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Low SES Women's Perceptions of Health, Community Needs, and Educational Engagement

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Purpose:

Health behaviors are defined as the actions taken by an individual to maintain, attain, or regain good health and prevent illness. A woman's perception of her health may influence self-management and health-seeking behaviors. Lack of knowledge and adequate information are substantial barriers for underserved women as they seek to engage in healthy behaviors. A significant disparity in health behaviors and perceived health risks exists in women who are of low socioeconomic status (SES) and underserved in terms of access to health care. This population has a higher probability of disease burden and would benefit from more targeted health intervention efforts. Prior to developing interventions to promote engagement in healthy behaviors, health care providers must understand women's perceptions of health; what they currently do to stay or become healthy; and what interventions would be acceptable, affordable, and useful to them.

This study sought to learn about these issues from women's perspectives. Knowledge of perceived health and current health behaviors is foundational to practical interventions that will support low SES women as they seek to improve their health and build upon the positive steps they are already taking. The specific purposes of the study were to understand perceptions of personal health in a sample of low SES women, and to explore their ideas about how to promote and support women's efforts to engage in healthy behaviors.

Methods:

The study used qualitative description and content analysis. After approval by the University of Central Florida's Institutional Review Board, semi-structured interviews were conducted with women receiving health care services at a central Florida federally qualified health center (FQHC) in summer 2017. Flyers advertised the opportunity to participate in the study. Inclusion criteria included age 18 or older; able to speak, read and write English or Spanish; and not pregnant at the time of the interview. Demographic data were collected using questionnaires. Interviews were conducted by trained research assistants in a private conference room within the FQHC. Interviews were digitally recorded and then transcribed. Researchers coded the data and counted the codes in order to rank and prioritize responses. Themes were created from the codes to organize the responses.

Results:

Nineteen interviews, two in Spanish and 17 in English were conducted. Participants were an average age of 43 years, with a range of 18 to 79. Most were African American (74%; N=14) and all were low income. Over half had a high school diploma or GED (58%; N=11). Many had some form of insurance (84%; N=16), with Medicaid most commonly reported (58%; N=11). Almost half the participants were obese (42%; N=8) and several were overweight (21%; N=4). Nearly half of all women had hypertension (47%; N=9) and 32% (N=6) had hyperlipidemia. Anxiety and depression were reported by 26% (N=5) of the women.

In regard to self-perception of health, women believed themselves to be healthy (32%; N=6), between healthy and unhealthy (26%; N=5), and unhealthy (46%; N=8). Those who believed themselves to be healthy (in spite of the pervasive presence of chronic illnesses) took a more holistic approach to health and engaged in more proactive attempts at healthy behaviors. Those who believed themselves to be between healthy and unhealthy talked about awareness of their illnesses or potential for illness and were "working toward" healthier behaviors. Those who felt they were unhealthy more frequently defined themselves by their chronic illnesses compared to those who believed they were healthy.

Participants identified pervasive women's health problems in their communities, of which overweight, obesity, and medical conditions were the most common (58%; N=11). Knowledge deficit and education about health were named by 26% (N=5) of the participants. Lack of prioritizing personal health was noted by 74% (N=14) of women. Resource barriers such as finances and transportation were named by 42% (N=8) of respondents.

Participants identified potential programs and initiatives or suggested ways to help women become or stay healthy. Over half (53%; N=10) of participants named the improvement of health education as a priority. Sources of education were suggested as schools, health care providers, and personal efforts such as using high-quality, credible websites. Group support was cited by 68% (N=13) of participants as critical for women. Suggestions included free or reduced cost exercise classes, nutrition education, weight management groups and group support activities for various conditions. Participants were particularly vocal and compelling about empowerment of women and girls, with 58% (N=11) sharing beliefs about this societal issue as a foundation for improving health for women.

Conclusion:

Low SES women in this urban, primarily minority sample had a basic knowledge of health, but craved more education from multiple sources so they could become more actively engaged in their own health. The women recognized that prioritizing personal health is essential, but also recognized that societal pressure on girls and women to care for others before caring for themselves is a social issue that must be addressed. Providers should recognize the role they play in providing information on health and healthy practices and the critical nature of interactions with patients. Providers should be cognizant of the ways in which they support and promote women's efforts, no matter how small, to engage in healthy behaviors. Future research must include community-based or community-based participatory studies that test interventions that will be acceptable, affordable and useful to low SES women. The important role of FQHCs, which serve low-income and often uninsured community populations, must be recognized and protected by legislators as a critical part of the national safety net.

Title:

Low SES Women's Perceptions of Health, Community Needs, and Educational Engagement

Keywords:

Community Health Needs, Engagement in Healthy Behaviors and Low SES Women

References:

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Abstract Summary:

This presentation describes low SES women's perceptions of their health and health needs of other women in their community. Participants contributed suggestions to help other women actively engage in healthy behaviors. Session attendees will experience the women's voices, captured in interviews, as they challenge stereotypes and display insight and strength.

Content Outline:

Background and Significance

Healthy behaviors

Relationship of perception of health to engagement in healthy behaviors

Significance of knowledge and health information to engagement in healthy behaviors

Purposes of Study

Understand perceived health of a sample of low SES women who seek health care services at a federally qualified health center (FQHC)

Discover priority initiatives to support women's engagement in healthy behaviors

Study Design

Qualitative description using content analysis

19 semi-structured interviews (English and Spanish) in FQHC setting

4 researchers coded transcripts and themes emerged

Sample

Demographics

Health status

Sources of health information

Results

Participants' perception of own health

Healthy, in between healthy and unhealthy, unhealthy

Perception of needs of other women in community

Obesity reduction

Need for more education about health

Lack of prioritizing personal health

Financial barriers to engaging in healthy behaviors

Ideas and suggestions to help other women engage in healthy behaviors

Improve education on health

Group sessions and activities

Empowerment of women and girls

Implications

Critical nature of consistent education for healthy behaviors

Importance of peer and provider support

Deep significance of cultural expectations of women's role

Testing future interventions in FQHC setting

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