

EL USO DE LA TECNOLOGÍA EN LA PROMOCIÓN DE ACTITUDES HACIA LA SALUD PREVENTIVA. UN PROYECTO PILOTO EN MÉXICO

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INTRODUCCIÓN

Ha existido un debate internacional en cuanto al potencial que ofrecen las Tecnologías de la Información y la Comunicaciones (TIC) para lograr mayor impacto en el desarrollo de la salud y bienestar de las poblaciones marginadas, a fin de combatir las carencias y alentar un desarrollo sustentable; en América Latina existen notables inequidades y las TIC se vuelven una herramienta fundamental en el cuidado de la salud. (1,2,3).



Estudios recientes señalan la importancia de las TIC en la atención médica primaria, debido a que el tiempo de atención es insuficiente para dar respuesta a las inquietudes del usuario, sobre todo en lo que respecta a la atención

de niños (Control de Niño Sano)⁽⁴⁾. El compromiso por la búsqueda de información mejora la calidad en la salud.

OBJETIVO

Examinar las actitudes de los padres de familia y el valor de la aplicación de tecnología a nivel comunitario con la finalidad de prepararlos para sus consultas de Control de Niño Sano.

METODOLOGÍA

En el proyecto piloto “La Salud en Tus Manos” se implementó tres tipos de tecnología (una herramienta en línea⁽⁵⁾, mensajes de WhatsApp y mensajes de Messenger) para fortalecer el conocimiento sobre la salud y preparar a las familias para sus consultas de Control de Niño Sano en 2 Centros de Salud Pública. Participaron padres de familia con niños entre las edades de 4 meses a 6 años de tres comunidades semi-rurales de Nayarit, México. La metodología para el análisis preliminar era tipo descriptivo-transversal con métodos mixtos; incluye 7 grupos focales con madres, 40 encuestas iniciales, y entrevistas semi-estructuradas con la coordinadora y las 3 líderes comunitarias encargadas del proyecto.

RESULTADOS

Datos demográficos

Participantes	40
Participantes mujeres	100%
Ingreso mensual por hogar	< US 300

Sobre sus actitudes hacia la salud, solamente 39.5% de las participantes suelen llevar a sus niños(as) al médico para revisión cuando no está enfermos(as). 82% utilizaron los mensajes de WhatsApp con respuestas positivas. Solamente una mamá utilizó los mensajes de Messenger. La herramienta en línea (Well-Visit Planner de CAHMI.org), tuvo una recepción muy positiva, aun cuando los participantes no supieran manejar la computadora. El acompañamiento de las líderes comunitarias – madres de la comunidad – resultó ser un punto clave. La mayoría de las participantes reportaron que continuarán utilizando la herramienta en línea, siempre y cuando haya acceso a computadoras, impresoras y el acompañamiento de las líderes comunitarias.

CONCLUSIONES

Aunque el conocimiento de la tecnología sea muy limitado, los padres ponen valor en el acceso a la información y tienen actitudes positivas sobre su papel en el cuidado de la salud de sus niños. La capacitación, aceptación y participación de líderes comunitarios, así como de los médicos, son esenciales para la implementación exitosa de la tecnología. La participación de diferentes sectores, como lo son los organismos no gubernamentales y gubernamentales, son imprescindibles para el éxito a largo plazo.

AGRADECIMIENTOS

Agradecemos a la Fundación Punta de Mita, a través del Proyecto “La Salud en tus Manos,” por las facilidades y recursos materiales otorgados para realizar esta prueba piloto; así mismo al Gobierno de Bahía de Banderas Nayarit por su compromiso con la salud de la población y el apoyo a través del personal médico que labora en las unidades de salud.

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Food Texture and Cooking Techniques according to the Chewing Ability of the Elderly

- Korean Traditional Food 'Bibimbap' -

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Objective

The demand for easy food to eat is increasing to improve nutritional quality of diet for elderly with decreased ability to chew. The aim of this study is to distinguish the cooking methods and to evaluate suitable of these according to the ability of chewing for the elderly.

Materials and Methods

Test food : Bibimbap, Korean traditional food

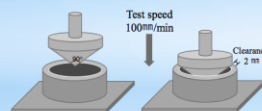
Ingredient : Rice, Eggs, Beef, Carrot, Zucchini

Cooking methods

- . Rice : Boiling
*control the amount of water in the rice and cooked rice
- . Eggs : Frying(garnished egg), Stir-frying
- . Beef : Stir-frying and Steaming after tendering process with pineapple Juice(1T/2hrs)
- . Carrot & Zucchini : Stir-frying, Simmering, Steaming
*Simmering : Stir until no more water is added

Step	Shape	Cooking
1	Original form used for Bibimbap	Stir-frying
2		Simmering, Steaming
3	Pure form	Pounding, Mashing, Grinding (after steaming)

Texture analysis



. Probe : Cone type
. Test speed : 100mm/min
. Clearance : 2 mm













Texture index

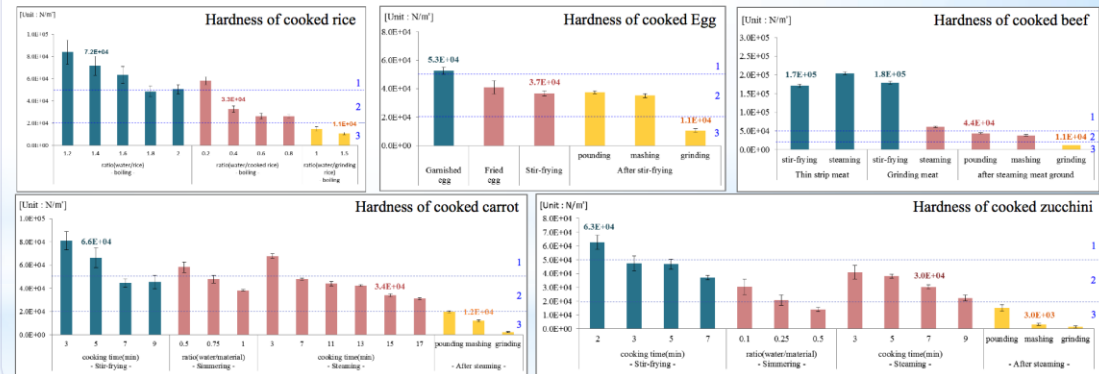
Step	Hardness(N/m ²)
1	Easy to chew
2	Can be broken up using the gums
3	Can be broken up by the tongue

*additional considerations : cooking time, appearance

Results

Shape and hardness of materials used for the Bibimbap according to the cooking method

Step	1	2	3
Rice	 . Boiling(water/rice = 1.4) . Original form	 . Boiling(water/cooked rice =0.4) . Moist rich original form	 . Boiling (water/cooked and ground rice =1.5) . Watery and broken form
Egg	 . Frying . Thin stripe form(garnished egg/3mm) . Partial cut when pressed by fork	 . Stir-frying(3min) . Irregular mass form . Squashed when pressed by fork	 . Stir-frying(3min) and then grinding . Puree form . Easily separated when pressed by fork
Beef	 . Stir-frying(3min) . Irregular mass form(3~4mm) . Deformed when pressed by fork	 . Steaming(10min) . Granular form(1~2mm) . Deformed when pressed by fork	 . Steaming(10min) and then mashing . Puree form . Easily separated when pressed by fork
Carrot	 . Stir-frying(5min) . Original thin stripe form(2mm) . Deformed when pressed by fork	 . Steaming(15min) . Original thin stripe form(2mm) . Squashed when pressed by fork	 . Steaming(15min) and then mashing . Puree form . Easily separated when pressed by fork
Zucchini	 . Stir-frying(2min) . Original thin stripe form(3mm) . Deformed when pressed by fork	 . Steaming(7min) . Original thin stripe form(3mm) . Squashed when pressed by fork	 . Steaming(7min) and then mashing . Puree form . Easily separated when pressed by fork
Bibimbap	 . Bibimbap that can be easily chewed with teeth	 . Bibimbap that can be eaten with gum	 . Bibimbap that can be eaten tongue



Discussion

The cooking method need to be adjusted according to the ability to chew. The cooking using water such as the steaming is a useful technique for elderly who need soft foods. It is also important for older people with little chewing ability to maintain the shape of the food, so it is necessary to develop a lot of soft food forms while maintaining their shape in the future.

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Measuring Change in HIV Screening Behavior Using Multi-theory Model of Health Behavior Change



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ABSTRACT

HIV/AIDS is a significant public health problem in United States and globally. It is estimated that about 1.1 million people are living with HIV. Early diagnosis through HIV screening is an important secondary prevention measure. Since 2006, Centers for Disease Control and Prevention (CDC) has recommended routine HIV screening in medical settings. However, recent surveys in US show that about 54% people have ever received an HIV screening and only 22% of have taken an HIV test in the past year. It is in this context, that the purpose of this study was to develop and validate an instrument based on the novel multi-theory model (MTM) of health behavior change that could measure changes in HIV screening behavior in Puerto Rican college students who are a high risk group. A 44-item instrument measuring the constructs of participatory dialogue in which advantages outweigh disadvantages, behavioral confidence, and changes in physical environment for initiating HIV screening behavior and the constructs of emotional transformation, practice for change and changes in social environment was developed and validated. The study presents the instrument and its process of establishing face, content construct validity and internal consistency reliability. The instrument is invaluable for interventional research.

BACKGROUND

- ❖ The World Health Organization (2007) recommends the implementation of public health interventions to improve rates of HIV testing and counseling in countries with a high prevalence of HIV.
- ❖ Recent surveys in the US showed that about 54% people have ever received an HIV screening and only 22% have taken an HIV test in 2017.
- ❖ HIV testing and counseling is highly acceptable among youth.
- ❖ Even though, some barriers to do not get HIV testing are: lack of knowledge, low willingness to get infected with HIV due to actual sexual behaviors, fear, stigma and rejection beliefs, and concern of confidentiality.
- ❖ Positive attitudes towards HIV testing, sex, economic status, HIV knowledge, awareness of HIV risk, accessibility to care, and sexual experiences are a significant predictors to get tested.
- ❖ The Multi-Theory Model (MTM) approach is a theory that is exclusive to health behavior change.
- ❖ The aim of this project is to evaluate the impact of MTM approach on behavior change to predict HIV testing and intention of testing among young adults.

AIMS

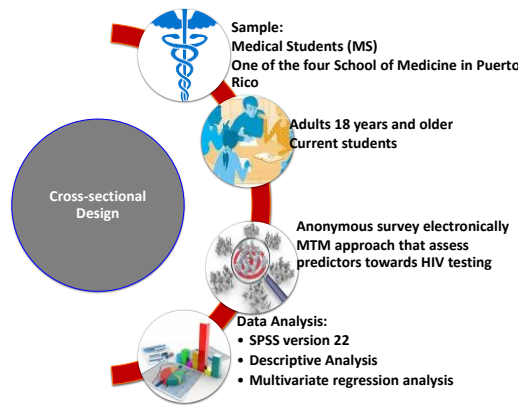
- ❖ Can the MTM approach predict the intention for initiation of behavior change related to HIV testing among Puerto Rican college students?
- ❖ Can the MTM approach predict the intention for sustaining the behavior change of HIV testing every year among Puerto Rican college students?

HYPOTHESIS

- ❖ The pilot project hypothesized that MTM constructs among participants will be able to demonstrate positive intentions towards HIV testing immediately and at yearly intervals.

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METHODS



CONCEPTUAL FRAMEWORK

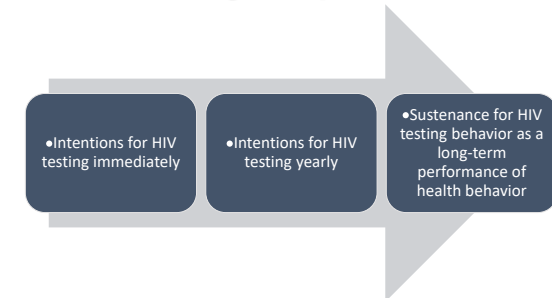


TARGET POPULATION

Medical students enrolled in the Doctor of Medicine Program profile:

- 254 overall enrollment
- Other ethnicities (n= 6)
 - Asian (n= 8)
 - White (n= 32)
 - Black/African American (n= 5)

MTM APPROACH FOR BEHAVIOR CHANGE



Introduction

The Impact of Service Provider Stigma on HIV+ Asian American Men Who Have Sex with Men

Abstract

Despite the fact that HIV/AIDS (H/A) incidence rates among Asian American Pacific Islander (AAPI) communities, particularly among men who have sex with men (MSM), have increased dramatically over the last ten years (CDC, 2016), the testing rates in this population continues to be low. Low testing rates have been connected lack of H/A knowledge, cultural beliefs around sexuality, and HIV related stigma. However, there is a paucity of research exploring service providers' level stigma and its impact on HIV+ AAPI MSM. This study addresses this gap in research. Utilizing qualitative research design and theoretical frameworks on stigma, in depth data was gathered from 20 service providers in the San Francisco Bay Area who work with AAPI MSM. Findings suggest that service provider stigma towards AAPI MSM exists in all human services settings across the study area, and that such stigma is a result of ingrained personal beliefs which are impacted by broader societal perceptions. Data suggest that such stigma is increased by limited work experience, lack of H/A knowledge and training, skewed personal perceptions of the AAPI MSM community, and broader societal stigma. Based on the finding we suggest practice implications at the micro, mezzo, and macro levels.

Background

Most of new HIV diagnoses in the AAPI community occur in men constituting approximately 85% of new infections. Of the newly diagnosed men, AAPI men who have sex with men (MSM) represent the largest portion - a number that has risen over 47% between 2010 and 2014 (CDC, 2016). Data also suggests that HIV risk behaviors of AAPI MSM including unprotected anal intercourse with someone of unknown HIV status are on the rise (McFarland, Chen, Weide, Kohn, & Klausner, 2004). This indicates that although effective treatments for HIV/AIDS and related co-morbidities are available, unfortunately these interventions are not adequately reaching the AAPI population and more specifically AAPI MSM. HIV-related stigma continues to be a major barrier to prevention and intervention efforts for many populations including AAPI MSM (Mahajan, et. al., 2008). This paucity of knowledge about HIV-related stigma also means a less than optimum understanding of how it manifests among health and human service professionals, a group that greatly impacts the health and well-being of HIV-positive (HIV +) individuals.

Results

Data suggest that such stigma is increased by limited work experience, lack of H/A knowledge and training, skewed personal perceptions of the AAPI MSM community, and broader societal stigma.

Themes and Selected Quotes

Societal knowledge, attitudes, and beliefs that contribute to HIV-related stigma

"...they are a bunch of people with loose morality, they are a bunch of people who does not care, who... just wantonly getting into all this".

"These are the people that have the potential to keep infecting other. People that got infected are continuing to do things they should not do".

Manifestation of H/A stigma in service provision to HIV+ AAPI MSM

"I have heard clients who come in, who have had really bad experiences at the hospital, where somebody would, like, wear extra gloves for them, just for them, or they wouldn't want to do certain, like they wouldn't want to talk to them...."

Impact of training and work experience on mitigating stigma

"I knew HIV was a serious infection, but I never got to hear the true stories. I always just did case reports and saw the numbers and the names, right? But working with these people really changed my mind, because these people are the most amazing people, they're so resilient."

"I think no matter who you are of course you have your own implicit biases and stigma that you come in with. Working with patients one on one and getting to know the people plus the trainings, have absolutely changed how I see this disease."

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Method

Qualitative research design and theoretical frameworks on stigma – Parker & Aggleton (2003), Goffman (1963), Linc & Phelan (2001).

Research Question

Exploring service providers' level stigma and its impact on HIV+ AAPI MSM

Sample

In depth data was gathered from 20 service providers in the San Francisco Bay Area who work with AAPI MSM .

- two physicians, nine prevention specialists or community health providers, three mental health professionals, four social workers or case managers, and two benefit counselors.
- Twelve identified as female and eight as male.
- The age range was from 24-60 years. Six participants identified as Asian, listing their country of origin as Philippines, Vietnam, China, and USA; twelve as white, and two as Hispanic or Latino.
- Sixteen participants identified as straight or heterosexual, three as gay, lesbian, queer or same gender loving, and one did not respond.
- All participants had a minimum of a 4-year college degree and the years of work experience varied from 2-20 years

Conclusion

Utilizing social work's person in environment approach, we provide stigma reducing interventions targeting service providers at the micro, mezzo, and macro levels.

- Micro -Any intervention targeting the cognitive and emotional schema of the non-stigmatized with a view to change their attitudes, beliefs, and behaviors could possibly reduce such stigma.
- Mezzo - Typically, the stigmatized groups, in this case AAPI MSM, are more likely to be isolated and excluded from non-stigmatized groups including service providers due to the creation of in groups and out groups. Thus, non-stigmatized groups, such as the service providers, tend to have lesser contact with the stigmatized, creating a vicious cycle in which a lack of meaningful intergroup contact may lead to a lack of knowledge and awareness about the stigmatized. This in turn breeds fear and a lack of trust that perpetuates low levels of intergroup contact. Thus, interventions that encourage meaningful exchanges between these two groups could perhaps lead to a change in attitudes and beliefs of the non-stigmatized group, thereby reducing HIV/AIDS stigma.
- Macro - Interventions at this level target the social conditions that give rise to HIV-related stigma among service providers. Advertising and mass media could be utilized to change public opinion on a large scale through anti-stigma messages. In order to reach AAPI service providers more specifically, media messages that are grounded in the AAPI culture with a method of delivery that is congruent with collective nature of these cultures might be effective. Finally, social work and other professions can play a much larger and more significant role in increasing knowledge and awareness about HIV and reducing stigma associated with it. The social work profession, with its notion of critical self-awareness and empowerment, should guide social work education to include specific curriculum on HIV/AIDS among marginalized population groups, including AAPI MSM. Such a curriculum would hopefully demystify the issues surrounding HIV/AIDS and equip social workers to find solutions that are effective and culturally relevant.