

## **Updates on ProDIGs Research Projects (March 2004 Communiqué)**

*Awardees of Promoting Psychological Research and Training on Health Disparities Issues Grants (ProDIGs) are expected to engage in activities that are preliminary to developing a major research or training proposal (e. g., pilot studies). These activities also are to provide some of the grantee's students at ethnic minority-serving institutions with experience in health disparities research. We provide the following progress reports that have been prepared by some of the 2002/2003 ProDIGs awardees in hopes of sparking broader interest in student-faculty collaboration on health disparities research.*

### **The 2002/2003 ProDIGs grantees are listed below.**

Assistant Professor **Vicki Mack, PhD** of Clark Atlanta University. Project: *The analysis of African American adolescents' attitudes toward healthy-eating and lifestyle, their healthful behaviors, and their awareness and concerns about cancer.*

Assistant Professor **Angela Farris-Watkins** of Spelman College. Project: *HIV/AIDS prevention at Historically Black Colleges and Universities.*

Assistant Professor **Jocelyn Turner-Musa** of Morgan State University. Project: *Impact of family religious/spiritual beliefs on enhancing mental and physical health outcomes among African Americans with chronic kidney disease.*

Assistant Professor **Jeffery L. Kibler** of Jackson State University. Project: *Alcohol use, post-traumatic stress and risky sexual behaviors.*

Chair, Assistant Professor and Graduate Program Coordinator **Lera Joyce Johnson** of Virginia State University. Project: *Virginia State University Collaborative Minority Serving Institution Sexually Transmitted Disease Research Program.*

Associate Professor **Phyllis Ford-Booker** of North Carolina A&T University. Project: *Health disparities in African Americans at Risk for coronary health disease: Factors influencing treatment seeking behaviors.*

Assistant Professor **Safiya Omari** of Jackson State University. Project: *Psychosocial, cultural, and environmental correlates of obesity and overweight in Black women in Mississippi.*

**Project descriptions for each awardee follows.**

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### **Launch of STD/HIV Research Program at Virginia State University: Respect for Sensitive and Critical Issues**

Lera Joyce Johnson, PhD – Virginia State University



Lera Joyce Johnson, PhD

Historically Black Colleges and Universities (HBCU's) in the southeast region of the U. S. host future leaders from many major metropolitan cities and rural areas. The years that these young people reside at college can be viewed as a developmentally critical period because effective STD/HIV prevention efforts during that time period could potentially reverse the pandemic of HIV/AIDS among Blacks in the South. STD surveillance reports from the Centers for Disease Control (CDC) consistently report greater risks for STD's and HIV/AIDS among African Americans, especially adolescents and young adults, and show the highest concentration of prevalence in the southeast United States. STD's challenge to the immune system puts the host at greater risk of HIV infection, and risky behaviors that lead to contraction of STD's are also associated with HIV transmission. Predominantly Black colleges and universities, where large concentrations of African American adolescents and young adults interact socially, could be important hubs of influence related to transmission of STD's and HIV-- for better or for worse.

Our search of the literature has not yet revealed a developmental study of students at HBCU's that examines how STD/HIV prevention efforts increase or decrease in this population over the four to six years of college/university attendance. Are HBCU's breeding grounds for sexually transmitted diseases that continue to spread as these students return to their metropolitan or rural homebases, or do student health service prevention programs at HBCU's serve as dampening influences in the spread of STD's and HIV in the South? Dr. Andrew Kanu, expert in public health education and Chair of the Department of Health, Physical Education and Recreation, has joined me, Dr. Lera Joyce Johnson, Developmental and Experimental Psychologist and Chair of the Psychology Department, to form a multidisciplinary team to study social and behavioral influences on STD/HIV transmission and health seeking behaviors among students at Virginia State University. Virginia State University is an HBCU with a student population that is 96% African American. Located in Petersburg, Virginia, VSU attracts students from New York to Atlanta.

Love, sex, and relationships are sensitive topics. We found that we had to altar our initial plan to collect data through focus groups because our students were not comfortable to discuss these intimate topics in the presence of familiar or unfamiliar peers. Our initial research design was to have graduate students conduct structured interviews with male and female students from each classification level- freshmen, sophomore, junior, senior and graduate- about STD/HIV symptoms, transmission, and prevention, and their health

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seeking criteria. Our graduate students found that participants refused to share candid conversation on these sensitive issues with others present. Individual interviews will require more time than focus groups, but the quality of the information obtained may be more straightforward and useful than that obtained in formal or informal social groupings.

We face a common challenge to find time to devote to research in an environment whose mission is in transition from teaching to research. Our funding proposals will need to attract funds for infrastructure as well as support for our research projects.

We are also aware that each HBCU has its own ambiance and character that attracts a certain genre of students. We want to expand our study to collaborate with other HBCU's in the South to sample their populations regarding this developmental question. HBCU's may be reluctant to allow data collection on this sensitive topic because outcomes might reflect negatively on the school's image or the students who attend. We are looking for ways to collect and report aggregate data that would contribute to the reduction in health disparities without casting any negative reflection on the participating colleges or students.

The challenges to this research project are inherent to the sensitive nature of the topic. Privacy issues have demanded a change in our data collection format. We are professionally challenged to displace our familiar duties with time to devote to research and to attract external funds under conditions of limited research infrastructure and research history. We are encouraged by the support of APA to provide startup funds for our pilot project that will lead to externally funded research in health disparities.

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### **Posttraumatic Stress, Risky Sexual Behaviors, and Alcohol Use Among African American Women: A Preliminary Report**

Jeffrey L. Kibler, Mindy Ma, Katherine M. Dollar, & Melissa Coleman – Jackson State University



Jeffrey L. Kibler, PhD

The increasing rate of HIV/AIDS among African American women in the United States represents a significant public health problem (Centers for Disease Control and Prevention [CDC], 2003). The majority of HIV+ African American women contract HIV through heterosexual contact (CDC, 2003). Therefore, examination of psychological (e.g., posttraumatic stress disorder; PTSD) and behavioral (e.g., alcohol use) factors that contribute to sexual risk behavior in this population is warranted. Symptoms of PTSD are positively associated with alcohol use (Jacobsen, Southwick, & Kosten, 2001) and may be related to high-risk sexual behavior (Hutton et al., 2001; Rosenberg et al., 2001). However, the extent to which alcohol use/abuse is related to sexual risk behaviors among individuals with PTSD symptoms has not been determined.

The present report focuses on an ongoing study of associations between PTSD symptoms and sexual risk behaviors among African American women (age 18 and older), and the role of alcohol use in these relationships. Twenty women with high PTSD symptoms (score greater than 44), indexed by the Posttraumatic Stress Disorder Checklist – Civilian Version (PCL-C; Blanchard, Jones-Alexander, Buckley, & Forneris, 1996), and 7 non-PTSD control participants with low PCL-C scores (range = 18-24) were identified by screens conducted in undergraduate General Psychology classes (non-psychology majors) and in the community. Scores on the PCL-C range from 17-85, and good internal consistency, convergent validity, and diagnostic efficiency have been demonstrated for this survey (Blanchard et al., 1996). Participants also completed a computer-automated survey of alcohol use and high-risk sexual behaviors.

The PCL-C scores in our high PTSD symptom group ranged from 45 to 71. A moderate association was observed between PTSD severity and frequency of vaginal sex without a condom in the past three months,  $r(25) = .37$ ,  $p = .07$ . The relationship between PTSD severity and alcohol use (per week) was small,  $r(27) = .23$ , and did not approach significance ( $p > .10$ ). Alcohol use was also unrelated to sex without a condom. Thus, alcohol use did not appear to mediate the relationship between PTSD symptoms and unprotected sex in the total sample. Nonetheless, an interesting pattern was observed for a subsample of participants: Three participants with high PTSD symptoms that reported

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at least one binge-drinking occasion (> 4 drinks) in the past month were the only participants to report at least one past occurrence of sex while under the influence of a substance. This subsample also reported frequent unprotected sex in the past 3 months (range = 15-50 instances).

These preliminary results should be interpreted with caution - the conclusions are limited by the small sample size. Additional data from this study will determine whether our results generalize to a larger sample. Despite its limitations, this study provides preliminary insight into the health risk behaviors of African American women with high PTSD symptoms. Higher frequency of unprotected sex was related to greater PTSD severity. In addition, binge drinking may contribute to risky sexual behaviors among a small subset of African American women who experience posttraumatic stress. Identifying the roles of PTSD symptoms and alcohol use in sexual risk behavior has implications for treatments designed to reduce the risk of HIV/AIDS for high-risk individuals, such as those with PTSD symptoms.

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***Investigating Attitudes towards Obesity and Overweight Among African American Women in Mississippi***

Safiya R. Omari, PhD – Jackson State University

The higher rate of overweight and obese African American women in Mississippi, coupled with the indications that weight loss/maintenance efforts in this population are declining is a cause of concern, particularly in light of the association between overweight and obesity and increased risk of developing heart disease, diabetes, and stroke. In this pilot study, the researcher is investigating some of the issues associated with obesity and overweight by allowing African American women in Mississippi, urban and rural, to discuss their views about body image, weight concern and health in a series of focus group discussions. The purpose of the project is to identify and understand specific psychological and socio-cultural factors that may impede the salience of the negative health implications of being overweight and obese in this population such that weight loss and exercise are not priorities.



Safiya R. Omari, PhD

Two focus groups, made up primarily of urban women, have been conducted so far. Themes related to body image, culture, and psychological factors emerged from these sessions. The participants perceived themselves to be overweight and, for the most part, were not satisfied with their weight. They stated African Americans as a group are generally more accepting of larger body size than other ethnic groups, and food is associated with a variety of emotions and social situations. Additionally, cultural values related to body image, food preferences, and food preparation were also central to their discussions about obesity. Some of the highlights of these sessions follow.

**Factors Contributing to Overweight and Obesity**

*Culture.* When asked to discuss things about Black culture and communities that promoted obesity and overweight in Black women, issues related to food preferences and food preparation emerged as themes. Statements such as “I think we pass on a lot of things the way we were brought up...it’s hard to leave the fried chicken alone, and the fried fish, you know... ; and “It’s the preparation of the food, what we add to it...” are examples of this content. Additionally, participants indicated that culturally, it’s not acceptable to denigrate and humiliate individuals because they are overweight and/or obese. Some felt that this tolerance of obesity may inadvertently send the

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cultural message that it is okay to be overweight. This cultural attitude is depicted in the statement, "We don't necessarily criticize people for being big, and people in fact, I mean, we praise children and people with fat babies..."

*Psychological Factors.* "When we get depressed, we eat... comfort food. When we're happy, we eat. When we're stressed, we eat." This statement about the importance of food and the many roles it plays in the everyday lives of the women in these groups is powerful, primarily because it demonstrates how food is involved across the emotional spectrum, from depression to happiness to stress. Combined with their statements concerning a preference for fried foods and traditional methods of food preparation, the centrality of food in their everyday lives may be a significant contributor to the overweight and obese health concern in this population.

*Lack of exercise.* Although both groups acknowledged that exercise is a very important aspect of a healthy lifestyle, less than a third of the participants in the focus groups reported exercising regularly. Role strain was the most frequently given reason for failure to exercise, as exemplified in the following statement from one of the participants "...as Black women, we have too many roles. I think we're doing this and doing that ... We don't have time to go and exercise."

These preliminary findings indicate that African American women may have their own culturally defined views about body image and food that significantly influence their attitudes about weight. They underscore the necessity of conducting additional research to clarify the relative importance of cultural and psychosocial contributors to the development of attitudes towards overweight and obesity in this population. It is expected that the additional focus groups will provide further support for these emerging themes and facilitate the development of culturally specific interventions to address overweight and obesity in this population.

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***The Impact of Family Religious/Spiritual Beliefs on Enhancing Mental and Physical Health Outcomes Among African Americans with End-Stage Renal Disease***

Jocelyn Turner-Musa, PhD – Morgan State University



Jocelyn Turner-Musa, PhD

End-stage renal disease (ESRD), the stage of kidney impairment in which the kidneys have stopped functioning, is disproportionately represented among African Americans. The condition requires maintenance dialysis therapy or transplantation for survival. Given medical technologies designed to prolong the lives of persons with ESRD, there is an increased need to understand psychosocial factors that aid in sustaining their lives and that may render them vulnerable to stress associated with the illness. Among these factors are religious/spiritual beliefs.

Research suggests that religion and religious involvement may have beneficial effects on physical health, mental health, and survival. Data from national samples that African Americans report greater levels of subjective religiosity as compared to whites (Taylor, Mathis, & Chatters, 1999). Other studies have shown that religious beliefs are related to perceptions of various aspects of depression care among African American primary care patients (Cooper, Brown, Vu, Ford, & Powe, 2001) and positive health behaviors and survival among persons with HIV/AIDS (Ironson, Solomon, Balbin, Cleirgh, et al, 2002). Research examining religiosity/spirituality and health outcomes among African Americans has been sparse and often times limited to religious behaviors such as church attendance. Further, most of these investigations have examined religious experience at the individual/private level and have not considered the family's perspective in religious beliefs or practices. While individual level perceptions are important, families play a significant role in inculcating values and beliefs in its members, and discordance in religious beliefs or practices within a family may lead to poor outcomes for individual members or the family as a unit. This has not been sufficiently examined in the research literature.

The current pilot study attempts to address this dearth by utilizing data collected as part of a longitudinal study of family process and structure on disease progression and survival in a prevalent sample of African Americans receiving center-based hemodialysis therapy (Holder, Turner-Musa, Kimmel, Reiss, et al, 1998). The primary goals of the current project are to further analyze data from this study using qualitative and quantitative methods to better understand possible psychosocial mechanisms influencing disease course in this population. Specifically, the study examines:

- ❖ The extent to which religious beliefs aggregate within a family and how this relates to patient health outcomes

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- ❖ Other factors deemed important to families in illness management or in causing stress.

The sample for the current project consists of 48 African American families with an adult member diagnosed with ESRD treated by outpatient hemodialysis therapy. There are 3 to 4 participants per family (including the patient) between the ages of 12 to 70 years old. Family members consist of the spouse, sibling, child, parent, or other relation to the patient member. Data utilized from the longitudinal study from which these data were drawn, include a demographic questionnaire and self-report measure of psychological distress completed by all family members including the patient member, a measure of disease severity, and a semi-structured Illness Experience Interview designed to assess the family's religious and spiritual beliefs and experience in coping with chronic illness in a member. The interview was videotaped and took about 15-20 minutes to complete. In a preliminary study, the interviews were coded using a validated coding manual designed to assess the content, intensity, and integration of religious beliefs in the family. Preliminary analyses from the interview suggest that families share a belief in:

- ❖ Their perception that the illness is a source of strength (56%)
- ❖ Having a personal relationship with God (90%)
- ❖ Being involved in a religious community (58%)

Currently, the interviews are being analyzed via the use of qualitative software for further exploration of factors deemed as important in managing chronic illness. These data will be analyzed with outcome measures to assess the relationship between family religious/spiritual beliefs on enhancing health outcomes of African Americans with ESRD. It is hoped that this information can be used to develop an intervention designed to incorporate the patient's and family's beliefs or 'worldview' about management of illness in educational sessions with the family to improve the quality of life of African Americans with ESRD.

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***The Role of Historically Black Colleges and Universities in HIV/AIDS Prevention***

Angela F. Watkins, PhD - Spelman College

The devastating state of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) in the African American community is disconcerting. That young African Americans form a significant portion of HIV/AIDS diagnoses poses a serious threat to the African American culture. Moreover, the general response, HIV/AIDS education, is problematic in light of the fact that research renders HIV/AIDS education ineffective for a particular sub-group of young African Americans. It has been demonstrated that the attitudes and behaviors of African American college students are not changed by HIV/AIDS education (Johnson, Gilbert, & Lollis, 1994; Montgomery, 1996). These findings point to African American college students as an underserved group.



**Angela F. Watkins, PhD**

In the face of such a tremendous dilemma, the role of Historically Black Colleges and Universities (HBCUs) can be powerful weaponry. HBCUs bring together large numbers of young African Americans. In so doing, they are easily a front line of defense. Also, the course of action has been made clear by a number of researchers (Barzargan, Kelly, Stein, Husaini, & Barzargan, 2000; Duncan, 2001; Taylor, Dilorio, Stephens, & Soet, 1997). The development of effective HIV prevention programs for African American college students will require: 1) investigations that include a representative sample of African American college students; 2) meaningful statements about risky behaviors among these students; 3) designing and conveying messages that impress the realities of HIV/AIDS as an indiscriminate disease; 4) an understanding of the complexities associated with practicing safer sex; 5) inclusion of HIV/AIDS prevention strategies in the context of general health promotion activities; 6) students' trust in confidentiality; 7) students' trust for authorities; 8) an examination of general health beliefs; 9) ease of accessibility to information; 10) peer influence; 11) skills for negotiating safer sex; 12) an increase in specific knowledge about the subtleties of sexual transmission; 13) heightened awareness of the limited protection of serial monogamy; and 14) gender-specific training regarding necessary behavioral change.

Despite the enormous potential of HBCUs for combating HIV/AIDS and the provision of a clear course of action for effective prevention, it is uncertain whether all, most, or very few HBCUs are involved in the implementation of HIV/AIDS prevention strategies of any kind. *To this end.....*

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### **Description of the Project**

A project has been funded by the Office of Ethnic Minority Affairs of the American Psychological Association and awarded to Angela Farris Watkins, PhD, Department of Psychology, Spelman College. Its purpose is to pilot an assessment of HBCUs that are engaged in HIV/AIDS prevention. There are four objectives: 1) to assess the current level of involvement of a representative sampling of HBCUs in HIV/AIDS prevention; 2) to examine the HIV/AIDS prevention strategies that are exercised at a representative sampling of HBCUs; 3) to determine general areas of need with respect to HIV/AIDS prevention (i.e., information, intervention, resources, and evaluation) based on the sample; and 4) to engage Spelman College students in health research with HIV/AIDS prevention for purposes of personal merit and academic scholarship.

### **Purpose and Procedures**

The task of the project was to create a checklist of possible curricular and co-curricular HIV/AIDS prevention campus activities and to distribute the checklist to individuals at twenty-five randomly selected institutions. Campus Liaisons, individuals at these institutions whose job is to manage health related affairs, were contacted by letter and asked to participate. Twenty individuals completed the checklist, also listing activities that were not included on the checklist. The Campus Liaisons were also asked to indicate areas of need. Responses are currently under analyses.

This project supports the specific efforts of Spelman College to address the critical condition of HIV/AIDS among African American youth. Spelman College is one of the nation's most highly regarded colleges for women and an outstanding historically Black college. This project will advance Spelman's commitment to intellectual discourse and social responsibility.

### **Follow-up**

Follow-up to this pilot will include an assessment of a larger sample of HBCUs. The expectation is that the results from the larger project will be valuable in persuading and empowering HBCUs in HIV/AIDS prevention. It will also serve as an excellent tool for program building; for agencies, institutions, and individuals concerned with the prevalence of HIV/AIDS and the reduction of HIV/AIDS in the African American community.

For more information: Angela Farris Watkins, PhD; Box 346 Spelman College 350 Spelman Lane, SW Atlanta, GA 30314-4399; [awatkin1@spelman.edu](mailto:awatkin1@spelman.edu).