ENVIRONMENTAL AND SOCIAL DETERMINANTS OF HEALTH

A pilot study screening for spiritual distress in patients at Hospice Africa Uganda

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Background: Hospice Africa Uganda (HAU) is a nongovernmental organization that has been a pioneer in African palliative care since 1993. As standard of care at HAU, a patient's spiritual well-being is assessed thoroughly upon admission, but not screened routinely at subsequent visits due to heavy clinical volume and no standardized instrument for spiritual distress. The "Spirit 8" is an eight-question, multiple-choice survey developed by Selman et al. that has shown preliminary utility assessing patients in hospice care in Africa. This study proposed that it would be feasible to use the Spirit 8 as a regular, quantitative screen for spiritual distress in patients cared for by HAU.

Structure/Method/Design: Between June 20 and October 21, 2013, the Spirit 8 survey was administered verbally to consenting patients upon admission to HAU. Potential scores range from 8 to 40 with the highest representing the best state of spiritual well-being. Available in English or Luganda, the assessment was repeated at up to four subsequent visits. Based on the interaction, study staff scored patient understanding of the survey on a 5-point scale with 5 representing excellent understanding. Demographic data was collected for each patient.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): At the time of data analysis, 81 patients were enrolled on study and completed the assessment at visit 1. Additionally, 44 completed the assessment at visit 2 and 20 at visit 3. At visit 1, the mean Spirit 8 score was 27.20 (±6.11) out of 40. Paired *t* tests were used to compare patient scores over time and within certain demographics. No significant difference was found when comparing scores at visit 1 to scores at the second and third visits. Patients who reported having dependents scored 3.2 points higher on average than patients with no dependents ($P = 0.024$). No statistical difference was noted when comparing patients across different demographics (age, gender, HIV status, ECOG score, pain score). Assessment by the study staff of patients understanding of the survey yielded an average score of 4 (±0.9) out of 5. Of all the assessments given, 98.1% had all eight questions answered.

Summary/Conclusion: The Spirit 8 is a feasible screening tool in clinical practice at HAU. In the 4 months from study initiation to data analysis, more than half of the enrolled patients had completed assessments at multiple visits. The high rate of assessment completion (98.1%) and the study staff's assessment of patient understanding averaging 4 out of 5, both further suggest that the Spirit 8 is an appropriate screening tool for use at HAU. Patient enrollment to n = 100 is ongoing with expected study completion by February 2014.

Poverty blindness: Diagnosis and treatment of a global disease

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Background: Despite the historical and social significance of poverty, both in the United States and around the world, scholars from varied ideological and philosophical disciplines have often observed that its most notable feature is its invisibility. We suggest that poverty is not excluded from view, but rather from consciousness. This lack of consciousness is due to a subjective "poverty blindness" on the part of those who fail to take the poor into account. We introduce this concept of "poverty blindness" as an educational prompt to provoke introspective inquiry about the origins, consequences, and amelioration of material want and inequity.

Structure/Method/Design: Based on our personal and professional experiences living and working in El Salvador, we define poverty blindness as a clinical syndrome. We use this clinical approach, first, to facilitate our exploration of the causes, effects, and potential interventions surrounding a complex phenomenon. Second, this approach offers an excellent way to focus attention on the personal embodiment of a broader social issue. Third, given the growing recognition of how social determinants affect health outcomes around the world, we believe this approach will resonate with educators and practitioners in global health.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): None

Summary/Conclusion: Poverty blindness (PB) and the closely related condition of poverty acuity disorder (PAD) are the principal reasons that affected individuals cannot accurately see the reality of poverty and the human suffering that accompanies it. We review the epidemiology, pathogenesis, clinical features, variant types, physical examination, diagnostic evaluation, differential diagnoses, treatment, and clinical course of these disease entities. We present an educational module aimed at medical students and residents that uses PB and PAD to focus on poverty as a social determinant of health.

Social capital, faith-based organizations, and Malawi persons living with HIV (PLWH)

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Background: Despite decreases in HIV prevalence, Malawi has been the epicenter of HIV/AIDS in sub-Saharan African countries. As of 2011, HIV prevalence in Malawi remained high at 10%. With poor health infrastructure in the rural areas of Malawi, faith-based organizations (FBOs) have been valuable community resources. Social capital is known for its positive effect on health outcomes through building trust and norms, encouraging community engagement and social support within social networks. However, the perceived role of FBOs as social capital in HIV prevention and treatment is not well understood in rural Malawi.

This study explored the perceived role of FBOs by people living with HIV (PLWHA) in HIV prevention and treatment in both rural and suburban Malawian communities. In particular, dynamics of public disclosure of HIV status and provision of support from the FBOs across HIV trajectory have been sought.

Structure/Method/Design: Qualitative in-depth interviews were conducted on a convenient sample of 46 PLWHA from five religious denominations in Malawi in 2008. Four researchers analyzed the interviews using Atlas.ti version 6.2. Nan Lin's network theory of social capital guided data analysis.