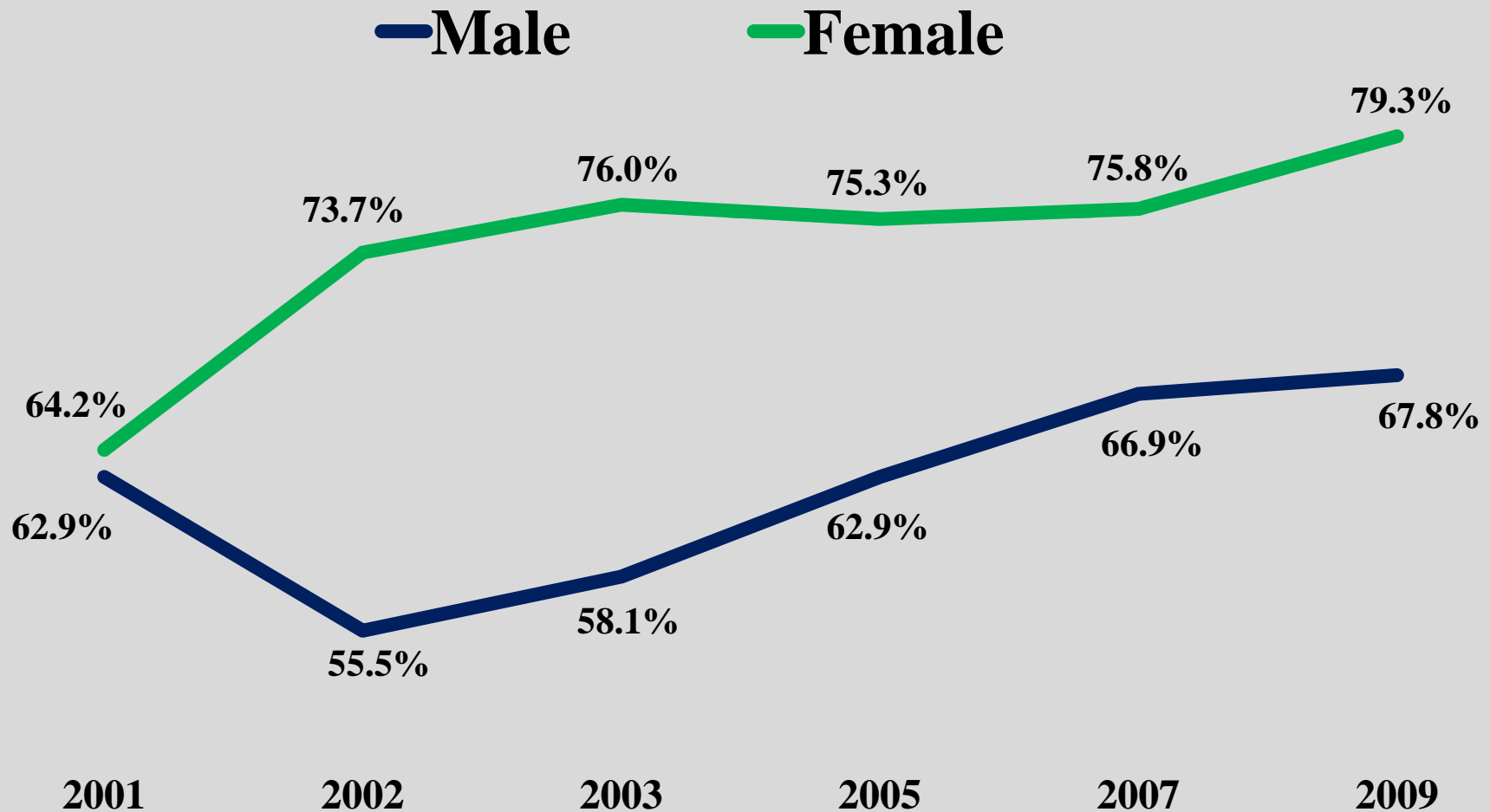
Have you ever been told by a doctor, nurse, or other health Professional that your blood cholesterol is high?



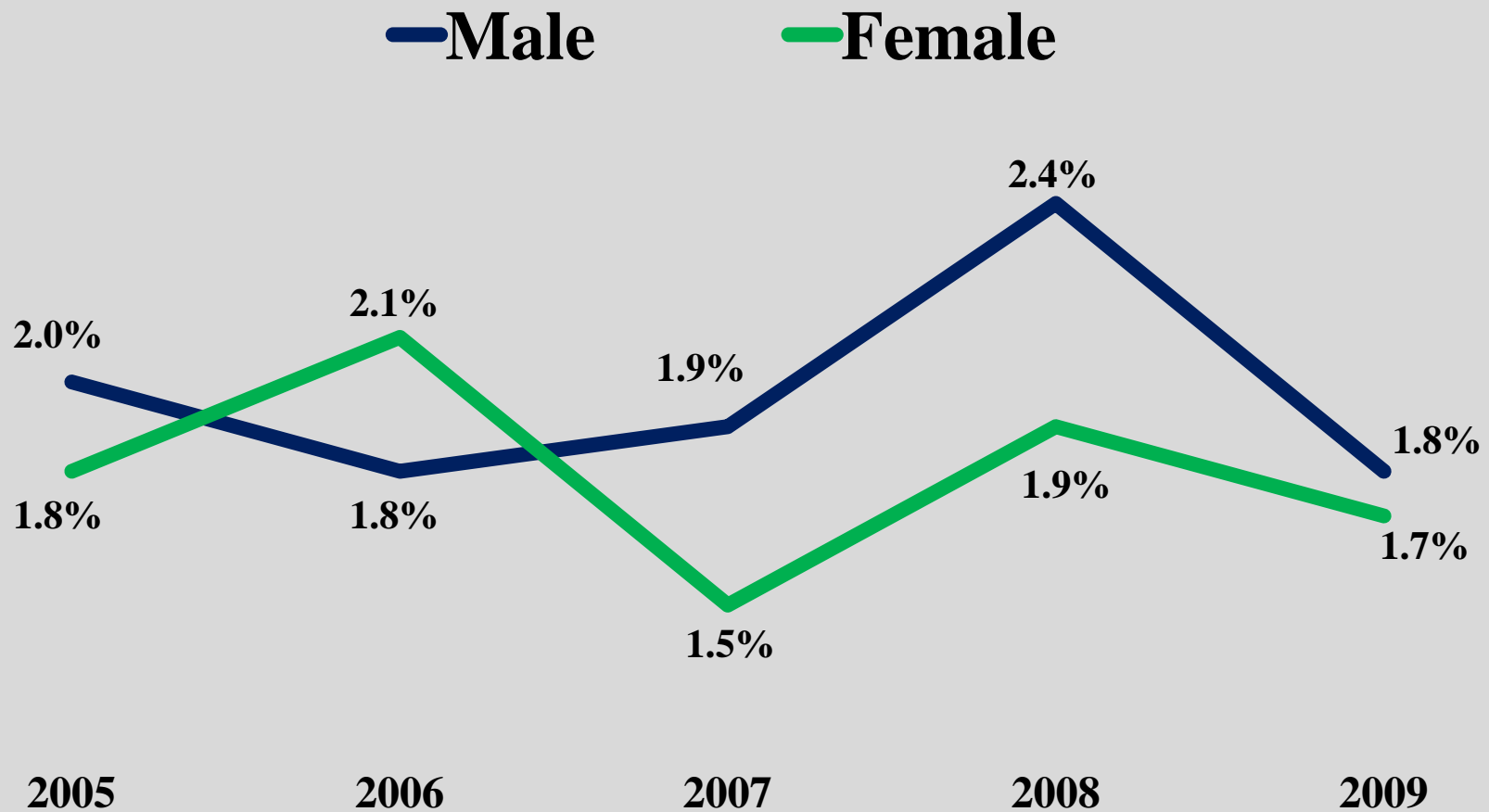
Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?



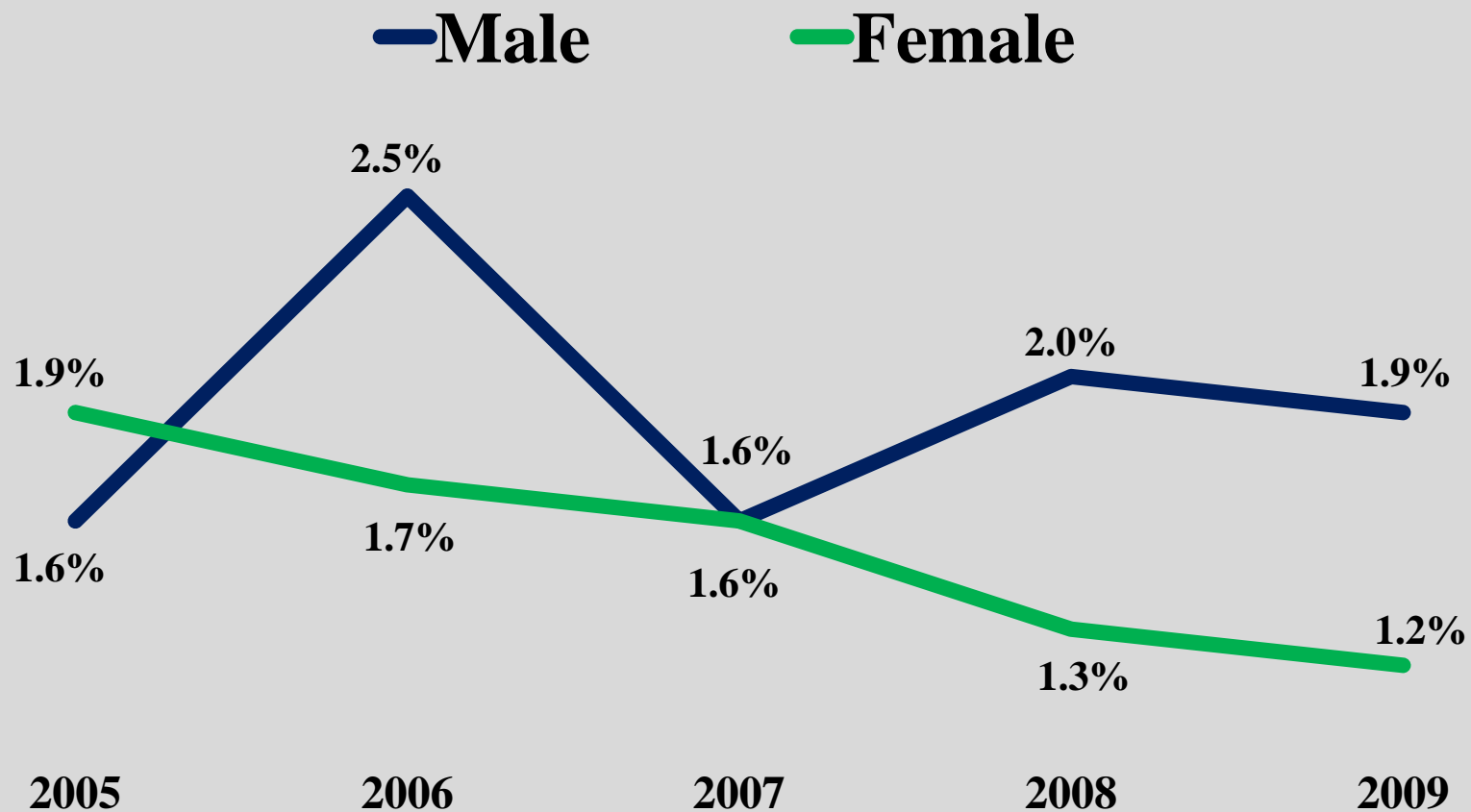
Are you currently taking medicine for your high blood pressure?



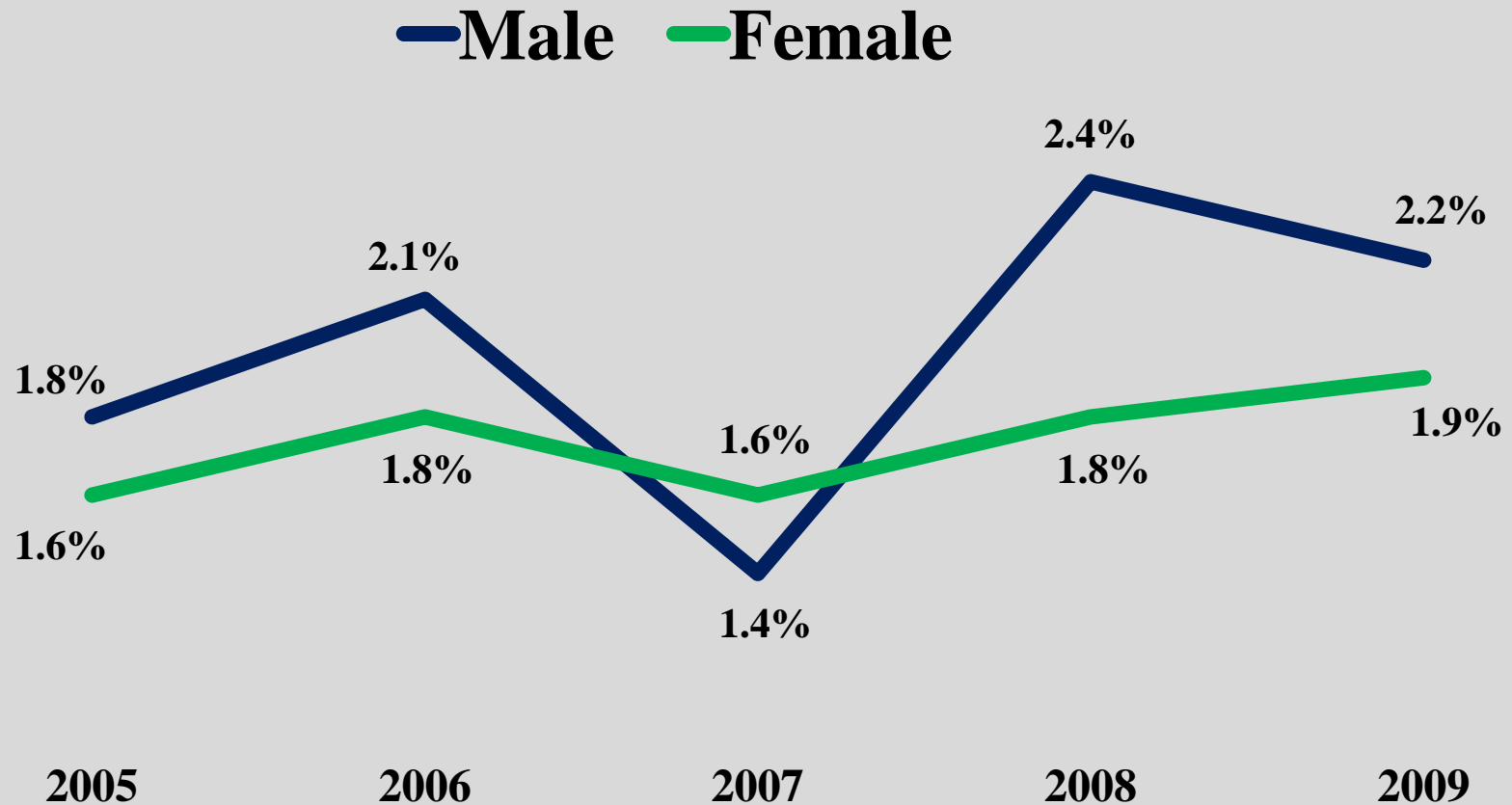
Has a doctor, nurse, or other health professional ever told you that you had coronary heart disease?



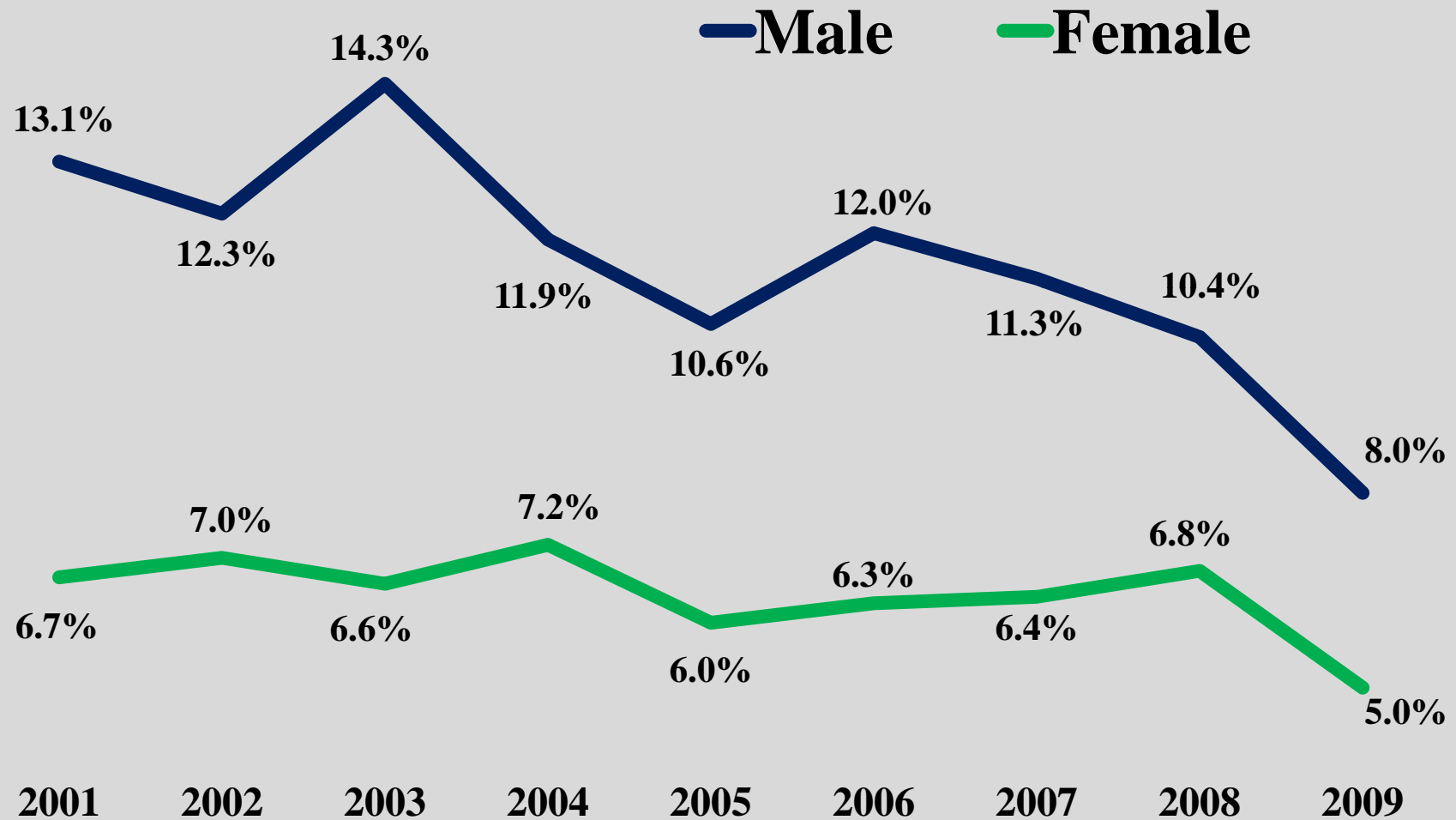
Has a doctor, nurse, or other health professional ever told you that you had a heart attack?



Has a doctor, nurse, or other health professional ever told you that you had a stroke?

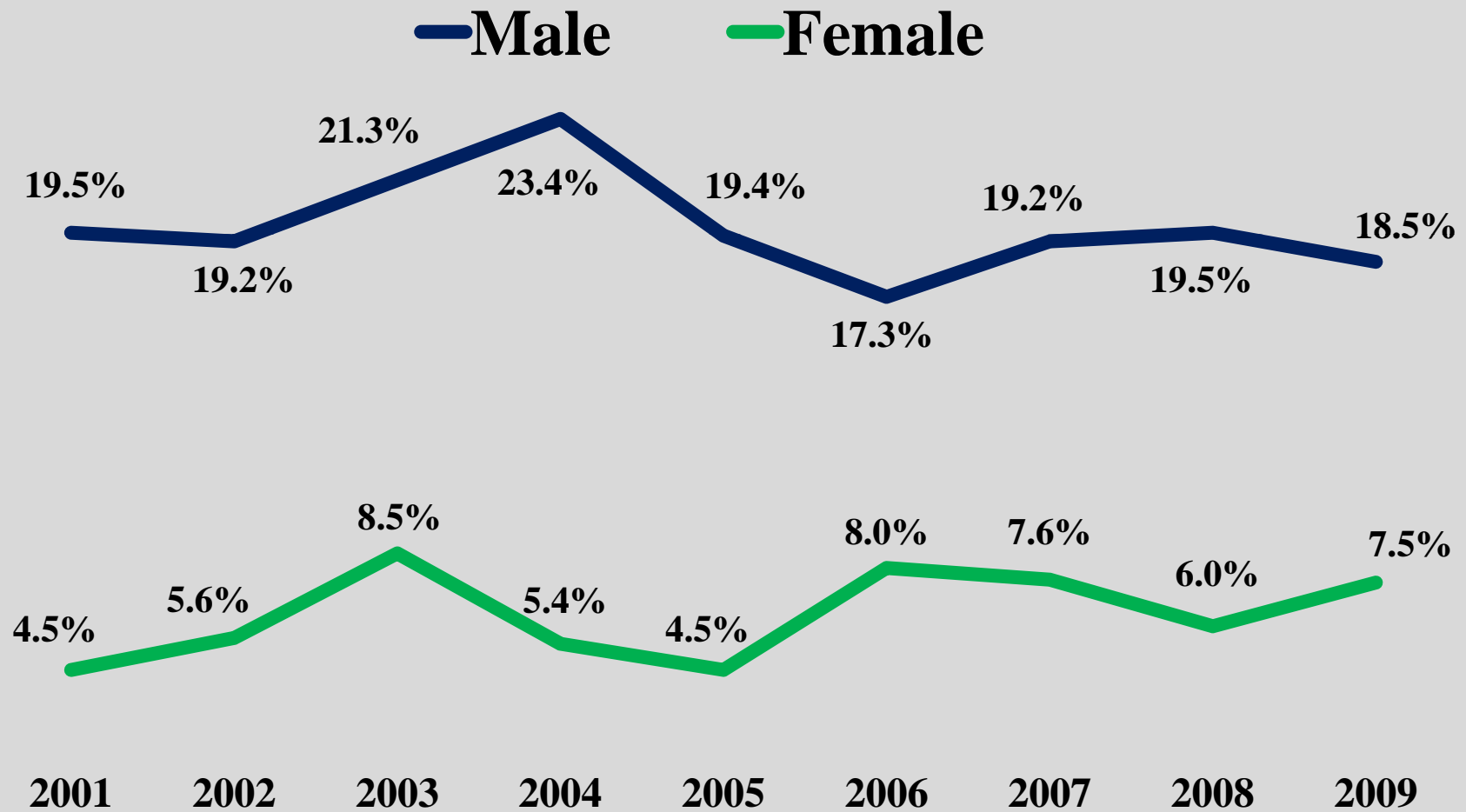


Current Cigarette Smoker



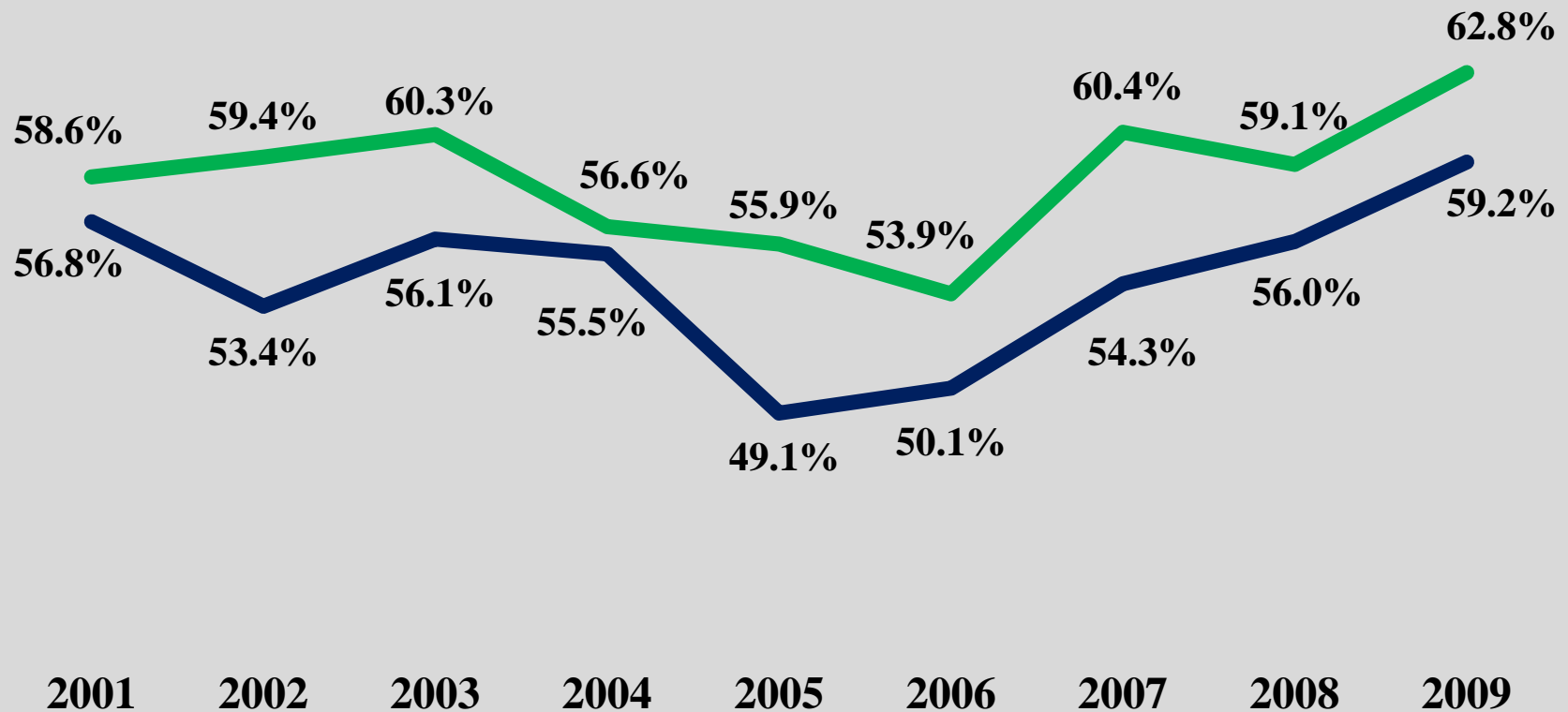
Binge drinking

(Having 5 or more drinks on 1 occasion)



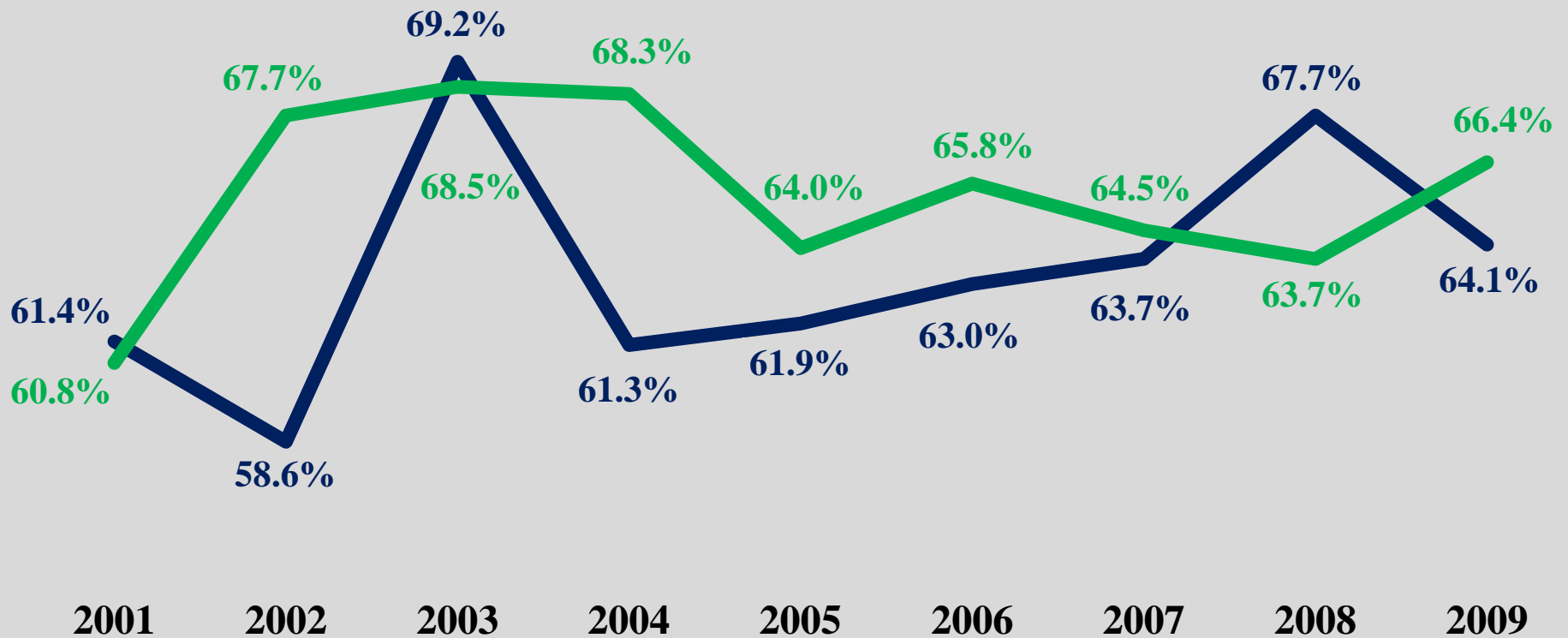
Have you ever been tested for HIV?

—Male —Female

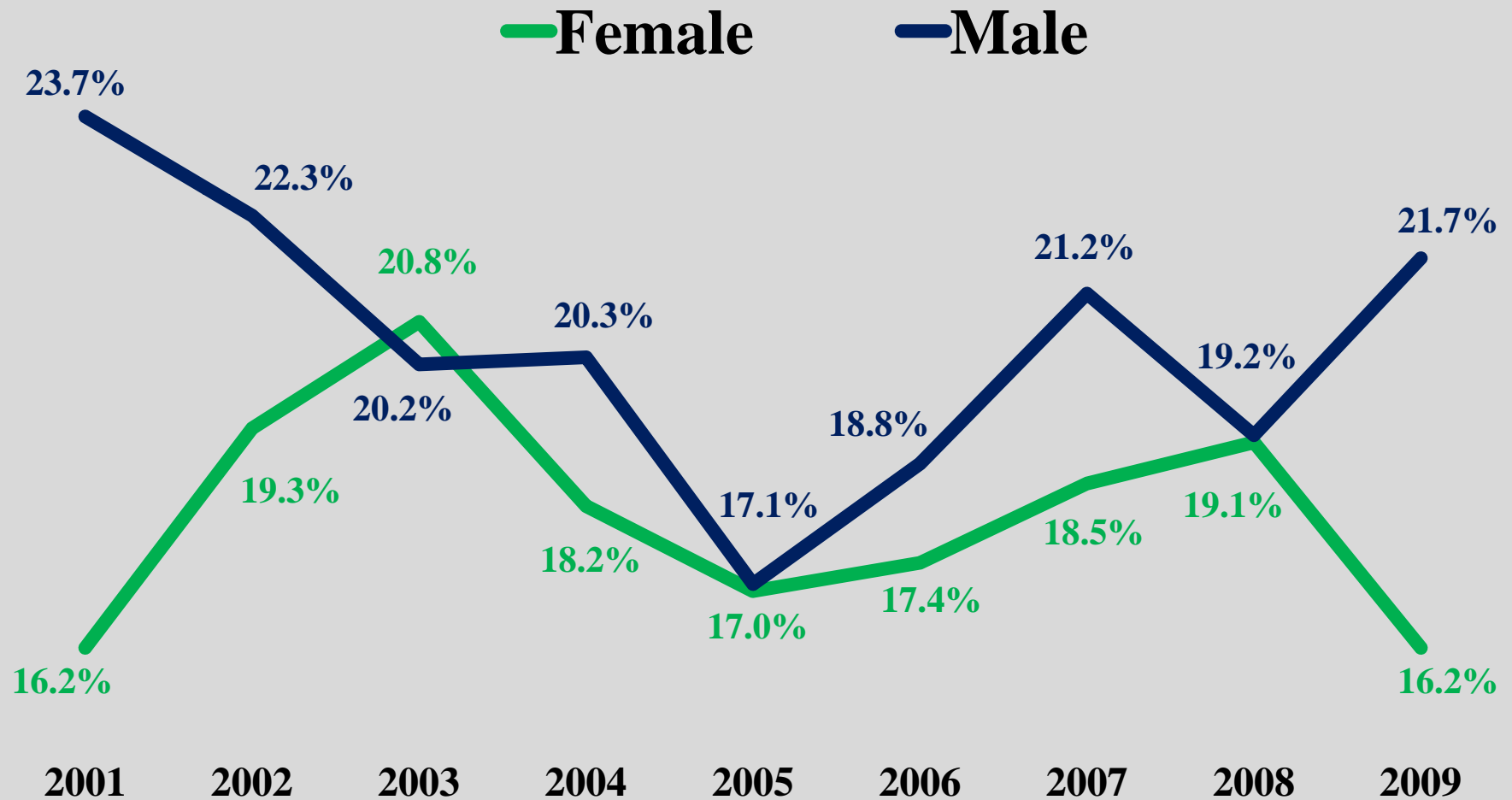


Adults who have a body mass index greater than 25.00 (Overweight or Obese)

— Male — Female

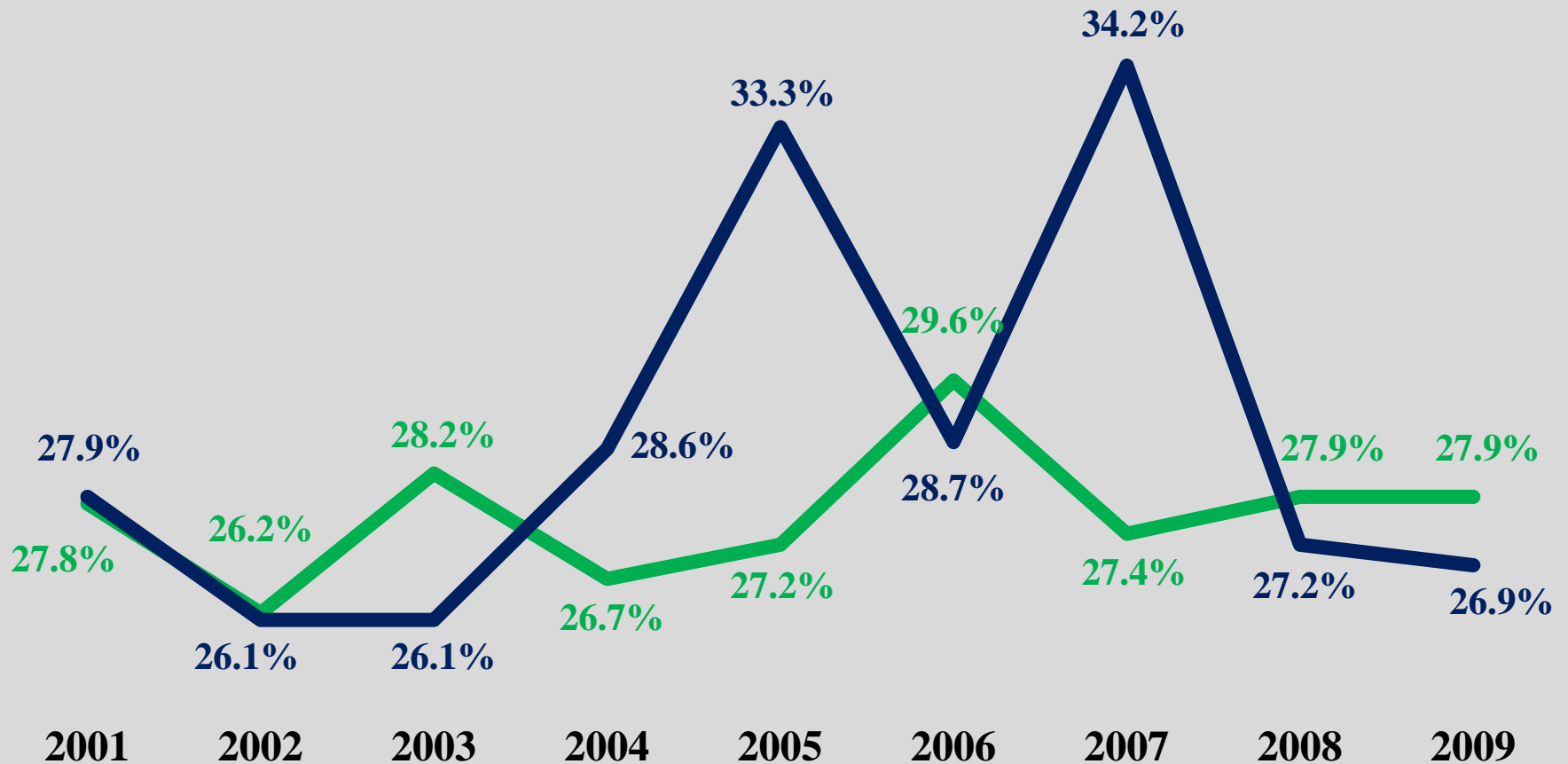


Would you say that in general your health is EXCELLENT



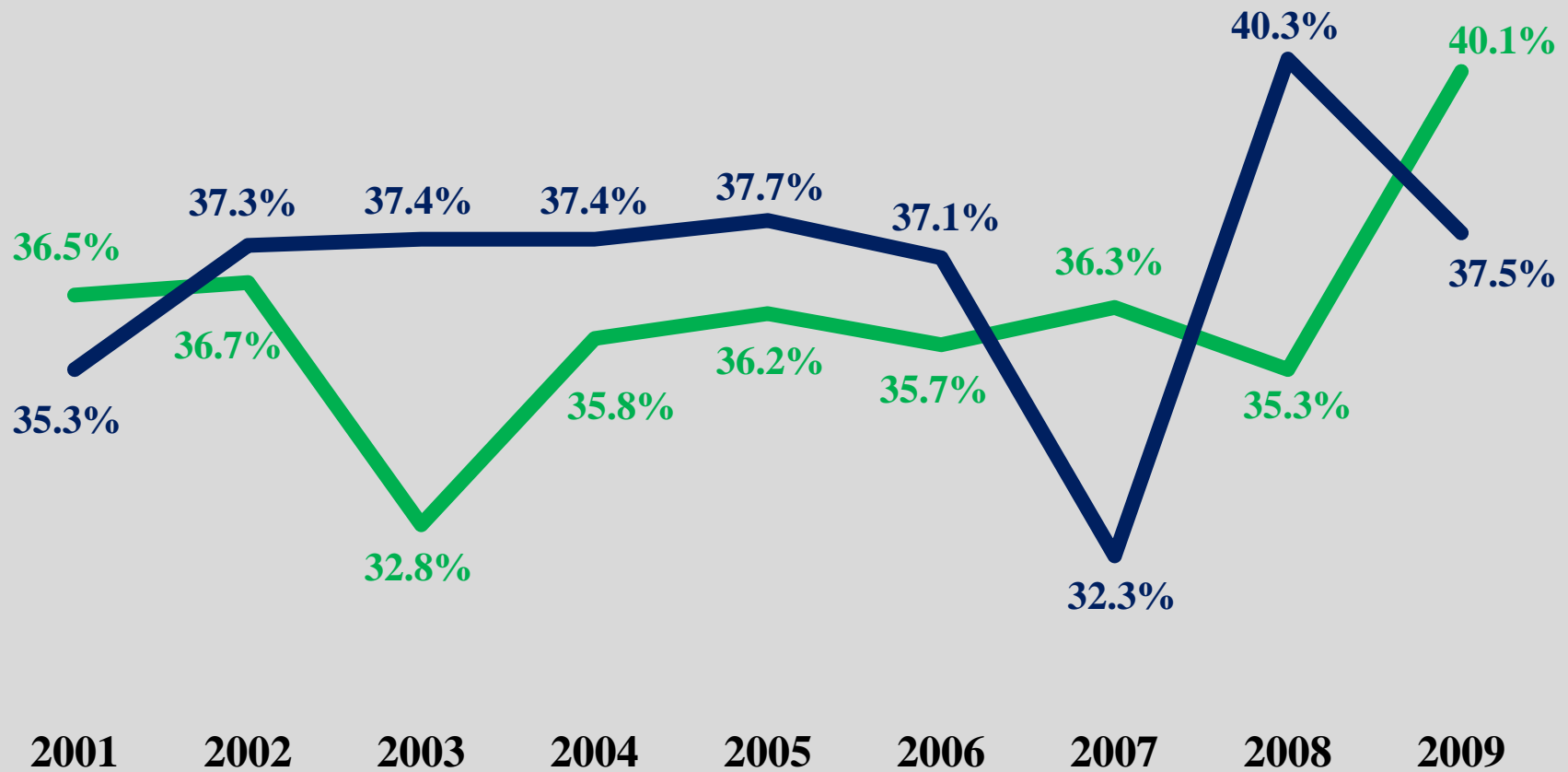
Would you say that in general your health is **VERY GOOD**

—Female —Male



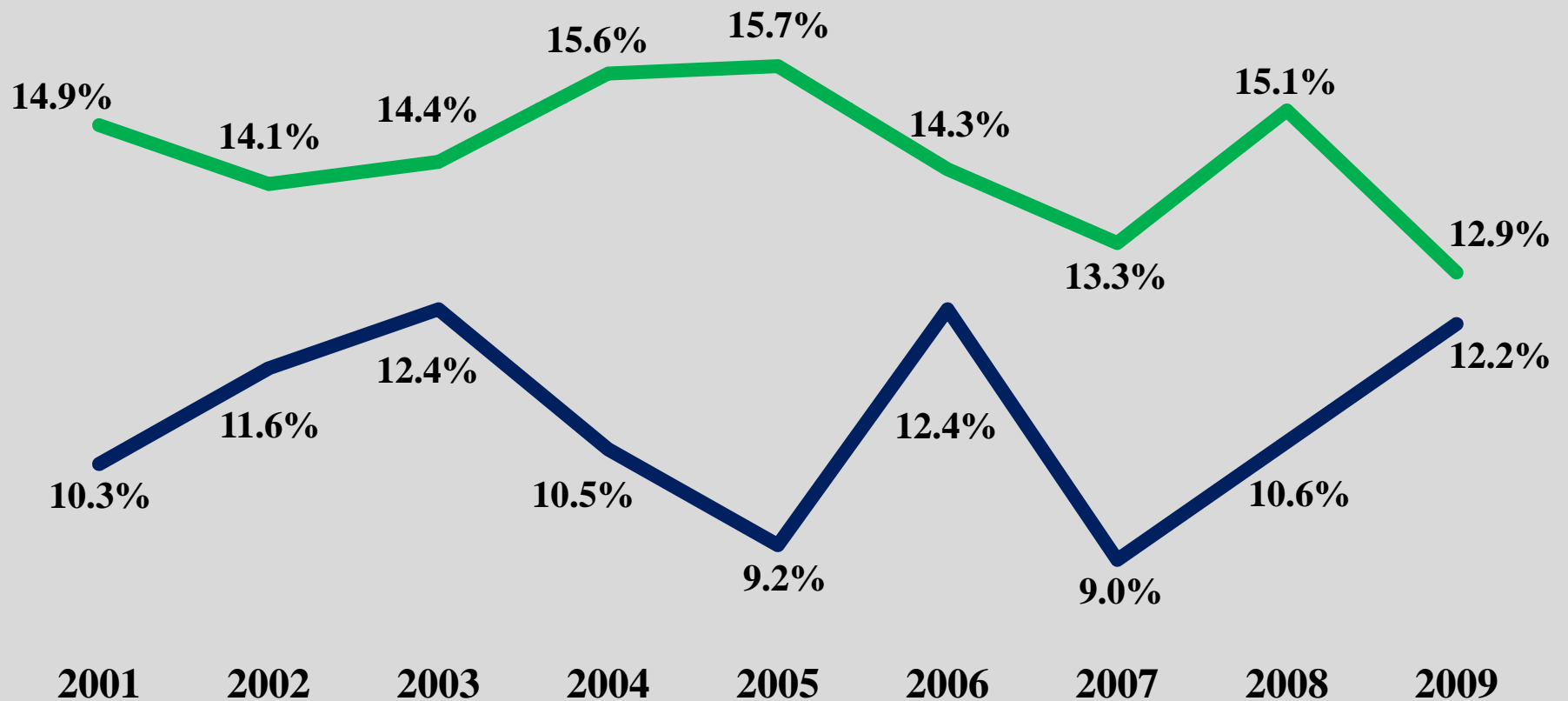
Would you say that in general your health is GOOD

—Female —Male

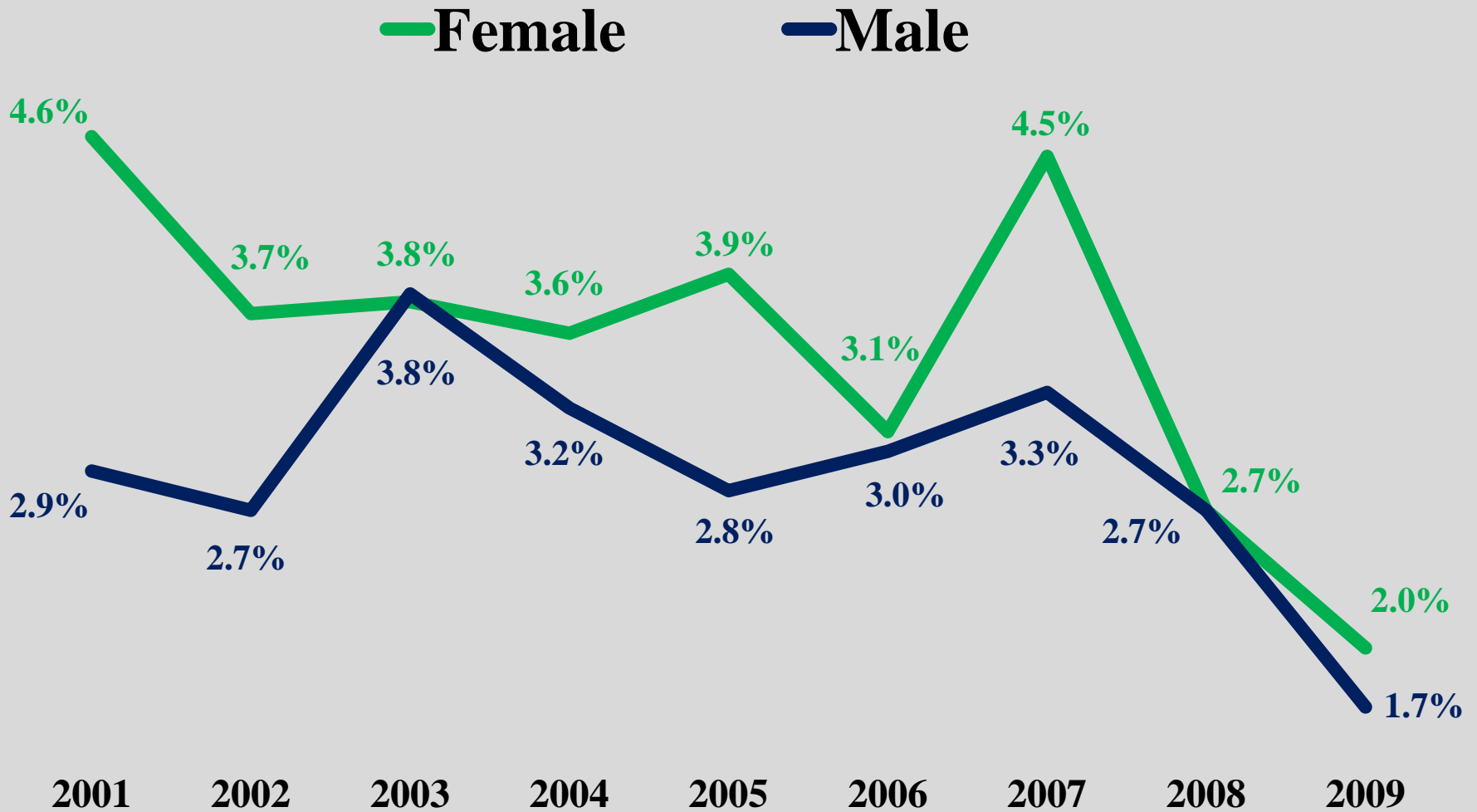


Would you say that in general your health is FAIR

— Female — Male



Would you say that in general your health is POOR



Summary

- **Chronic Diseases in USVI (2001-2009)**
 - **Diabetes, Arthritis, Asthma, High Blood Pressure, and Taking Blood Pressure Medications** were more prevalent among females.
- **Risky Behaviors in USVI (2001-2009)**
 - **Current Cigarette Smoking and Binge drinking** were more prevalent among males.

Compare to 50 State

- **Compare to 50 States, in USVI between 2001 and 2009:**
 - **Diabetes, High Blood Pressure, and Test for HIV** were more prevalent.
 - **Arthritis, Asthma, Heart Attack, Heart Disease, Stroke, Current Cigarette Smoking, and Binge drinking** were less prevalent.
 - **High Cholesterol, Taking Blood Pressure Medications, and BMI** had the same prevalence.

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Abstract #01.01.14

Francis Callwood, BS

LIVED EXPERIENCES OF VIRGIN ISLANDERS WITH MULTIPLE MYELOMA

by Francis Callwood

Intro



- ✦ Disease Background
- ✦ Purpose of Study
- ✦ Subject Qualifications
- ✦ My Investment

Demographics



Topics of Discussion



- ✦ Diagnosis
- ✦ Treatment
- ✦ Safety Network
- ✦ Recuperation
- ✦ Reflection

Similarities



Differences



Questions Thank You

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Abstract #03.01.06

Marguerite Baty Lucea, PhD, MPH, RN

Resource Use Among African Caribbean and African- American Women Experiencing Intimate Partner Violence (IPV)

Marguerite B. Lucea, PhD, MPH, RN
Johns Hopkins University School of
Nursing

UVI CERC Fourth Annual Health
Disparities Institute

October 21, 2011
St. Thomas, USVI

Background

- Reports of resource utilization vary widely in literature
- Resources for abused women
 - Formal/informal
 - DV-specific/DV-nonspecific
- Predictors of resource utilization
 - Higher level of education
 - Severity of physical violence
- Barriers to resource use
 - Economic dependency on abuser
 - Isolation
- Whether these hold true specifically among African-American and African-Caribbean women is unknown

Purpose and Hypotheses

- To examine resource utilization and understand the factors that influence this utilization among abused women of African descent.
- Hypotheses
 - Women who are employed, more highly educated, and have left their abusive partner before would be more likely to report utilizing resources
 - Women reporting lifetime abuse (not past 2-year) would be more likely than past 2-year abused women to have utilized resources
 - Women experiencing severe violence would be more likely to seek resources

Methods: Design & Sample

- Multi-site mixed methods comparative case-control study
- Sample:
 - African American and African Caribbean women ≥ 18 years old
 - Recruited from primary care, prenatal or family planning clinics
 - + intimate relationship within the past 2 years

Methods: Data Collection, Measures & Analysis

- In person recruitment from waiting rooms
 - Audio computer-assisted self-interview (ACASI)
-
- Outcome Variables: Resource Use
 - Community
 - Domestic Violence
 - Legal
 - Health Care
 - Predictor variables: Socio-demographics, depression, PTSD, Type of IPV, Risk for Lethality of IPV, hx of breaking up with abuser

Results:

- **Abuse (N=509)**

- 342 (67%) past two-year physical and/or sexual,
- 78 (15%) lifetime, but not past 2 year,
- 89 (18%) emotional only

- **Prevalence of Resource Use**

- Any: 57%
- Community: 37%
- Legal: 42%
- DV: 19%
- Medical: 13%

Results: Resource Use

Variable	Any	Community	Legal	DV	Medical
Age				P (Oldest)	P (Middle)
MS				P (D)	
Site	R (STT)		R (STT)		
Employed					R (+)
IPV Type	R (Em)	R (Em)		R (Em)	R (Em)
PTSD	P (+)	P (+)			P (+)
Lethality Risk	P (severe)	P (severe)	P (severe)	P (severe)	
Broken up			P (+)		

R= Risk Factor ; P= Protective Factor; + = positive for variable

Discussion

- Overall utilization is low, especially for medical resources
- STT women were less likely to pursue resources (overall and legal)
 - Why this is evident will be examined in qualitative analysis
- Emotional abuse harder to detect
 - Providers and advocates should be aware of this.
- Women with severe risk for lethality were more likely to access many resources.
 - Not a “protective factor” but rather an impetus for seeking help.
- PTSD was a predictor for all but DV resources

Conclusions

- Further research into role of economic independence
- Providers and advocates be alert to lesser forms of violence that may not prompt women to seek help
 - Awareness when working with abused women who are accessing the resource that there may be severe risk for lethality in relationship
- Systems need to facilitate resource redress for all abused women
 - Attention to emotional abuse, younger women, as they are less likely to seek help.

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Abstract #03.02.08

LaVerne E. Ragster, PhD

Climate -Health Linkages

- ▶ Project:

A Collaborative Response to Public Health Challenges Linked to Climate Change Impacts in the VI and the Caribbean

- ▶ Funded by:

NIH National Center for Minority Health and Health Disparities

- ▶ Duration 2009–2011

- ▶ Partners: UVICERC, MUSC–PICO, VIDOH

- ▶ PD/PI : Dr. Gloria Callwood

Co-PIs: L. Ragster, S. Slaughter, D. Rivers

Climate –Health Linkages

The specific aims of the project:

- 1) Research and develop information supporting communications and strategies to address links between climate change and increasing public health challenges, specifically dengue and ciguatera;
- 2) Develop an effective educational outreach program focused on the prevention and mitigation of health problems associated with dengue and ciguatera.

Climate -Health Linkages

Project Activities

Institute I – Workshop – Technical professionals

Objectives – Awareness and recommendations for interventions

Institute II – Focus Groups and Town Hall – Representatives of community groups and General community

Objectives – Awareness and recommendations for interventions

Institute III – Technical Assistance Workshop – Community groups

Objectives – Grant writing and project assistance

Climate -Health Linkages

Project Recommendations

- ❖ Include face to face education and action plan sessions.
- ❖ Develop message for a range of audiences in collaboration with their respective associations or groups.
- ❖ Identify and adapt best practice models for citizen participation.
- ❖ Reflect knowledge of cultural beliefs or behaviors.
- ❖ Educate to change behavior of community.
- ❖ Consumer & civic groups combine public education & participation.
- ❖ Partner with government to spread the word using government-approved messages or scripts.
- ❖ VI Department of Health – revise or create protocols and enforce reporting.
- ❖ Encourage fishers to propose pro-active campaign
- ❖ Know the importance of seeking medical care; report the kind of fish eaten and where the fish was caught or purchased

Climate -Health Linkages

Project Products and Outputs

_Background Paper – "Climate–Health Linkages under Conditions of Climate Variability and Change in the Caribbean“

Website: <http://www.myhealthwhatsclimategottodowithit.com>

Live Television Program – “Climate and Health: New Challenges for the Virgin Islands”

Public Service Announcements (PSA’s) – Dengue Fever, Ciguatera and Climate Change

Grant proposals – to work with specific groups on interventions

Climate -Health Linkages

Public Service Announcements (PSA's)

[UVI Climate & Health PSA-30s CIGUATERA pp720.wmv](#)

[UVI Climate & Health PSA-30s DENGUE ppHD720.wmv](#)

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Continuing Education...

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**Thank you
for your participation!**