

2010 Kellogg Health Scholars Program Annual Meeting

First Year Scholars (2009-2011 Cohort) Poster Presentations Abstracts

Wednesday, June 9

5:30 p.m.-6:45 p.m.

Phillips

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Title: *Recovering a Sense of Place: Environment, Community & Treatment (ReSPECT) for Addiction*

Presenter: *Joshua P. Garoon*

“Recovering a Sense of Place: Environment, Community, and Treatment (ReSPECT) for Addiction” is a community-based participatory research (CBPR) project in Baltimore City, Maryland. It aims to improve understanding of Baltimore city residents’ reactions to the establishment of local drug treatment services.

Drug use, especially injection drug use, is a major problem facing Baltimore City. Approximately 60,000 Baltimore residents (8 percent of the city’s total population) are drug dependent, and the city faces serious and significant unmet need for treatment services. Yet political and civic will to establish new drug treatment services where the need appears greatest remains a challenge. Funding for drug treatment and expansion of treatment slots in Baltimore peaked in 2003; since then, both treatment funding and number of available treatment slots have fallen annually. An exclusionary zoning ordinance currently restricts the areas in which certain drug treatment services can be established. In April 2009, the United States Department of Justice and bSAS sued Baltimore City over this ordinance under the Americans with Disabilities Act and the Fair Housing Act.

Even if the current litigation against the city succeeds, effectively providing drug treatment services where they are most needed in Baltimore will require winning the support of neighborhoods and communities. In order to help city stakeholders achieve this goal, Baltimore’s public art and community-mobilizing organization Art on Purpose has formed a partnership with the Johns Hopkins Bloomberg School of Public Health to create the ReSPECT project.

ReSPECT will train 10 residents of Baltimore City neighborhoods in interview and photography skills. These artist-researchers will interview neighbors on themes of community and neighborhood; crime and safety; and drug use, treatment, and recovery. They will draw on the same themes in photographing their neighborhoods. The interviews and photographs will be displayed in neighborhood art exhibitions, to which key policymakers and program officials (including City Council members and other elected officials) will be invited.

Findings from ReSPECT will help policymakers, community members, and researchers understand what factors lead to communities’ embrace or rejection of policies governing the location of drug treatment services. ReSPECT will thus inform bSAS and other city stakeholders as they pursue community support for establishing drug treatment services where they are most needed. This will ultimately benefit Baltimore City residents who need treatment, as well as their families, friends, neighbors, and employers.

ReSPECT’s lead personnel are Joshua Garoon (JHSPH and Kellogg Health Scholars Program Community Track [KHSP-CT] fellow); Beth Barbush and Peter Bruun (Art on Purpose and KHSP-CT community mentors); and Colette Veasey-Cullors (Maryland Institute College of Art and photographer). Supporting partners include the Better Waverly Community Organization, the Waverly and Oakenshawe improvement associations, the Waverly YMCA and Enoch Pratt library, Marian House, and the Better Waverly Community Arts Center. Technical and other support is being provided by professors C. Debra Furr-Holden and Tom Glass (JHSPH and KHSP-CT academic mentors) as well as professors Janice Bowie and Lee Bone (JHSPH and KHSP-CT site leaders). ReSPECT is funded in part by a grant from the Johns Hopkins Urban Health Institute.

The ReSPECT project addresses the following KHSP-CT competencies:

- (a) Understanding social determinants of health (economic, social, behavioral, political environmental) and developing skills and commitment for fostering community and social change.
- (b) Ability to transfer community-based participatory health (CBPH) skills to the community, thereby enhancing community capacity, and ability to share CBPH skills with colleagues.
- (c) Understanding of the policy implications of CBPR and ability to work with communities in conjunction with advocacy groups and decision-makers in translating the process and findings of CBPR into policy.
- (d) Ability to write grants expressing CBPR principles.
- (e) Ability to negotiate across community-academic groups.

Title: *Public health impacts of industrial hog operations*

Presenter: *Christopher D. Heaney*

Community mentor: *Naeema Muhammad*, North Carolina Environmental Justice Network, P.O. Box 1863, Rocky Mount, NC 27802.

Academic co-mentors: (1) *Steve Wing, PhD*, Department of Epidemiology, Gillings School of Global Public Health, the University of North Carolina at Chapel Hill, CB#7435, McGavran-Greenberg Hall, Chapel Hill, NC 27599. (2) *Alice Ammerman, DrPH, RD*, Department of Nutrition, University of North Carolina, Director, HPDP, 1700 Airport Road, Chapel Hill, NC 27599-6140.

Abstract

Concentrated animal feeding operations (CAFOs) pollute air and water and affect worker and community health. Questions about the safety of the storage and land application of fecal wastes, the impacts of run-off on neighboring waterways, and the sub-therapeutic use of antibiotics in animal feed and veterinary care have become common. Antibiotic resistant bacteria strains (i.e., Methicillin-resistant *Staphylococcus aureus* – MRSA clonal complex 398) identified in community outbreaks have been linked to swine herds, confinement house workers, and populations living in areas surrounding industrial hog operation in Europe. Little research on MRSA colonization and environmental origins of clinical infection has been conducted in the United States. Fecal wastes from hog CAFOs can impact surface water quality, but traditional microbiological measurements required by Clean Water Act regulations fail to provide source-specific information. This deficiency presents problems for generating a knowledge base for action by regulatory agencies and exposed communities seeking to change industrial livestock operation practices and policy decisions that are made by elected officials. My clerkship project aims to make use of existing data from an interdisciplinary CBPR partnership that was formed to study the health impacts of industrial hog operations on people who live nearby. My independent CBPR project will combine this existing data with pilot environmental and hospital admissions data to examine the public health impacts of intensive hog production in eastern NC. My independent CBPR project also aims to characterize run-off at industrial versus sustainable hog operations using traditional indicators of microbiological water safety and novel source-tracking markers (MRSA CC398, swine-specific *Bacteroidales* and *Methanogens*). Strengths and weaknesses of traditional vs. novel microbial measures will be reviewed with community partners at the North Carolina Environmental Justice Network and research questions related to public health compliance vs. source tracking fecal microbial pollution from swine CAFOs in streams will be considered. My teaching clerkship activities include co-instructing and developing a community engagement core for UNC's "Environmental Epidemiology" course with Steve Wing, and giving invited lectures in UNC's "Readings in Epidemiologic Modeling" course taught by Charlie Poole/Steve Marshall and "Microbial Ecology" taught by Jill Stewart.

Title: *The influence of social and individual-level determinants of health on planned cancer risk information seeking*

Presenter: Shelly Hovick

Overview

In my Kellogg fellowship plan I have one major data collection project that builds off my research looking at cancer risk perceptions and information seeking among people in poverty. I also have three smaller secondary data analysis projects I am completing with collaborators at M.D. Anderson. I am close to submitting the first of these papers, looking at disease risk perceptions and family history among Mexican Americans.

In this poster I want to highlight both of these projects, dividing them in terms of theory based research (i.e. information seeking project) and applied research (i.e. family history project). Thus, my poster is composed of three boxes – one highlighting the theory based research, one highlighting the applied research, and another highlighting the policy implications of this work. Below is a description of the two projects I will describe on the poster.

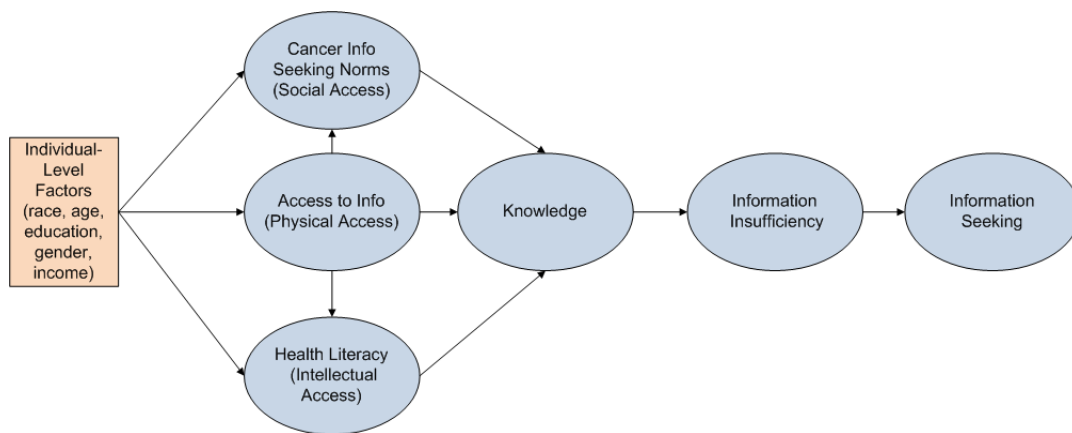
Box 1: Theory Based Research. *The influence of social and individual-level determinants of health on planned cancer risk information seeking.*

Background: Those experiencing health disparities not only have a higher risk of death and incidence of major diseases but they also seek less health information, have more limited access to communication channels, poorer health literacy, and may not receive information as quickly. However, theoretical models of health information seeking often take a “one size fits all” approach and do not recognize how individual and social-level factors might impact people’s intentions to seek cancer-related information.

What I’ve learned So Far: People living in poverty are aware of and concerned about chronic diseases. Research shows that family history, race, personal experience, and the absence of financial resources and insurance are important reasons why some health risks are more threatening (Hovick, Johnson-Turbes, and Chervin, *in press*) and may explain why people seek information about some risks and not others. Research shows that information seeking and processing is associated with higher health protective action among people in poverty. However, *demographic factors* (age, race, gender, sex) are stronger predictors of information needs, health processing, and action (Hovick, Freimuth, Johnson-Turbes, and Chervin, *currently under review at Risk Analysis*).

Study Overview:

- Guiding this investigation is the Planned Risk Information Seeking Model (developed by my mentor Leeann Kahlor at UT-Austin), a theoretical model that predicts information seeking related to risk topics. PRISM has not fully explored the theoretical contributions of social and individual-level determinants to health information seeking.
- 3 goals for the study (representing 3 studies): 1) test PRISM in the context of cancer risk information seeking and assess differences among African Americans, White Americans, and Hispanics; 2) test the predictability of new variables into the PRISM framework (including past information seeking behaviors); 3) integrate social and individual-level determinants of health into the model.



- *Study Design:* All subjects who participate in the study will complete a 25-minute survey online. The survey will contain a series of questions about themselves, their health information seeking behaviors, their health perceptions, and their knowledge of cancer risk factors. A purposive sampling strategy will be used to ensure a diverse sample in terms of race/ethnicity, gender and income level. Data to be collected Summer 2010

Box 2: Applied Research -- *The effect of personalized risk feedback on Mexican American's risk perceptions for heart disease, diabetes, and colon cancer.*

- Project with Anna Wilkinson (Mentor) at M.D. Anderson and colleagues at the NIH National Human Genome Institute (Laura Koehly and Sato Asida).
- *Study Purpose:* Examines Mexican American's risk perceptions for heart disease, diabetes, and colon cancer prior to and following receipt of personalized risk assessments (RA) based on family health history. Since health messages often do not reach Mexican Americans, personalized approaches may be an effective way to communicate risk information to them.
- *Methods:* 497 Mexican Americans (comprising 162 households) were recruited from a longitudinal population-based study of cancer-risk factors. Participants completed a baseline and follow-up phone survey after receiving personalized RAs or a family history pedigree only.
- *Results (will use a table):* Mexican Americans perceived moderate to high levels of risk at baseline for heart disease, diabetes, and colon cancer. These estimates were higher than familial risk estimates generated by the CDC's Family Healthware™. Family history was the most consistent predictor of risk for heart disease ($\beta=0.16$, $p<.01$), colon cancer ($\beta=0.25$, $p<.01$), and diabetes ($\beta=0.65$, $p<.01$). Following receipt of risk feedback mean risk perceptions significantly decreased ($p<.05$) for all three conditions and for nearly 50% of participants no change in risk perception occurred.
- *Conclusions:* Family history is the strongest predictor of risk perceptions among Mexican Americans, even stronger than established risk factors. The receipt of personalized risk assessments may help MAs identify an appropriate level of risk for heart disease and diabetes.

Policy Implications

This research will help identify strategies to provide information to at-risk groups (campaigns often miss low-income and minority populations). Additionally, it will provide insight into the factors that predict both health disparities and communication disparities (gaps in communication access and health knowledge).

Title: *The effects of social mobility, socioeconomic position and stress upon the mental and physical health of black and white Americans*

Presenter: *Darrell L. Hudson*

Primary Mentors:

Nancy A. Adler, PhD, University of California, San Francisco, Center for Health and Community

Paula A. Braveman, MD, MPH, University of California, San Francisco, Center on Social Disparities in Health

Program Competencies

During Year 1 of the Kellogg Health Scholars Program, I am prioritizing the following three competencies:

- 1) Complete journal articles and make presentations that inform health policy decisions that address health disparities.
- 2) Write grants that express the importance of health disparities policy research.
- 3) Expand and contribute to the understanding of the determinants of health (economic, social, behavioral, political, gender, racial/ethnic, and environmental) and further developing skills and commitment to affect community and social change through the translation of health policy research into policy.

Current Research Projects

Costs of Intergenerational Social Mobility

Understanding the effects of the process of social mobility upon the mental health of blacks over the lifecourse is an area of research that is important and timely. It is possible that trajectories could differ by gender and there could also be critical life course periods in which blacks would be most vulnerable to both experiencing depression as well as the mental health effects of exposure to racial discrimination. I was recently funded by the Robert Wood Johnson Health and Society Program at the University of California, San Francisco to conduct a study that examines the relationship between social mobility, SEP, depressive symptoms, and self-rated health, paying specific attention to the way that racial discrimination is patterned across race and mobility status among Coronary Artery Risk Development in Young Adults (CARDIA) Study respondents.

Racial/Ethnic Differences in Depression Detection and Treatment

I am currently exploring racial/ethnic and socioeconomic differences in rates of depression diagnosis among participants in the NIH funded Diabetes Study of Northern California (DISTANCE) study, which collected rich data on socioeconomically and ethnically diverse patients enrolled in a large HMO, the Kaiser Permanente Northern California Health Plan. Preliminary analyses indicate that there are significant racial/ethnic differences in the detection of depression among study respondents. There is a significant discrepancy between self-reported depressive symptoms and diagnosis of depression by physicians. We are currently examining factors that could explain these wide racial differences in rates of depression diagnosis across racial/ethnic groups in the Kaiser System.

Stressful Life Events, Health Behaviors, Race and Depression

Under the direction of James Jackson at the University of Michigan, our research team is currently testing a model which posits that poor health behaviors (PHB), such as smoking and overeating, may act as means of effectively coping with the stress of social disadvantage. Recently we found that PHB provide an effective means of coping with the stress of social

disadvantage while simultaneously increasing the risk of physical health problems among blacks in the Baltimore ECA study but this pattern was not found among white respondents.

Policy Implications

My program of research has begun to address two important questions. First, do benefits generally assumed to come with higher SEP protect against the development of health problems among blacks? The results of the costs of mobility study described above have the potential to illustrate whether social stressors such as racial discrimination undermine the positive effects of SEP among blacks and could inform housing, educational, and employment policies. Second, my research explores why rates of depression among blacks are lower despite greater levels of social disadvantage compared to whites. The recognition of potential biases in depression assessment tools and from clinicians is critical in ensuring appropriate mental health treatment. Additionally, findings suggest that policies directed toward the availability of healthy foods, alcohol, and tobacco in communities is necessary.

Presenter: *Shalon MauRene Irving*

Academic and community mentors: *Dr. Anita Hawkins*, Morgan State University (Academic),
Rev. Debra Hickman, Sisters Together and Reaching, Inc (STAR)(Community)

Program Competencies

- Enhance knowledge of and skills in applying the principles of CBPR and become proficient in my ability to transfer these skills to the community.
- Obtain skills necessary to balance tasks in academia while engaging in CBPR.
- Understand the policy implications of CBPR and increase my ability to collaborate with communities in order to increase the likelihood that the findings of my CBPR work is translated to policy.
- Improve my ability to write grants expressing CBPR principles.

Primary Projects and Scholar's Role

- The primary project is a community-based participatory research project designed to assess what risk and resilience factors exist, the presence and quality of intergenerational support networks, and other factors we assume to be related to sexual health. My role is to design and implement the study (qualitative and quantitative) and to work collaboratively with a community advisory board (to be established) to utilize research findings to inform the development of a culturally appropriate program.

Ways the project incorporates community based, participatory research principles

- The idea for this project has emerged entirely through a collaborative process between scholar and community partner drawing heavily from the findings of a youth conference sponsored by the community partner, the scholars review of the literature as well as the field lessons learned from other programs operated by STAR.
- Although there is available information regarding the needs of adolescents, we have decided to undertake a systematic study of the priority population to ensure that any programming that is developed is culturally relevant and timely.

Role that community-based organizations play in the project and project updates

- STAR organized the youth conference entitled *Sex, Lies, and the Ugly Truth* and was instrumental in ensuring the return of the evaluation forms which have informed our project ideas.
- Currently, we are working together to identify the specific needs of the targeted population through the conference evaluation, targeted outreach activities at local high schools and findings from their other youth initiatives.
- STAR will also be instrumental in identifying participants for the project.

Policy Implications

- Senate Bill 611, introduced in March 2009 and currently in the Senate Subcommittee on Health, Education, Labor and Pensions calls for a comprehensive sexuality education for all youth which includes a focus on increasing communication between youth and parents. The project has the potential to provide support for the need to include parents and other familial and community social network members in sexual risk behavior education.
- We anticipate the creation of a discussion guide for parents to help improve communication with their adolescents around sexual health.
- Additionally, we intend to create a culturally specific comprehensive sexuality education program to be implemented with African American female adolescents, their parents/caregivers, peers, and sexual partners in Baltimore city.

Lessons Learned

- One of the key lessons learned so far is that CBPR is a constant process of negotiation and that this dynamic process is essential to ensuring that the goals of both the community and academic partners are met.

Title: *Disparities and Primary Preventive Behaviors in the H1N1 Pandemic*

Presenter: *Supriya Kumar*

Mentors: *Sandra C. Quinn, PhD. & Stephen B. Thomas, PhD.*

Research

I have been studying the association between social position and disparities in the H1N1 pandemic. We surveyed a nationally representative sample of the US population, with significant oversamples of African Americans and Hispanics in two waves: May/June 2009 (N=1543), and January 2010 (N=2042). Testing a model put forth by Blumenshine et al. (Emerging Infectious Diseases; 2008), we found that racial/ethnic disparities existed in one's risk of exposure to the virus, susceptibility to severe disease, and in access to health care during the H1N1 pandemic. Following up on this study, I am examining predictors of incidence of illness using social measures of exposure as independent variables. In path analysis, race/ethnicity determines disparities in risk of exposure to the virus, which in turn, impact self-reported incidence of Influenza-like Illness (ILI). Specifically, increased exposure, measured on the 'inability to social distance' scale (including questions gauging lack of access to sick leave and inability to work from home), puts Hispanics at increased risk of exposure to the virus compared to Caucasians, and predicts incidence of ILI in the respondent as well as in their household. Similarly, the number of children in the household, used as a measure of crowding, puts Hispanics at increased risk of exposure and in turn, predicts incidence of ILI in the household. Finally, lack of access to private transportation puts Hispanics at increased risk of exposure compared to Caucasians. This in turn, predicts incidence of ILI in respondents.

Vaccine behavior from a social ecological perspective

Currently, I am exploring determinants of vaccine acceptance in the H1N1 pandemic using a social ecological model framework. I find that all levels of the social ecological model explain variance in H1N1 vaccine acceptance. I am finding that in spite of the fact that health insurance was not a pre-requisite in order to access the H1N1 influenza vaccine, African Americans with insurance were more likely to have received the vaccine than African Americans without insurance. A relationship between health insurance and vaccine acceptance was not seen for Caucasians.

Vaccine behavior from a social networks perspective

I am examining the relative influence of different people in one's social network—sibling(s), parent(s), doctor, spouse, daughter/son, and best friend—on vaccine acceptance. Preliminary results suggest that in a social network, the influential people, with respect to vaccine decision making, differ by race/ethnicity.

Policy Implications

My research on disparities in a pandemic suggests that access to resources such as sick leave impacts exposure to the virus and incidence of disease. Amendments in worksite policies as well as federal or state policy measures mandating the availability of paid sick leave could lead to health benefits, including reduced exposure to influenza viruses, and lower levels of incidence of ILI. My study of the determinants of vaccine acceptance suggests that a policy level variable—access to health insurance—is an important determinant of vaccine acceptance among African Americans, and the work on social networks in vaccine acceptance could have implications for the design and targeting of risk communication.

Title: Education and the distribution of blood pressure, body mass index, and waist circumference: evidence for a population strategy

Presenter: Sze Yan Liu

Mentors: Maria Glymour, Ichiro Kawachi

Introduction: The relationship between higher educational attainment and better health has been widely documented. However, previous studies have used standard regression methods to estimate changes in population means. To predict the population health consequences of changes in educational attainment, it is important to quantify educational effects on the distribution of health outcomes in addition to the population means.

Methods: We assess the association between education and the 10th, 25th, 50th, 75th, and 90th percentiles of body mass index and blood pressure among older adults using data from the 2006 Health and Retirement Survey, a nationally representative sample of older adults in the US.

Results: According to the linear regression model, an additional year of schooling was associated with an average decrease of 0.5 mmHg in systolic blood pressure. Estimates associated with an additional year of schooling from the quantile regression models ranged from -0.2 mmHg (95% CL= -0.4, 0.0) at the 10th percentile to -1.0 mmHg (95% CL= -1.2, -0.6) at the 90th percentile. Diastolic blood pressure showed a similar pattern. For BMI and waist circumference, the largest estimates associated with year of schooling were for women at the higher end of the distribution with estimates at the 90th percentile of -0.3 kg/m² (95% CL= -0.5, -0.1) for BMI and -0.3 inches (95% CL= -0.4, -0.1) for waist circumference.

Conclusion: Standard regression methods assuming a constant effect may be underestimating the associations between education and common cardiometabolic risk factors especially at the higher end of the distribution of these risk factors, the region of most interest for public health interventions.

Title: *Negative Perceptions of Latinos and Racial Attitudes Toward Health Care Reform*

Presenter: *Jillian Medeiros*

Summary

Extant literature on race and public policy largely focuses on whites' attitudes toward African Americans, and also centers on policies associated in the American imagination with a certain segment of the population, such as welfare, which is only available to low-income people. In this paper, I seek to extend the literature on race and public policy by conducting a multi-ethnic, multi-racial study of attitudes toward health care reform policy. Using the 2004 National Annenberg Survey Data and 2000 Census Data, I find that only among whites, and not other racial and ethnic groups, living among a larger percentage of Latinos leads to one being more likely to have more conservative notions of expanding health care to the uninsured. This shows that conservative attitudes toward government are not solely driving resistance to more generous health policies, but that racial components drive resistance as well. This result shows that for whites, health care policy is racial in nature, and that Latinos, are the targeted group of these racial attitudes that lead to less generous attitudes toward health care. Since Latinos disproportionately lack health insurance (James et al 2007) compared to other racial and ethnic groups, these deeply entrenched but not obvious anti-Latino feelings can lead to the passage of less generous health care policies at the local level which can have dire health consequences for the Latino community.

Title: *Social Inequities & Maternal/Infant Health: Institutional Racism, Neighborhood Factors & Stress*

Presenter: *Dara Daneen Mendez*

Primary Mentor/Site Director: *Stephen B. Thomas, PhD*

Mentors: *James Butler, DrPH; Mary Garza, PhD; Craig Fryer, DrPH; Lisa Bodnar, PhD; Kevin Kim, PhD; Irene Frederick, MD (community collaborator)*

Program Competencies

- A. Expand and contribute to understanding the determinants of health and further developing skills and commitment to community/social change through the translation of health disparities research into policy.
- B. Complete journal articles and conduct presentations that inform health policy decisions that address health disparities.
- C. Communicate, inform and participate in discussions across policy-academic-community groups.
- D. Compete successfully for tenure faculty positions in the academic arena and to enhance the value of minority health and health disparities research and the application of that research to policy.
- E. Write grants that express the importance of health disparities policy research.

Research Projects

1. Residential Redlining as Form of Institutional Racism

Summary: Residential segregation and redlining are posited as fundamental causes of health disparities in the US. Redlining specifically refers to discriminatory practices towards communities and individuals of color attempting to own property and secure funds through home mortgages. This study used Home Mortgage Disclosure Act Data from 1999-2004 in Philadelphia County to create a proxy for institutional racism in the form of residential redlining. We created this redlining measure using multilevel logistic regression models to estimate the black-white odds of loan denial for each census tract after controlling for income, loan amount and gender. We found that after controlling for these factors, black were two times as likely as whites to be denied a mortgage loan. The redlining indices created were also applied in a health context, and the results are described below.

2. Social Context, Neighborhood Factors and Maternal and Infant Health Outcomes

Summary: We linked the redlining indices for each census tract in Philadelphia County to a clinic-based sample of pregnant women from the Stress Pregnancy and Evaluation Community Project. The women living in neighborhoods characterized as redlined were more likely to perceive stress and poor neighborhood quality. We did not find any associations between residential redlining and preterm birth among the small Philadelphia cohort. However, we plan to continue the same line of inquiry in a population-based sample of pregnant women in Allegheny County, PA. We will use data from state vital birth and fetal death records to investigate institutional racism (residential redlining) as a neighborhood contextual factor as a contributor to disparities in maternal risk factors and birth outcomes. We will also examine the association between residential redlining and other neighborhood social measures.

Policy Implications:

Historically, discriminatory practices in mortgage lending have contributed to inequities in accumulation of wealth through home ownership and in some cases to depressed and abandoned communities. But present-day discrimination may be leading to some of the same adverse conditions. Although the Fair Housing and Home Mortgage Disclosure Acts prohibit

discrimination, illegal practices still occur. This research provides an avenue to address current discrimination in the areas of housing, neighborhood development, regional planning and public health aimed at eliminating inequities. I will collaborate with organizations in Pennsylvania such as the Fair Housing Partnership to understand how inequities in housing and community investments influence health and to develop strategies to address enforcement issues

3. The Birth Circle: Community Doula Care (Research Project in Development)

Summary: The Birth Circle is a community organization founded to decrease racial/ethnic disparities in birth outcomes through home visiting, social support and doula-based services. I will work with this organization to monitor and assess the impact of their program on infant and maternal health in Allegheny County and assist them with constructing a research and evaluation plan.

Presenter: *Jessica Ruglis*

Academic and Community Mentors:

Primary Partners

Community Mentor: *Jay Gillen, PhD*, Baltimore Algebra Project & Baltimore City Public Schools (Heritage HS)

Academic Mentor: *Cheryl Holcomb-McCoy, PhD*, Professor and Chair, School Counseling and Human Services, School of Education, JHU

Secondary Partners

Community Mentor: *Ryan Petteway, MPH*, Social Epidemiologist, Baltimore City Health Department

Academic Mentor: *Lester Spence, PhD*, Assistant Professor, Department of Political Science, JHU

Program Competencies

There are five program competencies I aim to develop. They are: a) Publishing, b) Conducting Original Research, c) Research Skills, d) Communication / Networking, e) Grant writing.

Primary Project

The primary project is a year-long investigation into the ways in which schools affect students' health. It aims to build on my dissertation and previous research on schooling as a social determinant of health. This project is grounded in all CBPR principles. I have been working with my community partner(s) since September 2009 to develop relationships, build community, and create a research project that fits both my research interests and the needs of the organization and youth in Baltimore City. The research questions we will be studying were generated in collaboration with the community partner. The community-based organizations are equal partners in this project: we meet at least once per week, in addition to having nearly daily communication via email where we develop ideas, scholarship and the project together. I have also been assisting the organization with support for ongoing initiatives that they are involved in. This summer, we will be training a group of 6-10 young people to be the youth co-researchers for this CBPR project during a six-week research institute. Youth researchers are recruited through the CBO and school where we are working, and will be hired via the Baltimore City peer-to-peer youth employment program. During summer research institute, the youth will: learn about CBPR, approaches to research, research ethics, and various qualitative, quantitative and clinical research methods; participate in human subjects certification; further develop our research design, protocols and sampling strategies; attend the KHSP "Train-the-Trainer" policy advocacy training; and pilot and practice all methods in our research design. We will conduct data collection during the entire 2010-2011 academic year at Heritage High School. We are also supported by a variety of collaborators from Johns Hopkins School of Public Health and School of Medicine, Towson University, Maryland Institute College of Art, Peer-to-Peer Youth Enterprises, and community members in Baltimore.

Policy Implications

There are numerous ways in which this project has implications for: educational policy and dropout prevention, school based and adolescent health policies, policies concerning youth employment, development and civic engagement; and alternatives to incarceration. I have been involved with a policy organization since September 2009 when I arrived in Baltimore. Equity Matters, Inc. is the Baltimore organization of the national *Place Matters* initiative of the Joint Center for Political and Economic Studies Health Policy Institute, which aims to eliminate health

disparities through addressing social determinants of health. I am on the Board of Directors for this organization. My secondary community partner is also an officer in the organization. The CBPR project that I am conducting is situated within Equity Matters strategic plan and mission statement, and will be one of the flagship research projects for the organization that will be used to develop future grants and policy initiatives from. In Equity Matters, Inc. we are currently working on several grants (NIH and foundations), coalition building for a social determinant of health framework and social movement in Baltimore City, developing our organization identity and website, and writing various publications (including OpEds).

Problems and Solution

One potential problem will be the need for additional funds for this CBPR project. Any assistance from KHSP participants concerning small seed grants to help with costs would be very useful.

Lessons Learned

I have learned that trying to balance all of the competencies is a skill in itself. I have also learned that patience, creativity and flexibility are paramount: as projects, partners, timelines and feasibility are likely to change or cease, often when least expected.

Title: *Utilizing Concept Mapping to Explore Perceptions of Factors that Influence Food Buying Practices Among Residents of Low-income Neighborhoods*

Presenter: *Renee E. Walker*

Academic Mentors: The primary mentors working with the scholar include *Ichiro Kawachi, M.D., Ph.D.*, Site Director, Kellogg Health Scholars Program in Health Disparities and Chair, Department of Society, Human Development and Health, Harvard School of Public Health and *Jason Block, M.D., M.P.H.*, Instructor, Department of Population Medicine, Harvard Medical School and Internist, Brigham & Women's Hospital

Program Competence

Over the course of the post-doctorate the following competencies will be developed:

- 1) Contribute to understanding social determinants (social, behavioral, environmental, economic, and racial/ethnic) of health
- 2) Translation of health disparities research into policy
- 3) Submit manuscripts that inform health policy decisions
- 4) Collaborate with Kellogg scholars, senior mentors, and policy and advocacy groups on health disparities research

Primary Research Project

Concept mapping is a mixed-methods approach that involves participation of the stakeholders to identify, list, and organize barriers according to their perception, and integrates the results in such a way that multivariate analyses can be used to make comparisons between groups and illustrate ideas graphically.

Specific Aim: To identify perceptions of factors influencing food buying practices among residents of a low-income, urban food desert and residents of a low-income, urban food oasis and understand how these factors are related.

Preliminary Findings

Sixty-seven participants from 4 low-income zip codes in Boston participated in the first of three concept mapping sessions. One hundred twelve unique statements were identified by participants as factors that influence food buying practices. Examples of statements include *fixed income, canned milk lasts longer, different neighborhoods offer different prices and selection, coupons, and smaller quantities cost more.*

Next Steps

Participants will engage in a sorting and rating process of the unique statements generated during the brainstorming session (Session 2). Multidimensional scaling and hierarchical cluster analyses will be used to generate maps. Final concept maps will be presented and interpreted by participants (Session 3).

Policy Implications

Findings from this research highlight factors that influence food buying practices and underscore the need for increased access to affordable, healthy and nutritious foods for low-income communities, including improved public transportation options. Geographic areas where interventions could be the most feasible, cost-effective, or beneficial are identified. Additionally, the need for increased financial support and resources for programs that provide emergency food assistance was emphasized.

Barriers Encountered

1. Receiving accurate data when discussing sensitive issues (e.g., not having enough food to feed the children; utilizing emergency food assistance programs, etc.) in a group setting.
2. Reassuring participants that their input is important and incorporated when the methodology yields an aggregate group product.

Lessons Learned

1. How to collaborate with senior mentors on health disparities research
2. The process of translating research into policy and program development

Title: *The Role of Faith Institutions in Adolescent Sexual Decision Making*

Presenter: *Terri Williams*

Advisory Team Members:

Academic Mentor: *Derek M. Griffith, the University of Michigan, School of Public Health*

Community Mentor: *Bettina Campbell, LMSW, YOUR Center*

Program Competencies

- a. Knowledge of and skills in applying the principles of CBPR
- b. Ability to write grants expressing CBPR principles
- c. Ability to transfer CBPH skills to the community, thereby enhancing community capacity, and ability to share CBPH skills with other faculty.
- d. Ability to balance tasks in academia posing special challenges to those engaged in CBPR, in order to thrive in an academic environment
- e. Understanding social determinants of health and developing skills and commitment to developing community and social change.

Primary Project:

- a. Context: My primary project is affiliated with a larger CBPR project, YOUR Blessed Health (YBH), which is an HIV prevention program being conducted in 46 African American churches in Flint, Michigan
- b. Goal: Identify key resources of faith communities that positively impact adolescent decision making. There are two specific aims for this project:
 - i. Learn how congregants believe faith institutions influence adolescent decision making
 - ii. Document sexual health resources (existing and desired) for adolescents within faith institutions.
- c. Method
 - i. Conduct 4 focus groups with African American adolescents (13-18) and 2 focus groups with African American parents and faith leaders about the role they believe faith-based institutions should play in healthy sexual decision-making
- d. Incorporation of CBPR Principles: I will be partnering with my community partner and her core staff to:
 - i. Select a church for my primary project
 - ii. Develop qualitative and quantitative measures
 - iii. Translate qualitative and quantitative findings to community partners using an iterative process
 - iv. Analyze and interpret data with YBH church affiliated youth and adults
 - v. Publish key findings in a peer-reviewed journal
- e. Progress to date
 - i. Church selected- Grace Emmanuel Baptist Church in Flint, Michigan
 - ii. IRB approval

Policy Activities

- a. Participating in a policy training workshop developed by URC and funded by Kellogg Community Health Scholars program in May 2010 and developing a policy brief to support Ms. Bettina Campbell's agenda to reduce the burden of HIV/STIs on Flint residents
- b. Requesting a letter of support from elected officials for a recent NIH grant proposal
- c. Using finding to help churches identify church policies that facilitate sexual health promotion and address policies that hinder the promotion of sexual health among adolescents Project

Lessons Learned

- a. Acknowledge and appreciate the expertise of both community and university partners
- b. Aim for maximum lead time for producing products
- c. Maintain a high degree of flexibility and open lines of communication