

The Millennial Project: Identification of Health Issues Among African American Millennial Women



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Introduction

Many chronic diseases, including hypertension, diabetes, and obesity, are associated with unhealthy lifestyles. These lifestyle diseases commonly begin to present (onset) near 40 years of age. Therefore, an optimal period of intervention to prevent or delay chronic disease development is during early adulthood before the age of 40.

The Millennial generation (born 1980-1999) is approaching the common age for disease onset. Intervention services to prevent morbidity and improve quality of life are needed for this population. More specifically, African-Americans (AA) are a historically underserved population that continues to experience disparate rates of chronic disease. In meeting the needs of AAs, females have been identified as a high-priority population. The Millennial Project is developing such an interventional program, Millennial Sister Circles (MSC), in the form of a pilot targeting AA females ages 18-35 years. MSC includes an adapted version of the Prime Time Sister Circles (PTSC)[®] therapeutic intervention tool developed by Dr. Marilyn Gaston and Dr. Gayle Porter, Gaston and Porter Health Improvement Center, Inc.

Background & Methodology

In alignment with its' commitment to serve young AA females, The Philadelphia Black Women's Health Alliance (PBWHA) developed The Millennial Project. The purpose of The Millennial Project is to improve health by addressing perceived health issues and concerns of millennial AA females supported by literature and evidence.

In conducting research for this project, PBWHA partnered with members of Florida A&M University's Institute of Public Health and collaborated with Drs. Marilyn Gaston and Gayle Porter. The PTSC[®] intervention was found to be an optimal tool, given adaptations to fit the millennial generation.

PTSC[®] is an intervention developed by Drs. Marilyn Gaston and Gayle Porter to empower and improve emotional and physical health among middle- and older-aged AA women, ages 40 - 75, PTSC addresses multiple areas of health while simultaneously providing social support in a group environment.

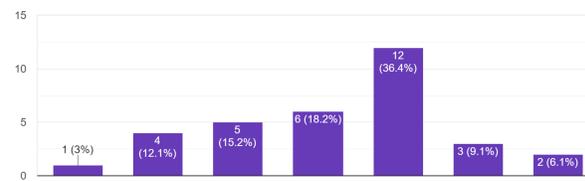
Research conducted for the Millennial Project included collection of survey and focus group data. SPSS was used to analyze data for statistical significance.

Objectives

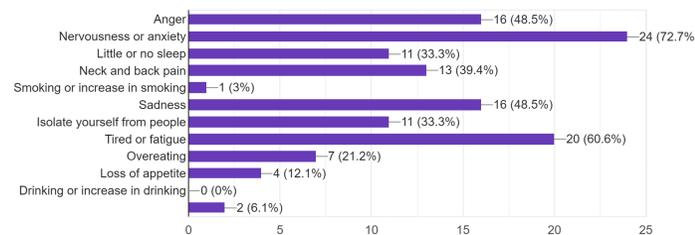
- Identify how millennials perceive and value health
- Identify the areas of health millennial AA females make effort to improve or maintain and what such efforts include
- Identify barriers that reduce millennial AA females' ability to be healthy
- Identify current and emerging health concerns for millennial AA females
- Identify gaps in health supports for millennial AA females that can be addressed through the Millennial Project

Survey Results

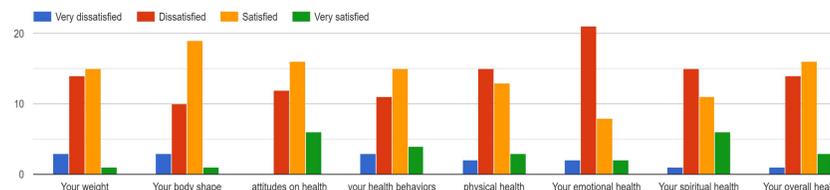
On a scale of 1 to 7, 1 being "not stressed at all" and 7 being "extremely stressed", how would you rate your current stress level?



From the list below, please check the three most common signs/symptoms you experience when under stress:



Please rate your level of satisfaction with the following: (limit of one response per item)



N=34

Conclusion

- Millennial AA females have specialized needs that require interventions that are gender, generation, and racially sensitive
- Multiple needs of millennial AA females involve intergenerational experiences and require intergenerational involvement to adequately address them
- Mental and emotional health is highly important to millennial AA females and acute attention is needed in this area

Focus Group Feedback

Key focus group findings include but are not limited to:

- Mental and Emotional Health Needs
 - Awareness of symptoms and what the term 'mental health' includes
 - Intergenerational stigma against mental health impacting treatment in the Black community
 - Awareness of resources for mental health prevention, support and management
- Cultural Health Needs
 - Defining and supporting what mental, emotional and physical health behaviors and expressions are culturally acceptable for Black women without regard for what non-Black women identify acceptable
 - Accessing high quality healthcare and managing micro-aggressions in healthcare settings (mental and reproductive health in particular)
 - Gentrification's impact on individual and community health
- Individual Health Improvement Needs
 - Resources to aid in maintaining or improving control over health (water consumption, nutrient rich diet, exercise) in the face of competing financial, personal and domestic demands
 - Increasing volume of media (social media and online) that depict Black women engaging in healthy behaviors
- Drug and Alcohol Needs and Concerns
 - Healthful strategies to cope with stress
 - Intergenerational drug use and historical impact of weed and opioid consumption
 - Addressing high-functioning substance abuse in the Black community that mask prevalence
- Romantic Relationship Needs and Concerns
 - Having a balance in the exchange of 'give-and-take' in relationships
 - How to cope with higher career and academic achievements impacting the likelihood of marriage
 - Addressing the stereotype of the nagging Black woman

N=14

Future Directions

- Partner with HBCUs and local community centers/agencies frequented by millennial AA females to provide intervention
- Follow program participants and collect general health and chronic disease data over a 20-year period for comparison to AA female peers that did not participate in the program