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NuFIT for Life

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Why Public Health?

Poverty

- Lack of access to highquality education
- Unemployment
- Unhealthy housing
- Unsafe neighborhoods

https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/blackhealth/part1.html; Jones, 2000; Kelly, R., 2015; Knickman & Kovner, 2015

Health Disparities



\$229.4 billion in direct medical care expenditures and \$1 trillion in indirect costs.

LaVeist, Gaskin, & Richard, 2011; Bautista, 2014; Knickman & Kovner, 2015

African American Focus

- Higher rates of mortality than other racial or ethnic group for 8 of the top 10 causes of mortality
- Cancer rates 10% higher
- Higher incidence of hypertension and heart diseases
 - 30% more likely to die from heart disease than non-Hispanic whites
 - 1/3rd (33%) of patients on dialysis despite only representing 13% of the population
- Stroke
- Obesity
 - Diabetes
- Blacks were more likely to report their health has poor or fair, then Whites or Hispanics

The Study: NuFIT

(Holdcroft, 2006, Oates, 2016)



Study Design & Aims

- Descriptive, correlational with 303 African American participants undertaken over 12 months in the Bay Area.
- Aim To study rather or not there is a relationship between perceived discrimination, perceived health, spirituality, and lifestyle health behaviors.



- After data was cleaned and coded:
 - Descriptive Statistics
 - Multiple Linear regression

Results – Summary Statistics

Age (years) n=298, 9 missing values excluded		
18 – 29	41	13.8
30 – 39	58	19.5
40 – 49	86	28.9
50 – 69	106	35.6
70 and older	7	2.3
Gender <i>n=303, 4 missing values excluded</i>		
Female	263	86.8
Male	40	13.2
Marital Status n=302, 5 missing values excluded		
Married/partnered (in a relationship)	100	33.1
Single (not in a relationship)	202	66.9

Results – Summary Statistics

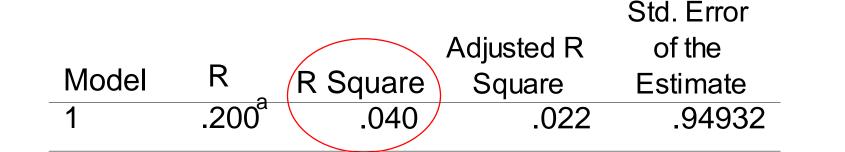
Education n=302, 5 missing values excluded		
Less than high school	20	6.6
High school graduate	70	23.2
Some college	113	37.4
College degree	99	32.8
Employment		
Unemployed	103	34.0
Employed part-time	43	14.2
Employed full-time	157	51.8
Annual Household Income n=303, 4 missing values excluded		
Less than \$35,000	144	48.5
\$35,000 - \$74,999	108	36.4
\$75,000 or higher	45	14.7

Model Summary^b

Racial

Discrimination

Results



a. Predictors: (Constant), health care professionals list more to Whites than AA, racism is problem in my life, AA exp neg attitudes in white MD office, racial discrimination in a MD office is common, AA in White MD office are assumed to be on welfare

b. Dependent Variable: Health status

Coefficients^a

			Unstanda Coeffi		Standardiz ed Coefficient s			95.0% Confidence Interval for B		Correla	
	Мос	del	В	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound	Zero-order	r Pa
Racial Discrimination Results	1	(Constant)	3.847	.270		14.262	.000	3.316	4.378		
		AA exp neg attitudes in white MD office	107	.083	090	-1.287	.199	271	.057	150	
		racism is problem in my life	007	.073	007	101	.919	151	.136	097	-,
	/	racial discrimination in a MD office is common	059	.089	047	662	.509	235	.117	139	
		AA in White MD office are assumed to be on welfare	.005	.083	.004	.057	.955	158	.167	107	
		health care professionals list more to Whites than AA	136	.083	118	-1.624	.106	300	.029	168	

a. Dependent Variable: Health status

Conclusions

- Limitation on external validity due to small sample size.
- Lower income people may have more time to sign-up for studies, especially if their work schedules are flexible or if they are entirely unemployed.
- For future work, I would have had more than two choices for the question pertaining to religiosity.
- I would have maybe considered a mixed methods design with survey followed with interviews to capture some of the missing data points.
- Post Covid-19 follow up studies including a larger sampling of men for generalizability to those most affected by Covid-19.

Questions?

Of all the forms of inequality, injustice in healthcare is the most shocking and [inhuman] – Dr. Martin Luther King Jr.

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