

CBPR to Reduce Women's Health Disparities thru TANF Study: Focus Group and Survey Findings to Redesign a Clinical Health Screening Questionnaire

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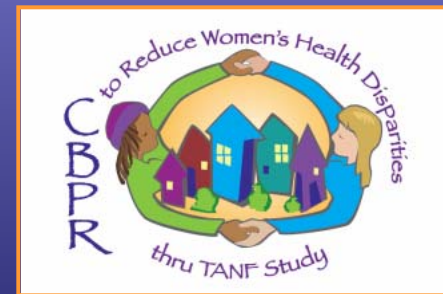
Allyson Hall, PhD

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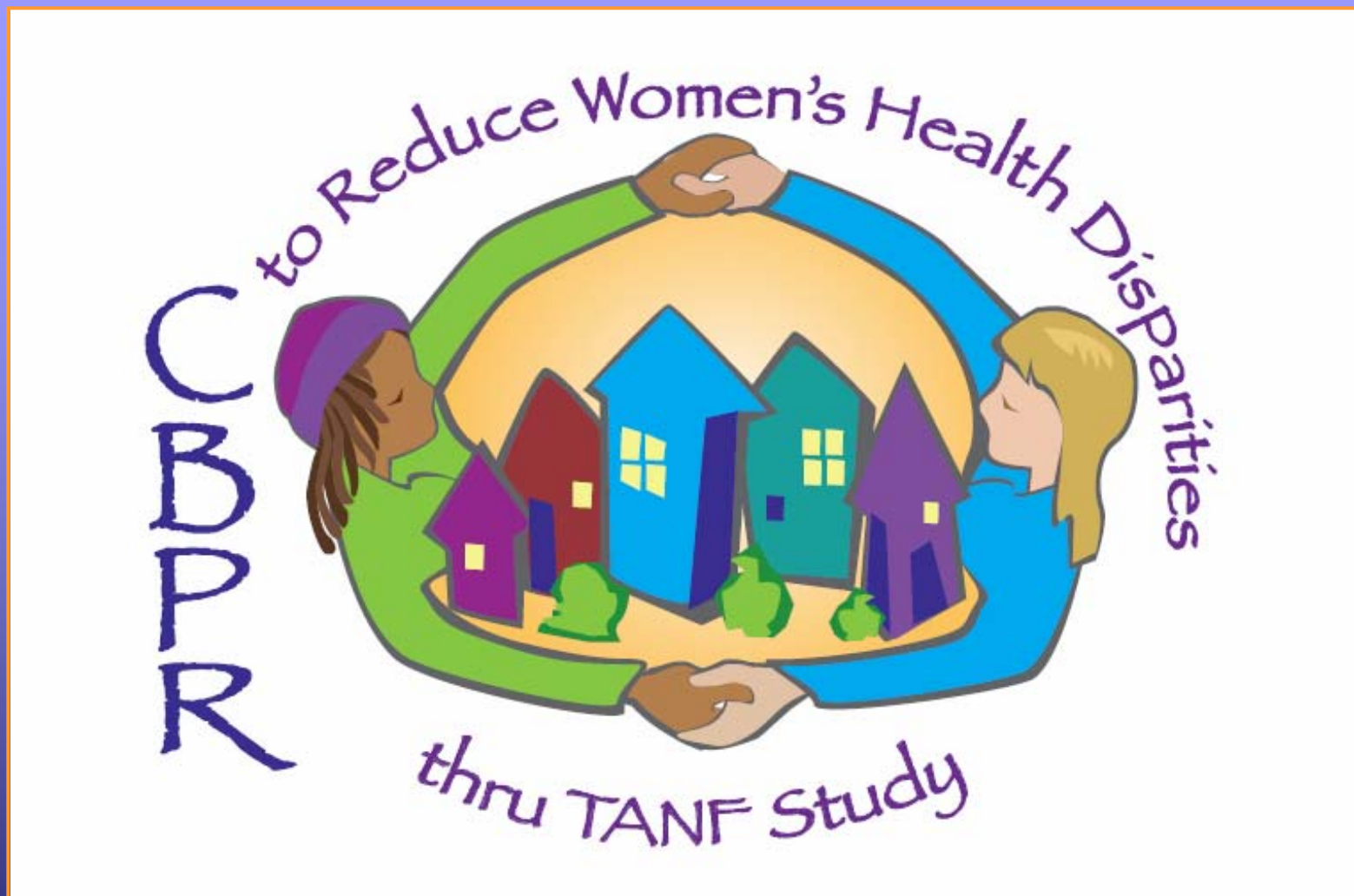
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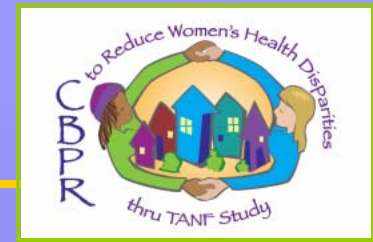
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Aim 1



 *To redesign the current Welfare Transition Program (WTP) clinical health screening tool so that it is culturally relevant, sensitive, and acceptable for use in testing the efficacy of a Welfare Participant Centered Health Program (WPCHP) using a participatory research methodology.*

Aim 2



 *To test the efficacy of a WPCHP among women enrolled in WTPs in: a) increasing rates of voluntary screening, identification, and treatment for chronic health conditions, b) increasing ability to navigate the Medicaid system, c) improving functional and health status over time, and d) increasing employment duration among women with chronic health conditions using a participatory research methodology.*

Background & Significance



- 96% of adults receiving TANF ('welfare') are women.
- High prevalence of mental and physical health conditions: 2-4x higher than general population of women.
(Boothroyd et al, 2001; Coiro, 2001; Corcoran et al., 2004; Fagnoni, 2001; Kalil et al., 2001; Montoya et al., 2002; Polit, et al., 2001)
- Since welfare reform in 1996, emphasis is immediate placement in typically low skilled jobs.

Background & Significance (cont.)



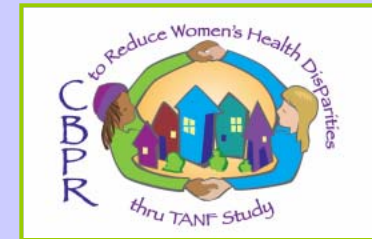
- ❖ Women with health problems are more likely to be sanctioned (lose benefits) and work for shorter periods of time after a welfare exit. *(Corcoran et al., 2004; Polit et al., 2001)*
- ❖ 48% of women receiving TANF reported poor health was their primary limitation to leaving welfare. *(Zedlewski, 1999)*
- ❖ Federal agencies responsible for TANF call for programs to support health as women move into employment. *(Fagnoni, 2002)*

Redesigning the Questionnaire

Focus group interviews used

Redesign focused on:

- Content identified as important
- Wording of questions
- Order of questions
- Introductory “narratives” to specific question sets
- Acceptability of existing valid/reliable screening tools (BDI-II, etc.)



Focus Group Structure



3 Rounds of FGs


3
FGs

3
FGs

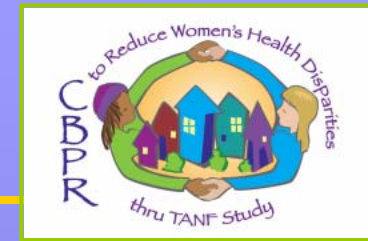
3
FGs

8-10 Women / FG

9 FGs, n=61 Women

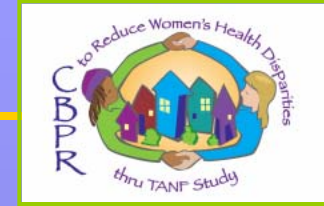
 Iterative process across FGs and Rounds to refine tool.

FG Description



- Each “Round” had its own purpose.
 - R1 = Health topics in general
 - R2 = Wording, placement, format, aesthetics, introductory wording (where needed)
 - R3 = Completed tool, evaluated questions for respectfulness, sensitivity, if relevant to their health needs, ease of completion and how easy to understand.

FG *A Priori* Guiding Principles



🌸 Krueger's (2000) Focus Group Toolkit.

🌸 Sandelowski & Barroso (2002, 2003) Typology of Qualitative Findings.

Data Collection / Analysis



- FGs tape-recorded, transcribed verbatim.
- Field notes.
- Team discussed impressions of major points within 24h of each FG.
- PI / Co-I conducted analyses independently after each FG, and met together and with members of research team before next FG.
- Final analyses → themes identified.

Demographics



Sample Characteristics

- Age – 30.3 (mean)
- Not Married – 92%
- Race/Ethnicity
 - Black/AA – 70%
 - White – 25%
 - Hispanic/Latino – 7%
- Household Income – \$759 (mean)

Demographics



Sample Characteristics

Education

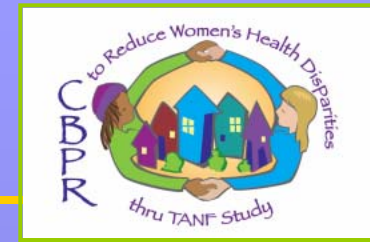
- HS – 26%
- Some College/Tech Training – 50%

Children – 2.2 (mean)

Number of Chronic Health Conditions

- 1-2 – 38%
- 3-4 – 36%

Findings



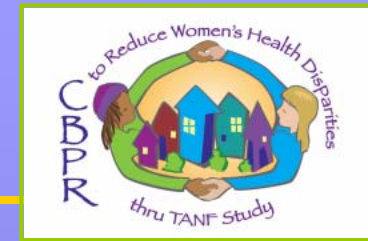
Content Areas

-  'Address topics that are important to me'

Process Issues

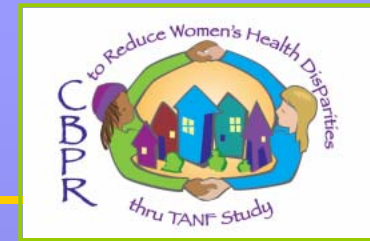
-  'Show me respect and understand my needs'

Content Area Findings



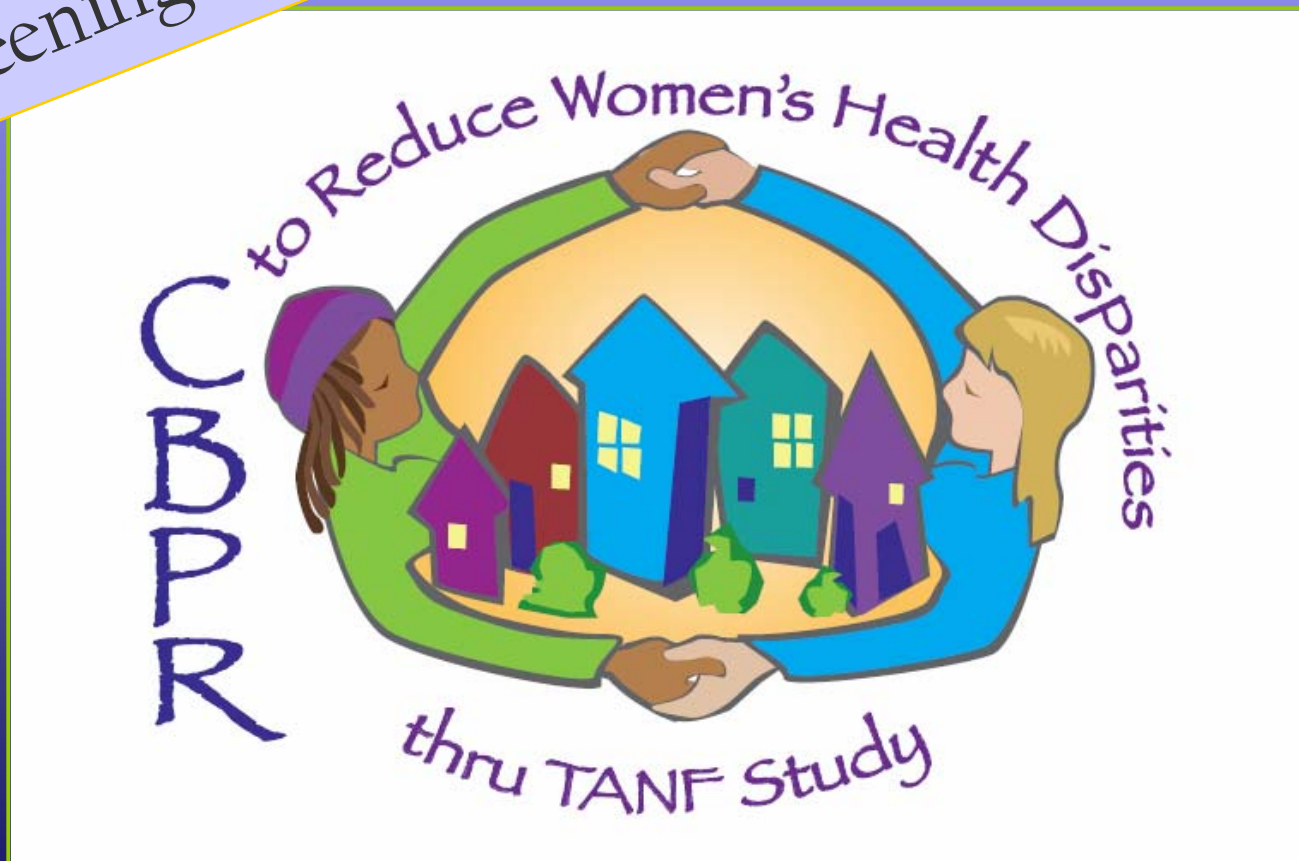
- ❖ Must address the context of their lives.
- ❖ Stress, depression, physical health concerns, lifestyle concerns.
- ❖ Questions added that asked about their health goals, specific concerns, stressors, and how they handle stressors.
- ❖ Reflection on what they did in response to stress.

Process Issue Findings



- ❖ Also related to the context of their lives: past experiences with / treatment from social welfare systems.
- ❖ Trust and Disclosure
- ❖ Choice and flexibility in completing tool (with help, alone).
- ❖ The ability to ask for help when they wanted it (*Stages of Change Model*).

Examples from the
Screening Tool



Women's Health Screening Questionnaire

Developed *by* Women in the Welfare Transition Program

for Women in the Welfare Transition Program



Part 1

These first questions ask about any specific health needs or goals you may have, so that the nurse can help address what is most important for you at this time.

1. Are there any specific health issues, or immediate health needs, problems, or concerns that you want to talk about today? If so, please describe them.

2. Next, are there any 'health goals' that you have for yourself? That is, are there things you want to work on to move yourself closer to feeling or being as healthy as you can be? If so, please share what these goals are:

These next questions ask about where you currently go for your primary healthcare needs, and how well your healthcare provider / office is meeting your needs.

3. Do you have one clinic / office / place that you go to for your healthcare?

Yes

No



Go to Question 4, next page

Part 2

Weight



- Many women have issues with their weight - whether it is being too heavy, or too thin.
- Being too heavy (or 'overweight', or 'obese') increases your risk for many health problems, including high blood pressure, heart attack, stroke, diabetes, and hip / knee / back problems.
- Even a small weight loss (10 pounds) can make big improvements in reducing these risks.
- Being too thin, or doing some things to make yourself thin (such as making yourself vomit, taking laxatives, or starving yourself) can also cause life-threatening health problems.

NHLBI(2000). The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. DHHS, Office on Women's Health (2004). Body Image & Your Health: Eating Disorders.

3. Are you concerned about your weight, eating habits, or lack of exercise may be a risk to your health? Yes No

3.a. Would you like any information about what a 'healthy weight' is, eating healthier, or ways of increasing exercise in your life? Yes No Maybe later

'Body Mass Index', or 'BMI', is the standard measurement used to determine whether someone is at a healthy weight, is overweight, or considered obese (see table below). It is based on your height and your weight, and can be done in 2 minutes or less.

3.b. Would you like the nurse to calculate your BMI? Yes No Maybe later

Classifications for BMI	
	BMI
Underweight	<18.5 kg/m ²
Normal weight	18.5-24.9 kg/m ²
Overweight	25-29.9 kg/m ²
Obesity (Class 1)	30-34.9 kg/m ²

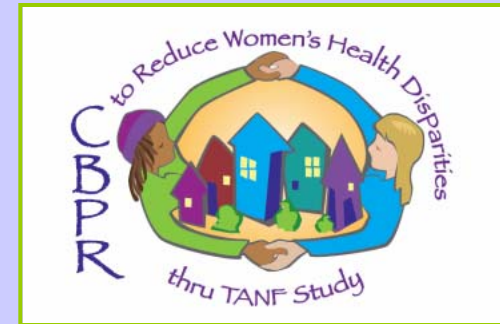
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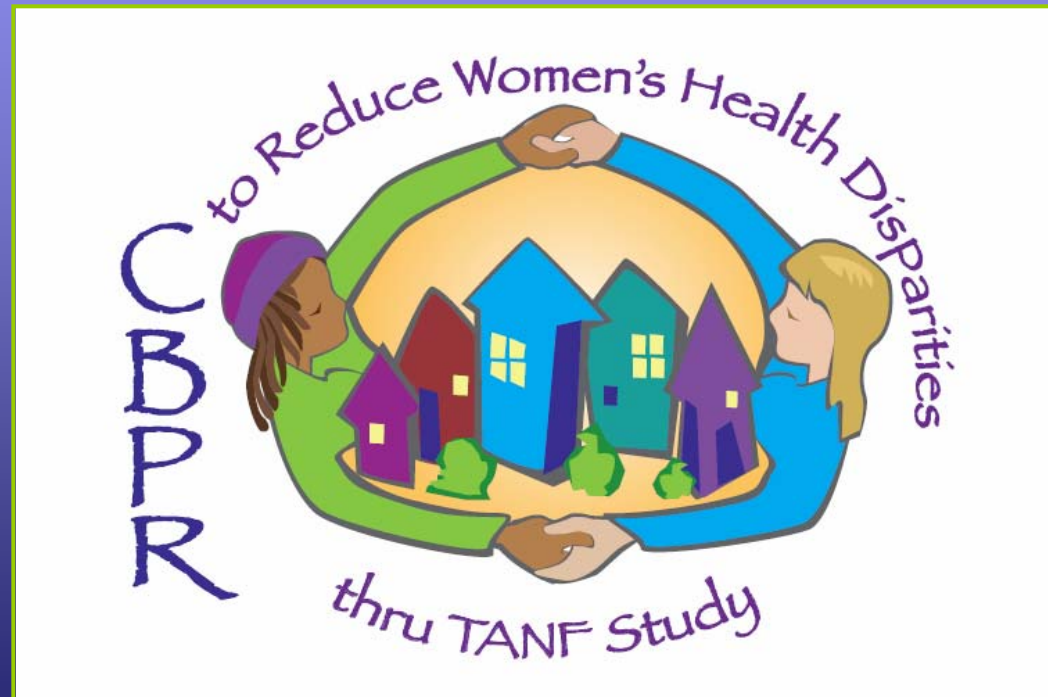
To lose a pound of body weight, you must burn 3500 more calories than you take in. An easy, small step to

Implications for Practice

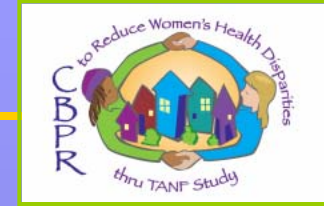
Health Screening is a
PROCESS,
Not an
EVENT.



Questions



FG *A Priori* Guiding Principles



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