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Georgia Southern Examines the Relationship between Religiosity, Spirituality, Internalized Homonegativity, and Condom Use among African American Men Who Have Sex with Men in the Deep South

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The Sexual Health in Faith Traditions Study evaluated the relationships between religiosity, spirituality, internalized homonegativity, and sexual risk behaviors among a sample of African American men who have sex with men living in the Deep South.

Participants were recruited primarily from Black Gay Pride celebrations to complete a self-administered, paper-and-pencil survey. Structural equation modeling was used to determine relationships between key constructs and condom use for insertive (n = 285) and receptive (n = 263) anal intercourse in the past 3 months. Almost half of respondents reported using condoms “every time” when engaging in insertive (48.3%) or receptive (45.1%) anal intercourse.

Religiosity and spirituality were differentially associated with dimensions of internalized homonegativity. While no significant direct relationships were reported between either religiosity or spirituality and condom use, dimensions of internalized homonegativity mediated significant indirect relationships. Findings suggest that religiosity and spirituality influence African American men who have sex with men’s internalized homonegativity and, subsequently, engagement in safer sex behaviors.


Dr. Stacy Smallwood, Assistant Professor of Community Health Behavior & Education at the Jiann-Ping Hsu College of Public Health Georgia Southern University, was the lead author.
Georgia Southern Receives $510,000 Grant from the Georgia Department of Community Health

May 18, 2016

Dr. Bill Mase, principal investigator, Dr. Stuart Tedders, senior director and Dr. Bettye Apenteng, deputy director and a collaborative team from the Jiann-Ping Hsu College of Public Health and the College of Business Administration at Georgia Southern University received a $510,000 grant from the Georgia Department of Community Health. The overarching goal of the Georgia Medicare Rural Hospital Flexibility (Flex) Financial and Operational Improvement Grant program, funded by the Georgia State Office of Rural Health, is to improve financial performance through the implementation of evidence-based best management practices. Since 2010 Georgia has suffered five closures of Critical Access Hospitals (CHA) and is one of the most adversely impacted states in the nation with regard to closures of critical access hospitals.

Critical Access Hospitals are defined as those that serve residents in a rural area, operate 24-7 emergency care, and have no more than 25 inpatient beds. In addition, the average length of stay for patients is less than four days, they are located in a state that has a Medicare Flex Program, and are physically located at least 35 or more miles from the nearest hospital.

The GSU research team is seeking to address concerns of access to healthcare for Georgia’s rural residents. The grant has four primary aims 1) to identify the financial and operational challenges faced by Georgia's CAHs, 2) to identify opportunities for improvement in each hospital’s financial and operational management process, 3) to conduct on-site and web-based education and training for Georgia’s CHAs personnel, and 4) to conduct continuous monitoring of the financial and operational performance of participating CHAs over the next 3-years.

The project plan will be executed in three phases. In year one, a service level analyses of operational and financial performance of the hospital operated entities will be conducted and baselines established. In year two, improvement activities will be implemented. In year three, a reassessment of operational and financial conditions will be concluded. The reassessment will not be a one-time activity but will occur multiple times during the three-year project period.