

2010 Kellogg Health Scholars Program Annual Meeting

Finishing Scholars (2008-2010 Cohort) Presentations Abstracts

Thursday, June 10

8:20 a.m.-8:40 a.m.

National

Moderator: *GiShawn Mance*

Title: *Examining inter-rater reliability of a food store audit instrument conducted by community members*

Presenter: *Betty Izumi*

Direct observation of the food environment is a research method for identifying pathways through which limited access to nutritious foods contributes to health inequities and is an important tool for building a community's capacity to improve food access. Yet, community involvement in assessing their food environment has been limited. We describe how the Healthy Environments Partnership (HEP) — a CBPR partnership working since 2000 to address excess cardiovascular disease risk in Detroit, MI — engaged community residents in the direct observation of food stores in three low-income, multiethnic communities. Between October 2008 and September 2009, four community members assessed the shopping environment and the availability and price of commonly consumed foods in 167 stores. In this presentation, we describe the strategies used to promote high inter-rater reliability (IRR) and present IRR results. In addition, we will discuss benefits of a partnership approach to assessing the food environment as well as lessons learned that can be applied to future efforts to engage community residents in direct observation of food stores.

Friday, June 11
Concurrent Sessions

8:45 a.m.-10:15 a.m.

Corcoran A & B

Maternal and Adolescent Health
Moderator: *Dionne Smith CokerAppiah*

Title: *Psychosocial and Behavioral Factors Affecting the Emotional Well-being of Single Black Mothers*

Presenter: *Jamie E. Chatman*

Births to single mothers are a rising occurrence in the United States and vary across racial groups. The Census Bureau reported in 2005, that over 70% of black women, compared to 25% of white women who gave birth were unmarried. However, in the city of Pittsburgh, Pennsylvania, almost 81% of black women who gave birth were unmarried. Research has shown that single mothers have higher levels of loneliness, chronic stress, and life events, and less social support, social involvement, and less frequent contact with friends and family. The purpose of this project is to explore how psychosocial factors and characteristics affect the emotional well-being of single black mothers (aged 25 and older) in the Pittsburgh, Pennsylvania

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area using both qualitative and quantitative approaches. A quantitative survey is used to examine how factors, such as social support, stress coping strategy and religiosity, affect emotional well-being of single black mothers. In-depth interviews are also used to assess how each participant views their experience of motherhood, as well as assess knowledge of community resources and possible resource and programming needs within the community. Determining factors that affect emotional well-being could determine protective factors or factors that could be intervened upon to reduce the risk or burden of depression and stress among this population. In addition, identifying needs within the community may aid policy recommendations for new and better programming to better serve this at-risk population.

Title: *Depression among mothers in the United States: Nationally-representative rates and risks*

Presenter: *Karen A. Ertel*

Depression among mothers is increasingly recognized as a common and devastating public health problem affecting not only women, but the children in their care. Salient features and adversities associated with depression have significant potential to impair a mother's ability to effectively and adequately care for children. Children exposed to maternal depression are at higher risk of delayed cognitive and language development, mental health problems, sub-optimal growth patterns, and a wide-range of interpersonal, neuroendocrine, and behavioral problems. Maternal depression has been associated with offspring's poorer outcomes in infancy, childhood, adolescence, and adulthood. Despite the high prevalence of depression in women of childbearing ages and its adverse effects on child development, the public health burden of maternal depression has not been documented in a nationally-representative sample.

The aim of this study was to examine the public health burden of depression among mothers: its prevalence and sociodemographic patterns; functioning, comorbidities, and associated adversities; and racial/ethnic disparities. We examined past-year major depressive disorder among 8930 mothers in the National Epidemiologic Survey of Alcohol and Related Conditions, a nationally-representative survey of the civilian US population in 2001-2002. We found that 10% of mothers experienced depression in the past year. Whites and Native Americans, those with low education or income, and those not married had high rates of depression. Depression was not patterned by number of or age of children. Depressed mothers experienced more adversities (poverty, separation or divorce, unemployment, financial difficulties) and had worse functioning compared to non-depressed mothers. Half of depressed mothers received treatment. Black and Hispanic depressed mothers were more likely to experience multiple adversities and less likely to receive treatment than White depressed mothers. These results confirm that maternal depression is a major public health problem in the United States with an estimated 1 in 10 children experiencing a depressed mother in any given year. Professionals who work with mothers and children should be aware of its prevalence and its detrimental effects.

Title: *The Development of a Collaborative City-Wide Strategic Plan to Reduce Teen Pregnancy & Births in Baltimore City*

Presenter: *Amanda E. Tanner*

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Reducing teen pregnancy and birth rates continues to be a significant public health challenge. The Center for Adolescent Health at the Johns Hopkins University Bloomberg School of Public Health partnered with the Healthy Teen Network and the Baltimore City Health Department (BCHD) to collaboratively address the recent rise in teen births in Baltimore. Utilizing the Getting to Outcomes model, the partnership worked with an advisory group and a larger working group to conduct a community needs assessment to develop a city-wide strategic plan to reduce teen pregnancy and birth. A variety of data collection methods were employed including: GIS mapping of teen birth rates and resources by neighborhood, key informant interviews to facilitate eventual implementation of the plan, and youth focus groups to include their insights. Results indicated that there are various protective and risk factors that contribute to teen pregnancy and birth, including access to youth friendly reproductive health services and social norms. Baltimore's unique strengths to address the issues were also identified, such as the location of two major teaching hospitals and strong political will behind the initiative. These findings informed the final logic model and comprehensive strategic plan that, if implemented, should assist in decreasing teen pregnancies in Baltimore. The strategic plan has several direct policy implications. At the local level it has been integrated into the larger effort to improve overall birth outcomes in the Baltimore. In addition, it has prepared agencies across the city to collaboratively apply for the federal teen pregnancy prevention initiative to use evidence-based approaches which would improve the quality of sexuality education in the public schools. Finally, the partnership between academic institutions, community organizations, and health departments can serve as a model for other cities in addressing important public health issues.

Title: *B-More Project: Using a CBPR Approach to Explore the Sexual Health of African American Urban Youth*

Presenter: *M. Taqi Tirmazi*

Sexual health is a tremendous concern for African Americans and other minorities residing in low socio-economic communities in urban areas. Some preconception and inter-conception risk factors for African American adolescents include: exposure to violence, poverty, delinquency, substance abuse, mental health, inadequate housing, inadequate education, access to health care and other risk factors (CDC 2007). However, more research is needed to understand how contextual factors and mechanisms impact the preconception and inter-conception health of adolescents in urban communities. B-More project is a community-based participatory research (CBPR) project aimed to assess the risk and protective factors associated with the preconception and inter-conception health of adolescents between 16 – 24 years of age. Using a concurrent triangulation design, this CBPR project focuses on exploring socio-ecological factors associated with African American adolescent preconception and inter-conception health. This investigation will inform an understanding of the impact of protective and risk factors associated with preconception and mental health of African American adolescents in urban communities. Identification of these factors within this vulnerable population will assist in modifying and developing culturally sensitive preventive interventions to address the preconception and inter-conception health of African American Adolescent in these underserved communities.

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8:45 a.m.-10:15 a.m.

National

Place-based Issues and HIV Moderator: *Angela Thrasher*

Title: *Preventing HIV/AIDS among Rural African American Adolescents through Policy, Advocacy and Photovoice: The Making Healthy Change Happen for Me, My Family & Community Pilot Intervention*

Presenter: *Yvonne Owens Ferguson*

Rates of HIV/AIDS continue to rise among African Americans in the rural South. Policy and advocacy efforts are potentially effective strategies to change social factors that contribute to HIV transmission. As part of the efforts to design an advocacy program for youth ages 10 to 14 and their caregivers for Project GRACE, a community-based participatory research project to reduce HIV/STI risk among rural African American youth, we explored the role of local politics in addressing the community's disproportionate rates of HIV among African Americans. We conducted a secondary analysis of 36 individual interviews with white and African American key informants in two North Carolina counties that have high HIV/AIDS rates. We used Atlas.ti 6.0 to manage the text data and constant comparison techniques using visual displays to analyze the data. Key informants agreed that politicians could do more to address the HIV/AIDS epidemic in their county. While key informants from both racial/ethnic groups provided suggestions at the individual, interpersonal and community levels for how politicians could approach the HIV/AIDS epidemic, African Americans broadened their suggestions to include the policy, social and environmental levels. Results led to the development of Making Healthy Change Happen (MHCH) for Me, My Family and Community. Based on Freirian theory and the social ecological framework, MHCH uses Photovoice methods to empower youth and their caregivers to improve their community and reduce HIV/AIDS-related risk behaviors. We present findings from the key informant data as well as describe the process of the community-academic partnership in the design, implementation and evaluation of the pilot intervention.

Title: *Faith Leaders' Comfort Level Implementing an HIV Prevention Curriculum in a Faith Setting*

Presenter: *Latrice C. Pichon*

YOUR Blessed Health (YBH) is a health education program designed to increase the capacity of faith-based organizations to address HIV/AIDS among African American congregations. Pastors, pastors' spouses, and other faith leaders participated in a 16-hour initial training to gain knowledge and skills to facilitate youth and adult HIV education sessions in their churches. YBH program facilitators (N=29) representing seven denominations and twenty-six churches were administered a questionnaire assessing their comfort level discussing anal, oral, and vaginal sex on a 4-point scale where 1=not comfortable and 4=very comfortable. Overall, YBH facilitators were comfortable discussing sexual health behaviors in their churches. Approximately, 81%, 93%, and 96% of faith leaders discussed the relationship between anal, oral, and vaginal sex, respectively, and acquiring HIV. There were, however, leadership differences in comfort level and program implementation. The mean comfort level scores for discussing sexual behaviors were significantly lower for pastors and pastors' spouses compared to the mean scores for other faith leaders (e.g. anal: 2.67 vs. 3.59; oral 2.58 vs. 3.82; vaginal 3.25 vs. 3.94, respectively).

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These findings suggest African American faith leaders are able to lead faith-based HIV prevention efforts, but that it is critical to consider organizational roles in faith-based health programs.

Title: *Racial/Ethnic Residential Segregation, Perceived Discrimination, and Psychological Distress Among US- and Caribbean-born Blacks*

Presenter: *Kellee White*

A growing body of literature suggests that chronic exposure to racial discrimination is critical to understanding health disparities. Racial discrimination, which may be produced and maintained at the individual- and institutional-level, has been shown to influence the mental health outcomes of blacks. However, there is a paucity of studies examining the joint effect of individual (i.e. perceptions of discrimination) and institutional (i.e. racial/ethnic residential segregation) level discrimination on health in general, and mental health, more specifically. Moreover, it is not clear whether psychological distress would vary by black nativity status. This project uses data from the National Survey of American Life to examine the burden of psychological distress and investigate the relationship between residential segregation, perceptions of discrimination, and psychological distress among blacks by nativity status. Additionally, policy implications related to individual- and institutional-level discrimination will be discussed.

Title: *Policy Implications of Early Onset Breast Cancer Among Mexican-Origin Women*

Presenter: *Patricia Y. Miranda*

Overall, Latinas are more likely to be diagnosed with a more advanced stage of breast cancer, and are 20% more likely to die of breast cancer than non-Hispanic white women. It is estimated that from 2003-2006, \$82.0 billion in direct medical care expenditures, in addition to 100,000 lives annually, could be saved by eliminating health disparities experienced by Latinos and increasing the use of up to five preventive services in the U.S. An additional 3,700 lives could be saved if 90% of women ≥ 40 years were recently screened for breast cancer. We examined risk for breast cancer in a case-control population-based sample of Mexican-origin women in Harris County, TX (n=714), where rates of breast cancer mortality for Latina women have doubled since 1990. Half of breast cancer cases (n=119) were diagnosed before the age of 50. In a multivariable model, women with a family history of breast cancer (OR=4.3), born in Mexico and having high levels of language acculturation (OR=2.5), and without health insurance (OR=1.6) were found to have the highest risk of breast cancer. Because Mexican-origin women were found to be of high-risk for early onset pre-menopausal breast cancer, we recommend policies targeting screening, education and treatment to prevent increased disparities in mortality. The inclusion of community members and policymakers as partners in these endeavors would further safeguard against an increase in cancer health disparities, and aid in formulating a policy agenda congruent with scientifically-based, community-driven policy efforts addressing breast cancer screening, education and treatment in this vulnerable population.

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10:30 a.m.-11:30 a.m.

National

Healthy Eating/Active Living

Moderator: Anita Wells

Title: *Identifying intervention opportunities to prevent obesity among Mexican-American children*

Presenter: *Lisa Goldman Rosas*

Background: Nationwide, almost 40% of Mexican-American children are overweight or obese, a prevalence that is significantly higher than that among non-Hispanic white children and, in some studies, among non-Hispanic black children. Despite this, a systematic review of close to 150 peer-reviewed reports of childhood obesity prevention efforts failed to identify successful programs targeting Mexican-American youth. As the largest and fastest growing minority group in the US, it is crucial to develop successful and sustainable interventions to reduce and prevent obesity among youth of Mexican descent. To address the gap in research on successful programs and policies aimed at reducing obesity among children of Mexican descent, we conducted a qualitative study to identify potential opportunities for future interventions and policy research.

Methods: We conducted six focus group discussions with 60 Mexican immigrant mothers of school-age children. Because urban or rural residence as well as socioeconomic level may impact the success of strategies and policies, we facilitated focus groups in both a rural (Salinas, CA) and urban area (San Francisco Bay Area) with women of varying socioeconomic backgrounds. Educational attainment was used as an indicator of socioeconomic level because of its importance for nutrition knowledge and feasibility for recruitment. In conjunction with the focus group discussions, we conducted a short face-to face interview with mothers, collected anthropometric measurements on mothers and children, and asked mothers about their children's diet.

Results: Preliminary analyses of these data showed that multi-level factors act as barriers to healthy eating and active living; these included two-parent working families, limited availability of low-cost and flavorful healthy foods in the community and at schools, neighborhoods with few opportunities for physical activity, and children's preferences for energy-dense 'American' foods. Some of these factors varied by education level. This study also showed that parents were not able to accurately report on their children's diet, suggesting that current methods for assessing diet may not capture the relevant and necessary measures for this population group. Further studies are needed to improve our understanding of the reasons why current methods fail to capture diet intake in this group.

Conclusion: This pilot study provided evidence of the need to develop multi-level childhood obesity interventions as well as novel methods to assess diet and physical activity and for youth of Mexican descent.

Title: *New policies to regulate "junk" food and sugary beverages in schools: are they influencing childhood obesity trends?*

Presenter: *Emma Sanchez-Vaznaugh*

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In response to the US childhood obesity epidemic, more than half of states and several school districts have adopted policies restricting sales of competitive foods and beverages in schools over the past seven years. Pervasive in schools across the nation, these “competitive” items are available alongside, thus compete with, the federally reimbursable school meals programs supported through the US Department of Agriculture. The heightened focus on competitive foods and beverages reflects concern about the childhood obesity epidemic, along with increasing evidence documenting that these items typically contain high levels of sugar and fat. Their consumption, particularly of sweetened beverages, is linked with a greater risk of childhood and adolescent obesity. Thus, competitive food and beverage policies seek to transform school food environments that, in turn, can help shape dietary choices among entire student populations, irrespective of students’ individual behavioral intentions or body weight.

The Los Angeles Unified School District and California as a whole adopted among the most rigorous and comprehensive competitive food and beverage policies in the nation, requiring substantial changes to public school food environments. We investigated whether these policies (1) influenced overall population-level obesity trends and (2) trends in racial/ethnic obesity disparities among fifth and seventh graders in Los Angeles Unified School District and the rest of California. Using eight years of data from the California Department of Education, we fit multilevel models that controlled for individual and school-level characteristics, and tested for interactions between the influence of the policies on obesity trends, and race/ethnic disparities.

We found that in the pre-policy period, childhood obesity was increasing; however, after competitive food and beverage policies took effect, the rate of increase in obesity was significantly reduced. However, the benefit of the policies does not seem to be distributed equally across racial/ethnic groups. Limitations and policy implications will be discussed.

Title: *Healthy Bodies Healthy Minds (HBHM): Using CBPR to Promote Healthy Lifestyle Behavior at Minority Head Start Centers in Baltimore, Maryland*

Presenter: *Caree Jackson*

Healthy Bodies Healthy Minds (HBHM) is a pilot project that uses a community-based participatory research (CBPR) approach to promote healthy lifestyle behavior at minority Head Start centers. The program evolved from a partnership between Morgan State University (MSU) and two Baltimore City Head Start Centers. Obesity is a critical health issue across the nation and in Maryland where 15% of low-income children ages 2-5 are obese. The primary goal was to improve the wellness environment at Head Start Centers that serve this age group. HBHM is designed to deliver and evaluate a culturally appropriate nutrition and physical activity intervention to: 1) improve knowledge of minority Head Start children, parents, and staff members about healthy lifestyle behavior; 2) influence parent and staff behavior and the nutrition and physical activity environment; and 3) function as a sustainable, user-friendly program for Head Start Centers.

The six-week intervention included an innovative, arts-based classroom curriculum (12 health lessons) for children led by Head Start teachers, weekly health education sessions for teachers (6 sessions) led by trained MSU undergraduate student assistants, and monthly health education sessions for parents (3 sessions) led by program staff. This presentation will include a discussion about findings from the HBHM pilot, the curriculum lessons, and the parent and teacher health

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education sessions. We will discuss the implications of using a CBPR approach to promote healthy lifestyle behavior at Baltimore City Head Start Centers including capacity building, community participation, use of results to improve the wellness environment at Head Start Centers, and future collaboration.

10:30 a.m.-11:30 a.m.

Corcoran A & B

**Health Services/Access
Moderator: *Mindi Spencer***

Title: *The Influence of Social Support and Region on Co-Morbidity and Mortality: An Example of the Bioecological Model of Human Development*

Presenter: *Besangie Sellars*

Using the bioecological model of human development as a framework, this study investigates the potential influences of the microsystem (social support) and macrosystem (Northern vs. Southern U.S. region) on mortality among older adults, when controlling for individual-level factors including characteristics of the person (i.e., health status, race, age) and social context (as defined by education). The sample consisted of 3,075 participants in the Health, Aging, and Body Composition Study, an observational cohort study of community-dwelling Black and White older adults living in Memphis, TN and Pittsburgh, PA (mean age \pm SD = 73.6 \pm 2.9 years; 52% women; 42% Black). Nine hundred and seventy-five deaths (38.8/1,000 p-yr) occurred by the end of follow-up (mean \pm SD = 8.2 \pm 2.3 years). In a Cox proportional hazards model of all-cause mortality, U.S. region and Lubben Social Network Scale (LSNS) scores were each associated with mortality after adjustment for risk factors and chronic conditions: HR (95% CI) = 1.24 (1.09 - 1.41) for Memphis; 0.82 (0.76 - 0.86) per 10-point higher LSNS score. The association between social support scores and mortality did not vary by region. These data suggest independent contributions of microsystem and macrosystem environments to mortality risk in older adulthood.

Title: *Generic Prescription Drug Discount Program Utilization in Low-income Populations*

Presenter: *Anthony Omojasola*

A total of 12.5 million uninsured working-age Americans -- 35 percent of the uninsured -- reported unmet prescription drug needs. A person who is uninsured was three times as likely not to fill a prescription compared with an insured person. Frequently, low-income patients without the resources to fill their prescriptions forego essential medication, contributing to health disparities as well as increasing use of emergency rooms and unnecessary hospitalizations. The purpose of this study is to identify the factors associated with awareness and utilization of Generic Prescription Drug Discount Programs (GDDP) charging \$4 for a 30-day supply or \$10 for a 90-day supply. A survey was used to determine awareness of generic drug discount programs, and their use in four low-income populations in Houston. Additionally, 7 focus groups were conducted. We found that 72% of survey participants were aware of the generic prescription drug discount programs, and 61% had utilized the GDDP at least once in the preceding twelve months. Participants indicated that the most important barriers to utilization of GDDP were lack of awareness (44%), and lack of recommendation by a physician (19%). The generic prescription drug discount program is a pathway for resolving some of the burden

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created by under-use of prescription medication due to cost and can fill some of the gap in coverage by the Medicare Part D prescription benefit plan. The use of generic prescription drug discount programs may lead to improved health, reduced health disparities, and reduced health care costs. Prescription drug costs were \$300 billion in 2009, representing 12% of health care costs. Generic medicines account for 75% of all prescriptions dispensed in the United States, yet only 23% of all dollars spent on prescriptions. Increases in generic prescription utilization can lead to substantial savings and serve as a way to contain rising health care costs. It has been estimated that every one percent increase in the use of generics reduces annual spending on prescription drugs by \$4 billion.

Title: *Project SOULS and SOUL-GIRL: Exploring the Social and Cultural Context of Students of Color At-Risk for High School Drop Out*

Presenter: *Keon L. Gilbert*

In the U.S., 1.2 million students fail to graduate from high school on time each year. According to the Editorial Projects in Education Research Center, this means that 31 percent of all students do not graduate from high school on time with a regular diploma in four years. Unfortunately, minority students (African American, Hispanic, American Indian and Alaska Native) represent greater than 50% of this dropout population. In North Carolina, 58% of Black students graduate compared to 73% of White students. Less than 50% of African American and Latino males complete high school. Of all high school students, one in four female students will not graduate. Of all the students that drop out, about 500,000 are female. Education is considered one of the most important social stimuli in any nation and the lack of an educated citizenry stifles economic growth, and increases the risk for morbidity and mortality. The CBPR method of photovoice was used to organize, engage, and empower 20 middle school and high school aged African American and Latino males in four sites in North Carolina. Participants are given cameras to: document their concerns to promote dialogue and new knowledge through discussion of the photographs; mobilize action to understand the “culture of disrespect” they face; and to facilitate critical analysis of the deterrents to graduation and health. Participants identified the proximity of fast food chains to their schools as a deterrent to healthy eating. They also identified the presence of more security at predominantly minority schools compared to suburban schools as a school-related factor that encourages a culture of disrespect which discourages developing close relationships with teachers and challenges their identity as students of color. Participants also identified segregation as an environmental factor within schools that impedes the educational process. The larger culture of disrespect within and outside of schools supports negative attitudes about school, healthy behaviors and their life chances. Behaviors develop to adapt, cope and reject systems of authority, which increases their risk for dropping out of high school.