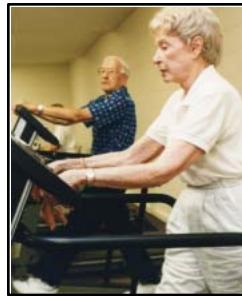


# Patterns of Response to Health Risks Among the Southern Poor

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*American Public Health Association Conference, 2007*

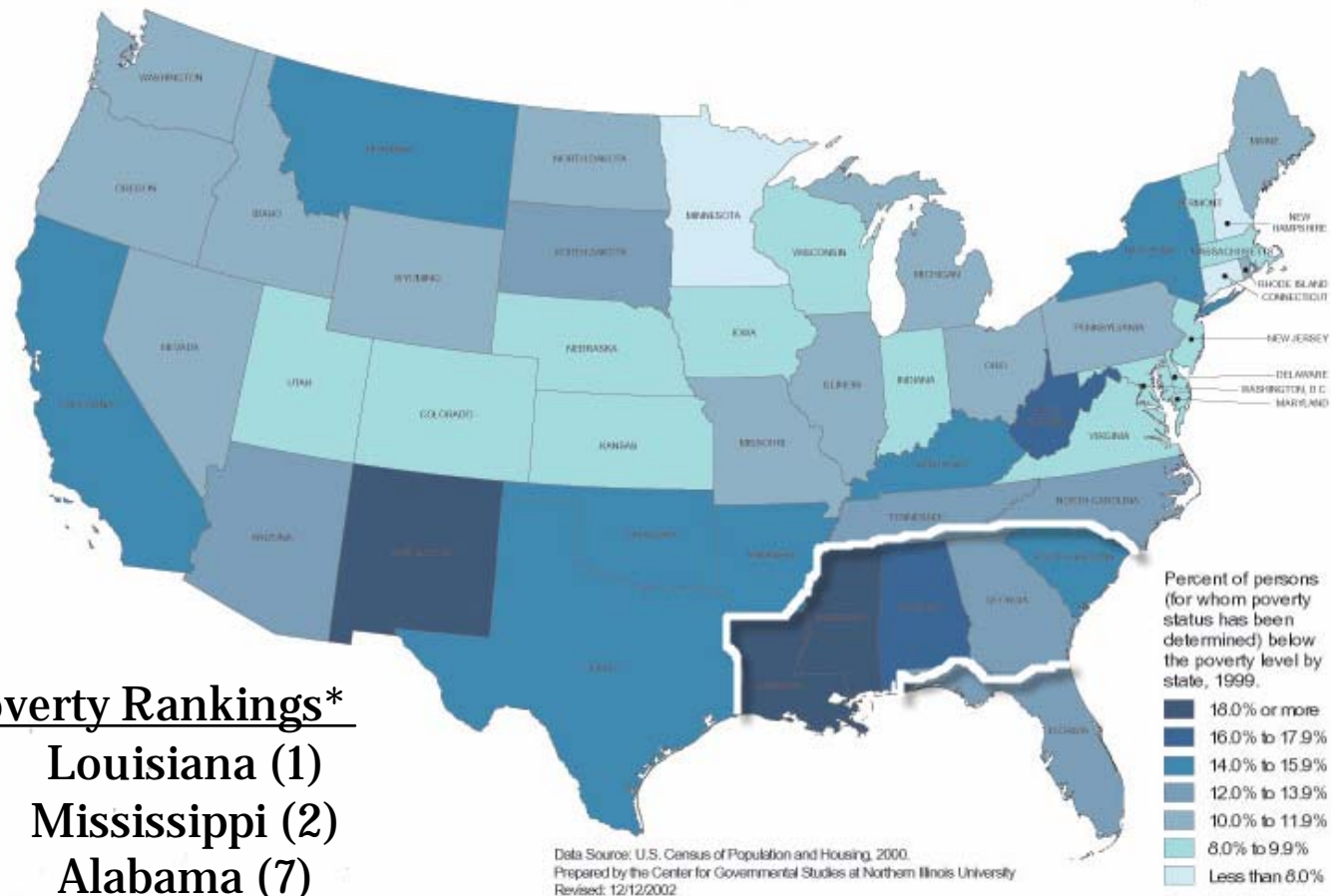
# The Southern Center

- Our Purpose: a) Discover how the southern poor respond to health risks  
b) Develop/evaluate interventions to increase health protection behaviors.
- Why? Poverty rates and health disparities are among the highest in the southern U.S.
- We work in 5 adjacent states:
  - Georgia
  - South Carolina
  - Alabama
  - Mississippi
  - Louisiana

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# 5-State and Adjacent Poverty Rates



## Poverty Rankings\*

Louisiana (1)

Mississippi (2)

Alabama (7)

South Carolina (13)

Georgia (19)

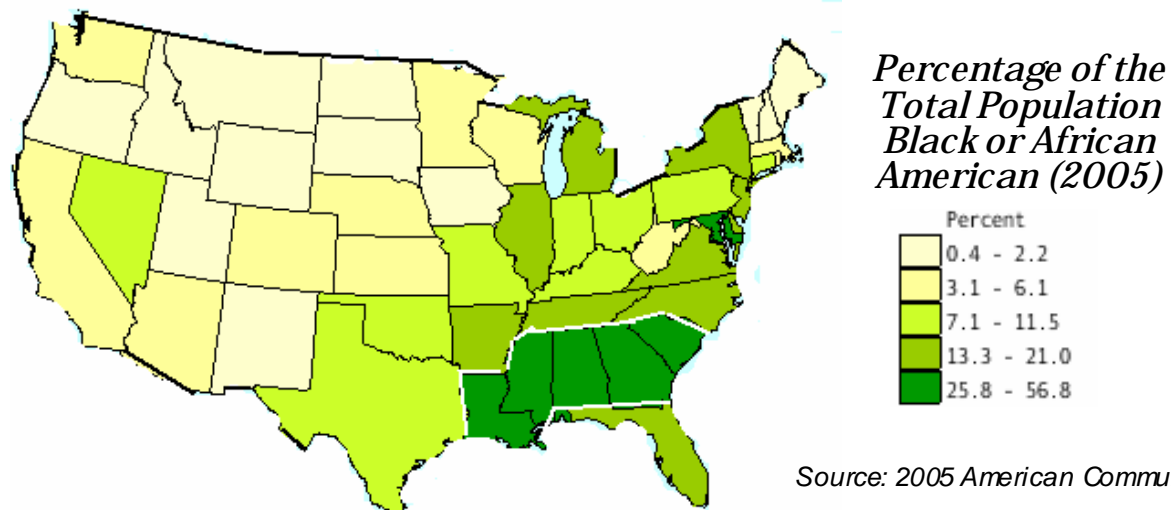
\* U.S. Census, 2000

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# Contributors to Health Disparities

- Poor economic conditions, lower education levels, high uninsured rates in the South
  - Higher death rates from diseases such as cancer, diabetes and cardiovascular disease
  - Highest Minority Populations
    - affected by diseases and health conditions at greater rates
- (Office of Minority Health, 2007)*



*Source: 2005 American Community Survey*

# Study Rationale

- People in poverty at high risk
- Poor individuals have less knowledge and are less likely to adopt protective behaviors.
- Studies usually examine risks one at a time, ignoring patterns of response across multiple risks.
- Research needed to design health messages and interventions to address disparities.

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# Research Goals

- Examine feelings of *susceptibility/threat* to multiple health risks, *efficacy* to avert threats, and *barriers* that influence engagement in health protective behaviors
- Describe the *nature of information seeking* when responding to health risks, including sources used and trusted
- Examine the *relationship between race and gender* and risk response.

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# Study Design

## **Health Conditions**

*Obesity*  
*Heart Disease*  
High Cholesterol  
*Diabetes*  
*Stroke*  
Flu  
*Arthritis*  
*Cancer*  
Alcohol Use  
Drug Use  
*HIV/AIDS*  
*STD*  
Dental Problems  
*Natural Disaster*  
*Vehicle Accident*  
Work Injury  
*Avian Flu*

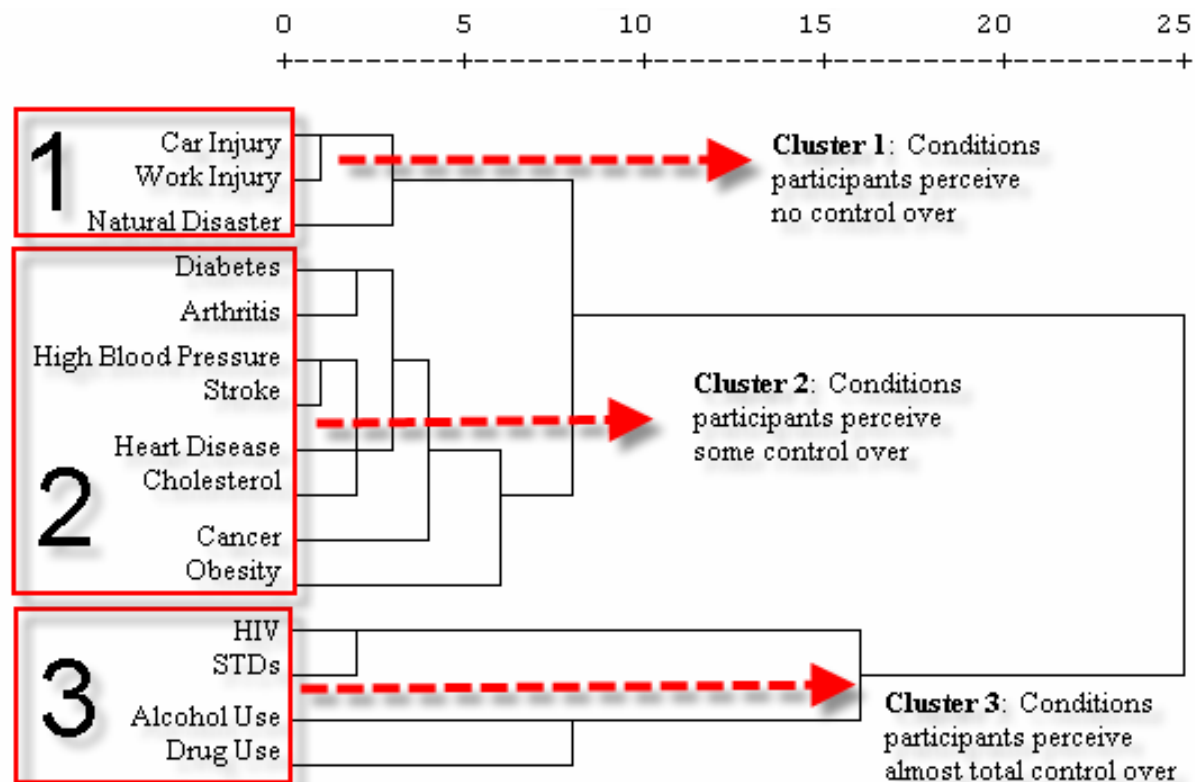
- Focus Groups & Interviews in 3 Cities, incomes less than \$25,000
- 431-person phone survey, incomes less than \$35,000

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# Findings

## 1. Participants think about risks in terms of their perception of control



*"I don't think there's a damn thing you can do about it. If you get it, you're kind of screwed."*



# Control Findings

- Personal & family experiences with risk influenced perception and feelings of control

*“I mean I’ve had high blood pressure and all that stuff. And it’s not because I’m overweight... my mom had the same problem.”*



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# Findings

2. FG revealed people were worried about:

1. Chronic health conditions

2. Costs to treat conditions

*“Even those that can afford insurance can’t afford to get sick.”*

3. BUT – phone survey revealed people were only somewhat worried ( $m=2.44$ )

Obesity	Cancer	Bird flu	Accident	Heart disease	HIV/AIDS	Natural disaster	Stroke	Arthritis	Diabetes
2.17	2.88	<b>1.82</b>	2.72	2.69	<b>1.89</b>	2.42	2.56	2.60	2.66

*(1-5 scale, not worried to extremely worried)*

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# Findings

## 4. Race and gender influenced level of worry

- Significant differences between groups on worry for all health risks EXCEPT CANCER (*also the highest worry risk*)

### Worry Rankings by Race/Gender

	White Males	White Females	Black Males	Black Females *
1	Heart Disease	Cancer	Stroke	Cancer
2	Arthritis	Car/truck Accident	Diabetes	Car/Truck Accident
3	Diabetes/ Cancer (tie)	Arthritis	Cancer	Diabetes
4	Diabetes/ Cancer (tie)	Heart Disease	HIV/AIDS	Natural Disaster
5	Car/truck Accident	Natural Disaster	Car/truck Accident	Heart Disease

# Barriers to Protection Behaviors

- Focus Groups
  - Lack of concern
  - Insurance
  - Conflicting Information
  - Time (females)
  - Performance of protection behaviors (i.e. low efficacy)



*“I’d never had the flu, and I said, ‘let me take it as a precaution.’ Once I took the flu shot, I caught the flu...next year I said ‘no’ (to the flu shot).”*

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# Barriers to Protection Behaviors

- Phone Survey Data
- Barriers to risks individuals are concerned about, but don't take action on:
  - Lack of Control -- 20.7% \*
  - Time -- 25%
  - Knowledge 39.5%
  - Money -- 51.5%
  - Insurance -- 61.2%
  - Family -- 72.5%



\* *somewhat or strongly agreed*

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# Health Information

## Focus Groups

- Stressed interpersonal sources: family (medical professionals), friends, co-workers, church members, and neighbors.
- Even people who take action still want information (only 10% said they needed no more info)

<b>Sources of Health Information (Phone Survey)</b>	
<b>Doctors, Nurses</b>	57.1%
<b>Family</b>	11.6%
<b>Friends</b>	5.5%
<b>Co-Workers</b>	1.8%
<b>TV</b>	16.1%
<b>Magazines</b>	12.1%
<b>Newspaper</b>	9%
<b>Pamphlets Brochures</b>	8.4%
<b>Radio</b>	.6%
<b>Other/Not Sure</b>	7.5%

*“I found out information from my mother”*

# Summary

- *Threat*
  - People aware of threat posed by chronic diseases
  - Understand diseases are linked, but thought about them *or* addressed them one risk at a time.
  - Generally worry is low (possible optimistic bias?)
- *Efficacy*
  - Response-efficacy generally high (except flu shots)
  - Need interventions to raise self-efficacy
- *Barriers*
  - Time and family commitments major barrier
  - Money/Insurance stand in the way of health, but single interventions may not address these barriers.

Intervention with low-income people should utilize interpersonal channels (family/friends, especially health professionals)

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