**2011 Kellogg Health Scholars Program Annual Meeting**
**Hotel Palomar**
**Washington, DC**

**Poster Presentation Abstracts**

**Wednesday, June 1, 2011**

**6:00 p.m.-9:00 p.m. National, Corcoran A and B**

**2011 Kellogg Health Scholars Program Annual Meeting**
**Hotel Palomar**
**Washington, DC**

**Poster Presentation Abstracts**

**Wednesday, June 1, 2011**

**6:00 p.m.-9:00 p.m. National, Corcoran A and B**

## Cancer Disparities

**Title:** ***Exploring the Molecular Mechanisms That Influence Ethnic Differences in Breast Cancer Development***

**Presenter**: ***LaKeisha M. Batts,*** **University of Texas, MD Anderson Cancer Center**
**Primary Mentor/Site Director**: Lovell A. Jones, Ph.D. (M.D. Anderson Cancer Center-MDACC)
**Additional Academic Mentors**: Gordon B. Mills, M.D., Ph.D. (MDACC), Melissa Bondy, Ph.D. (MDACC), Rick Kittles, Ph.D. (Univ. Illinois College of Medicine at Chicago), Fatimah Jackson, Ph.D. (UNC-Chapel Hill), Sendurai Mani, Ph.D. (MDACC)

Overview: The overall goal of my research is to examine the role of the immune system in cancer development, primarily breast cancer. I have identified three projects -- one primary and two secondary projects -- to work on during my fellowship. In this poster, I will highlight the progress on my primary research project.

Primary Research Project: Breast cancer is the most commonly diagnosed cancer and is the second leading cause of cancer-related mortality in African American women when compared to white women. African American women are frequently diagnosed with tumors with aggressive characteristics that include: a) high histological grade, b) high mitotic index, c) negative estrogen receptor (ER) status, d) negative progesterone receptor (PR) status and e) negative human epidermal growth factor receptor 2 (HER2) status. While stage of diagnosis, receipt of timely treatment and other social determinants play a role, they cannot fully explain the biological differences that are observed. Breast cancers often present with copy number aberrations (DNA alterations), indicating chromosomal instability. The frequency of the DNA alterations, the specific DNA sequences, the contribution to clinical outcome and the relationship to race/ethnicity involved in breast cancer remain unclear. I will study the biological effect of certain DNA alterations on breast tumor development with regard to race/ethnicity. Currently, I am analyzing previously collected data to identify specific genes for additional laboratory research.

Policy Implications: My research has the potential to help explain and remediate a major health disparity for African-American women. The findings could be used to inform African American women about their breast cancer risks and provide the latest information on race/ethnic-specific tumor biology. This work could be key in re-shaping screening guidelines for African American women.

**Title:** ***Cytokinesis-Block Micronucleus Assay and Cancer Risk Assessment***

**Presenter:** ***Stacy Lloyd,*** **University of Texas, MD Anderson Cancer Center**

Cancer is the second leading cause of death in the United States. The ability to identify high-risk subgroups and to identify those that will benefit most from screening and prevention trials is urgent,. The need to identify more accurate cancer risk assessments that include more than demographics, anthropometrics, and environmental exposures is imperative. The Cytokinesis-Blocked Micronucleus Assay (CBMN) presents a sensitive, specific, simple, and rapid method of assessing DNA damage, hallmark of cancer. This cytogenetic assay measures multiple genetic
damage endpoints: chromosomal fragments, nucleoplasmic bridges, nuclear buds, as well as other cellular events such as apoptosis and necrosis.. This assay has been demonstrated to identify lung cancer cases among a case-control population of smokers, thereby confirming its potential to improve individual cancer risk prediction. Utilizing this tool, in conjunction with other cytogenetic techniques, such as Spectral Karyotyping (SKY) and Fluorescence In-Situ Hybridization (FISH), we can also identify specific regions of chromosomal damage, thus providing a greater understanding of the biological effects of environmental exposures and cancer risk. To further confirm the utilization of this assay as a risk assessment tool may lead to future clinical use, providing a new and inexpensive screening methodology.

## Healthcare Access and Social Determinants of Health

**Title:** ***The Baltimore Men's Health and Wellness Study (research component) + You're the Quarterback: Gameplan for Life (intervention component)***
**Presenter:** ***Lawrence T. Brown*****, Morgan State University**
**Academic Mentor:** Kim Dobson Sydnor, PhD, *Morgan State University*
**Community Mentors:** Gayle Headen, Director, *Union Baptist Head Start* and Leon Purnell, Executive Director, *The Men's and Families Center*
Overview: The project serves men in predominantly African American neighborhoods in central Baltimore, including Upton, Druid Heights, and Greenmount East. The focus is on studying and addressing issues that affect both employment status and health insurance status so that men can boost their health and wellness while enhancing the health and wellness of their family and children.

This dual research and intervention project was developed out of multiple conversations with the fellow's community partners. A common refrain kept coming up: "Our men need jobs and health care." Based on several rounds of meetings, the fellow developed the research arm and intervention arm of his CBPR project.
Men's Health and Wellness Model: In order to develop a relevant research agenda along with an effective intervention, the fellow developed a men's health model rooted in the broad experiences and knowledge of mentors and members of the community.
Policy Implementation: At the state level, the project has already inspired discussion with Maryland State legislators. During a March 21st visit with Delegate Melvin Stukes, Union Baptist Head Start parents and the fellow learned about Maryland House Bills 458 and 878 that educate offenders about the effect of their plea on expungement and would remove victimless offenses from criminal records after 10 years. They also learned about Maryland House Bill 920 that would expand job interviewing opportunities for ex-offenders applying with the state government. The discussion inspired a state policy brief that also calls for a bill that would extend these opportunities for job interviewing to private companies and non-profit agencies.

At the federal level, we support US House bill 589 that would provide short-term assistance for millions of unemployed. We also urge the writing and passing of a revised jobs bill expanding opportunities for persons who have criminal records and have difficulties with child support issues. By providing opportunities, the nation will be able to reduce recidivism and long-term overall spending in areas such as policing, incarceration, and assistance in the form of welfare and unemployment payments.
Program Competencies: The Baltimore Men's Health and Wellness Study research component and the You're the Quarterback intervention component both address 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:** ***Using Peer-to-Peer Patient Navigators and the Medical Home Model to Reduce Avoidable ER Visits***

**Presenter:** ***Kimberly Enard,*** **University of Texas, MD Anderson Cancer Center**
**Mentors:** Carol Paret (Memorial Hermann Health System), Sheryl McCurdy (UT School of Public Health)
**Site Director:** Lovell A. Jones

Project Description: A recent study suggests that up to 30 percent of all emergency room (ER) visits in the U.S. could be managed in physician offices, clinics and urgent care centers, at an estimated savings of $4.4 billion annually (Weinick, Burns and Mehrotra, 2010). In addition to contributing to skyrocketing healthcare costs, non-urgent emergency room visits are associated with fragmented, poorly coordinated healthcare delivered from many different providers, greater risk for medical errors and adverse events, and increased exposure to duplicative, expensive, often unnecessary tests. The effects of poorly coordinated care are particularly evident for people with chronic conditions and those at high risk for multiple illnesses who may have difficulty navigating a complex healthcare system (National Quality Forum, 2010). When these problems exist, particularly among uninsured and underinsured patients who are unable to afford the cost of preventive and routine medical care, avoidable ER visits may be reduced by connecting patients to medical homes that manage and coordinate their care on a regular basis (Roby, Pourat et al, 2010). Like many other cities across the U.S., Houston has become overwhelmed by the costs associated with delivering primary medical care in ER settings. In fact, the situation in Houston is even more challenging because the city faces an uninsured population of approximately 30 percent of its 5.6 million residents and a growing uninsured immigrant population who will remain uninsured even after implementation of healthcare reform legislation.

To address these challenges, Memorial Hermann (MH), the largest not-for-profit healthcare system in Texas, has led the expansion of innovative outreach efforts aimed at increasing and strengthening the city's primary and specialty care infrastructures and helping patients find their way to medical homes that will coordinate a comprehensive spectrum of healthcare needs. One such initiative is employing emergency center patient navigators, who are
state-certified community health workers trained to provide peer-to-peer counseling, to assist primarily uninsured, underinsured and patient who frequently use the ER for primary care reasons, in finding medical homes. Despite the efforts of MH's emergency patient navigators, however, frequent, inappropriate emergency room utilization persists.

This project will be implemented in phases. The initial phase of the project will evaluate the existing Memorial Hermann emergency center navigator program using formative research techniques involving relevant stakeholders – including patients, patient navigators, emergency department (ED) physicians and staff and community providers. Key areas to evaluate include when/how the intervention is implemented during the ED visit, the effectiveness of the patient navigator, short-term and long-term follow up processes, the patient's interaction(s) with/accessibility to their medical home after discharge, patient's health literacy and other potentially relevant patient-level and community-level barriers to accessing/maintaining a medical home. The second phase will include developing an intervention and pilot study design/evaluation plan, which leverages the strengths of the existing Memorial Hermann Emergency Center Navigator program while integrating findings from formative research. The length of the study is TBD.

Policy Implications: A key provision of the Patient Protection and Affordable Care Act (PPACA) intended to address some of these issues is the promotion of medical (or health) homes to improve coordination of medical care/support services. In addition, the PPACA will expand Medicaid to cover all Americans up to 133 percent of the Federal poverty level, which will increase the number of

underinsured patients who seek medical care but have little or no experience navigating the healthcare system. Houston is a laboratory that is reflective of the nation's population, as well as the nation's healthcare delivery problems. A sustainable model that measurably improves care coordination and reduces overall costs in Houston has the potential to significantly impact the U.S. healthcare system when replicated and deployed across the country.

Program Competencies Addressed with Primary Project: This project will allow me to gain experience with utilizing qualitative and mixed methods approaches, as well as with conducting primary, community-based research, while gaining a better understanding of/contributing to an important national policy discussion with significant local- and state-level implications. I will communicate across academic, hospital system and community stakeholders to implement the project, with a strong focus on social determinants of health.

References:

Weinick RM, Burns RM, Mehrotra A. Many Emergency Department Visits Could Be Managed At Urgent Care Centers And Retail Clinics. Health Affairs. 2010;29(9): 1630-1636.

National Quality Forum (NQF), Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination: A Consensus Report, Washington, DC: NQF; 2010.

Roby DH, Pourat N, Pirritano MJ, Vrungos SM, Dajee H, Castillo D, Kominski GF. Impact of Patient-Centered Medical Home Assignment on Emergency Room Visits Among Uninsured Patients in a County Health System. Medical Care Research and Review. 2010; 67(4):412-430.

**Title:** ***The Group Ministries Photovoice Project: Improving Outcomes for the Re-entry Population through Direct Services and Environmental Strategies in West Baltimore***

**Presenter:** ***Suzanne Dolwick Grieb,*** **Johns Hopkins School of Public Health**

Maryland's prisons have increasingly been populated by inmates serving short sentence lengths resulting from drug offenses and parole violations. Just over half of the people released from prison each year will return within three years. Recidivism rates are related to numerous policies that place ex-offenders at risk for re-incarceration. Inmates serving short sentences, for example, are ineligible to participate in programs to aid the re-entry population. Through exclusion from re-entry programs and policies that temporarily exclude drug offenders from some government aid services and allow numerous organizations to obtain criminal histories for employment and housing, the recidivism cycle is continually being fueled. The high rates of recidivism, resulting in people cycling in and out of their communities after short prison terms, makes it difficult for individuals to find stable housing and employment, and negatively impacts the overall stability and wellbeing of the larger community.

Group Ministries (GM) is a nonprofit organization that seeks to address individual and structural sources of risk for the re-entry population of the Greater Rosemont community in west Baltimore, Maryland, which has been severely affected by above average rates of unemployment, poverty, drug use, and violence. GM provides direct services to the re-entry population through housing and job training and placement, and advocates for community mobilization. Currently, Group Ministries, in collaboration with the Johns Hopkins Medical Institute (JHMI) and Johns Hopkins Bloomberg School of Public Health (JHSPH), is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to test if positive changes in structural risk are associated with a decrease in substance abuse and HIV risk behaviors among re-entry residents.

GM and partners seek to utilize both the short-term behavioral modification interventions that are commonly employed in attempts to improve outcomes with long-term structural efforts in hopes of maximizing the positive effects of intervention for the individuals directly involved in GM services and the community at large. As part of the structural intervention component, GM recognizes the need to change the Greater Rosemont community's structural elements including programs, laws, and policies

related to the issues of concern. Community mobilization is necessary to effectively address these issues, and GM is leading an effort to develop a community coalition. However, community mobilization has been difficult, and after 10 years in the community many residents do not understand what GM is striving to achieve. To improve community awareness and mobilization, we will conduct a photovoice project with GM participants to provide them with an opportunity to critically reflect on their need for GM's services to foster discussion within the larger community about current policies that place these men and women at risk and possibilities for positive social change.

The photovoice project will be co-facilitated by Suzanne Dolwick Grieb (JHSPH and Kellogg Health Scholar Program Community Track [KHSP-CT] fellow) and Denise Baker (GM staff member and Rosemont community member). Photovoice group session transcripts will be analyzed by Suzanne Dolwick Grieb and two community members (to be determined). Support is provided by Jonathan Ellen (JHMI and KHSP-CT academic mentor), Rev. Horace Smith and
Richard Harris (GM and KHSP-CT community mentors), and Janice Bowie and Lee Bone (JHSPH and KHSP-CT site leaders).

This project addresses the following KHSP-CT competencies: (1) understanding of social determinants of health and developing skills and commitment for fostering community and social change; (2) knowledge of and skills in applying the principles of CBPR (specifically community governance, equitable participation at all levels, dissemination of findings, trust building, and benefits to community involved); (3) understanding of the policy implications of CBPR and ability to work with communities in translating the process and findings of CBPR into policy; and (4) ability to negotiate across community-academic groups.

## Effects of Neighborhood on Health

**Title:** ***Methodological Approaches to Understanding Health Disparities***
**Presenter:** ***Donna Almario Doebler*****, University of Pittsburgh**
**Mentors:** Roslyn A. Stone, PhD; Matthew Freiberg, MD, MSc; Kevin H. Kim, PhD; (Joyce) Chung-Chou H. Chang, PhD

Overview: My activities during the first year Kellogg Health fellowship primarily address Kellogg Health Scholar Program competencies of expanding and contributing to understanding determinants of health in my innovative analyses of the Veterans Aging Cohort Study and disseminating my results to date through presentations and publications.

Research Projects: The following describes my research projects to date. The first two projects were the focus of my MS thesis and DrPH dissertation, and these findings currently are being disseminated through presentations at national meetings (e.g., American Public Health Association meetings) and publications (one paper is under review and another is in preparation). The current project is described last.

*Multilevel Composite Factor of Socioeconomic Position*

I developed multilevel composite factors of socioeconomic position (SEP) that take into account block group (BG) and neighborhood (NB) levels in Pittsburgh, Pennsylvania. Data sources include U.S. Census 2000 and Allegheny County, Pennsylvania Birth Registry. Multilevel factor analysis was used to identify how 12 SEP measures (selected from existing literature) were correlated among each other at the BG and NB levels. Two SEP factors were identified at the BG level (material and economic deprivation, concentrated disadvantage) and one factor at the NB level (overall neighborhood deprivation). Material and economic deprivation factor included five SEP measures that represent materialistic wealth (e.g., car and home ownership). Concentrated disadvantage included four SEP

demographic measures associated with lower SEP (e.g., households headed by single women and with young children). Overall neighborhood
deprivation included all 12 SEP measures. This work suggests that SEP may be operating differently at BG and NB levels.

*Associations between Neighborhood Disadvantage and Low Birthweight*

I examined how neighborhood disadvantage was associated with low birthweight. First, SEP factors at each level were found to be moderately correlated with low birthweight (r=0.25 to
r=0.45). Second, in multilevel logistic regression model, the odds of low birthweight increased by 31% for every 10 point increase in overall neighborhood disadvantage (OR: 1.31, 95% CI:
1.29-1.31). Findings demonstrate an association between increased neighborhood-level disadvantage and low birthweight.

*Veterans Aging Cohort Study*

My current project focuses on a large cohort of HIV-infected Veterans (n=27,379) and matched non-HIV-infected Veterans (n=55,144). This cohort of primarily minority Veterans (48% Black and 7% Hispanic and/or other) was followed for incident acute myocardial infarction from 2003-2008. The large dataset provides an opportunity to use innovative methods (propensity score matching and structural equation modeling) to analyze extensive clinical data. Propensity score matching facilitates understanding of causal pathways related to racial and ethnic disparities in settings where it is not possible to randomize individuals (e.g., social conditions, behavior), and structural equation modeling can delineate indirect and direct associations between predictors and outcomes.

Policy Implications: The methods I am learning through my fellowship can be applied to other settings. More specifically, the methods used to develop the SEP factors can be applied to other predictors (i.e., racial segregation), other outcomes (i.e., obesity, cardiovascular disease), and/or on a different scale (counties nested within states). The SEP factor in itself can be used by decision-makers to help identify areas in most need of health care services. Results from the propensity score matching and structural equation modeling may help improve the chronic disease care management of HIV-infected individuals by identifying "actionable" causal factors.

**Title:** ***Promoting heart health over the life-course in Detroit: CBPR approaches to understanding and addressing racial and socioeconomic disparities in cardiovascular disease***

**Presenter:** ***Dawn M. Richardson*****, University of Michigan**

**Community Mentor:** Angela Reyes, MPH, Executive Director, Detroit Hispanic Development Corporation

**Academic Mentor:** Amy J. Schulz, PhD, Associate Professor, University of Michigan, School of Public Health

Program competencies:

- Knowledge of and skills in applying the principles of CBPR.
- Ability to transfer CBPH skills to the community, thereby enhancing community capacity, and ability to share CBPH skills with other faculty.
- Understanding the social determinants of health and developing the skills to promote community and social change.

Current Research Projects: The Healthy Environments Partnership (HEP) is a CBPR project aimed at understanding the relationship between the environment and cardiovascular disease, and focused on developing, implementing and evaluating interventions designed to improve the heart
health of Detroit neighborhoods. In order to address the program competencies specified above, I am working on the following projects.

*Youth-engaged intervention research: Promoting physical activity in Detroit*

Understanding the links between active living as a young person and later risk of cardiovascular disease is of great importance. For this project I am working with a research team (Angela Reyes, Amy Schulz, and Melissa Valerio) to develop a grant proposal, apply for funding, and implement a one-year pilot study involving a youth research team to examine barriers to physical activity among youth in Detroit. This study has the following aims:

*(1)* Recruit a group of Detroit youth to become Youth Health Disparities Fellows and to comprise a Youth Board to work with the investigators throughout the pilot study;
*(2)* Train the Youth Fellows on core aspects of CBPR, policy advocacy, and health literacy.
*(3)* Work in partnership with the Youth Board to review the literature for "best" or "promising" practices for promoting physical activity among youth;
*(4)* Work in partnership with the Youth Board to conduct a community mapping exercise to identify the critical forces impacting the ability of residents to be physically active; and
*(5)* Taking the findings from the literature review and community mapping, work with the Youth Board to develop an intervention to promote physical activity in Detroit.

*Understanding neighborhood-level risk for cardiovascular disease: The moderating role of segregation*
One of HEP's aims is to document cardiovascular risk factors among Detroit residents and to understand the relationship of these factors to race, ethnicity, and socioeconomic status. For my 2nd project, I will be conducting a quantitative analysis of the 2002 HEP Community Survey, a stratified two-stage probability sample of occupied housing units across three areas of Detroit, with the following aims:

*(1)* To examine the moderating effect of race-based segregation on the relationship between perceived discrimination and cardiovascular risk, utilizing hierarchical modeling; and
*(2)* To compare the use of a-spatial and spatial segregation measures in this particular context for three specific cardiovascular risk outcomes.

In order to access the HEP data, it was necessary to craft and submit a proposal for the HEP Steering Committee to consider; information included in the proposal detailed: how the proposed research would follow CBPR principles and HEP dissemination guidelines; how I would work with HEP members in this research study; and how the research findings would be made available to and useful for HEP members. This proposal was recently approved.

*Examining sustainability of community interventions: The Walk Your Heart to Health (WYHH) program*
WYHH is one component of a multi-level CBPR intervention aimed at increasing physical activity in Detroit. WYHH is a walking group program focused in improving heart health, and a key question for WYHH and the HEP Steering Committee centers on the sustainability of this intervention. For my 3rd project I am participating in an examination of the sustainability of WYHH. This study has the following aims:

*(1)* Identify intervention components and site-level characteristics that facilitate program adoption and embeddedness;
*(2)* In partnership with stakeholders, developing a shared conception of what is meant by "sustainability" in this context and what aspects of the intervention are meant to be sustained;
*(3)* Determining indicators of sustainability; and
*(4)* Learning which factors at the individual, organizational, and community levels facilitate program sustainability.

Policy Implications: HEP is committed to the dissemination of the findings emerging from their research projects, and a focus on policy advocacy is included as part of this partnership's work. For example, a number of policy briefs have been developed to highlight HEP's research, including the policy one-pager we developed to emphasize the importance of youth-engaged research for use during the KHSP Hill Visits. Ultimately, the findings from the research projects described above will be used to inform and support HEP and HEP partners in their efforts to promote heart health in Detroit via policy-level change,

which includes (for example): pushing for action to improve residents' access to healthy safe spaces for physical activity; working towards improving equity across neighborhoods; and gaining additional support for CBPR efforts to address health disparities.

Lessons Learned:

- Crafting a grant proposal with my Community Mentor, Academic Mentor, and our additional Co-Investigator gave me the opportunity to learn first-hand about developing an equitable community-academic partnership. I have subsequently gained experience negotiating priorities according to individual interests, skills, agendas, needs, and expectations.
- Being required to submit an application for using the HEP Community Survey data was a valuable learning opportunity as it required me to fully think through and examine my assumptions about the various ways I expected the proposed study would benefit HEP members as well as their communities. Further, the application process pushed me to be quite explicit about my role as a researcher and my intentions and hopes for authentic and meaningful community partnership.

## Migrant Health

**Title: *Social Mobility and Health among Latina/o Immigrants***

**Presenter: *Carmela Alcántara,* Harvard School of Public Health**

**Authors**: Carmela Alcántara, Ph.D. [1], Chih-Nan Chen, Ph.D.[2], and Margarita Alegría, Ph.D.[2]

**Academic Mentors:** Ichiro Kawachi, M.D., Ph.D.[1], David Williams, Ph.D.[1], Margarita Alegría, Ph.D. [2]

[1]Harvard School of Public Health, Department of Society, Human Development, and Health

[2]Center for Multicultural Mental Health Research at Cambridge Health Alliance, Harvard Medical School

Program Competencies:

1. Expand and contribute to the understanding of the determinants of health (economic, social, behavioral, political, gender, racial/ethnic, and environmental)
2. Complete journal articles and conduct presentations that inform health policy decisions that address health disparities.
3. Understand the health policy process at the local, state and national levels.

Background: Subjective social status (SSS) is a robust correlate of physical and mental health status beyond objective indicators of socioeconomic position (Adler et al., 2008; Franzini and Fernandez-Esquer, 2006). Perceived change in SSS as a function of migration has been offered as one potential explanation for the "Latina/o /Health Paradox" and the declining overall physical health and mental health advantage for Latina/o immigrants over time and across generations (Vega, et al., 1998). Yet, few studies have tested empirically the relative influence of migration-related change in SSS or social mobility (either downward move or upward move) on global health risk (physical health and mental health status) among Latina/o immigrants; with one exception (Nicklett and Burgard, 2009). In addition, transnational social ties (e.g., remittance behavior and return migration patterns) are hypothesized to be associated with a desire to make social status claims (Mooney, 2003), and thus may moderate the relationship between SSS and health among immigrants. This study examines the relationship between downward and upward indices of social mobility and reports of physical and mental health status among foreign-born Latina/o immigrants.

Method: We conducted secondary data analyses using data drawn from the National Latino and Asian American Study (NLAAS). We computed a series of weighted logistic regression analyses using the foreign-born Latina/o subsample of the NLAAS (N= 1,630) to examine the relative influence of social mobility, remittances, and return migration, on two outcomes, namely self-rated poor/fair health and past-year Major Depressive Disorder (MDD), in models adjusting for age, gender, Latina/o ethnicity, English proficiency, age at migration, time spent in U.S., and SSS in country of origin.

Results: Latina/o immigrants who perceived any negative change in SSS post migration had increased odds for self-rated poor/fair physical health. Downward move in SSS of 1 or 2 steps resulted in increased odds for past-year depressive disorder only when psychiatric history prior to migration was considered. We note that SSS in country of origin had an independent effect for self-rated poor/fair health. Return migration in the past year resulted in increased odds for poor/fair health and past-year MDD.

Conclusion: The relationship between perceived downward social mobility and reports of poor/fair health is robust. Further research is needed to examine the differential effect of perceived changes in socioeconomic position as a function of migration on physical and mental health outcomes.

**Title: *Finding Common Ground,* Unidos en Accion *(United in Action): Characterizing the social, cultural and structural determinants of chronic disease prevention and control among Latinos in NC***
**Presenter: *Barbara I. Baquero,* University of North Carolina, Chapel Hill**
**Community Mentor:** Florence Siman, MPH Director of Health Programs, El Pueblo, Inc.
**Academic Mentor:** (1) Laura Linnan, ScD, CHES. Department of Health Behavior and Health Education, Gillings School of Global Public Health. (2) Scott Rhodes, PhD, MPH, CHES. Department of Social Sciences and Health Policy, Division of Public Health Sciences, Wake Forest University Health Sciences.

To develop an independent research agenda, the focus of my training is to understand processes and strategies to address health disparities among Latinos in North Carolina. Latino immigrants in the south experience behavioral changes due to immigration, acculturation and social and cultural differences between their country of origin and the US. There is empirical evidence for intrapersonal and interpersonal factors associated with health outcomes among Latinos. However, less is known about how social, cultural and structural factors may affect Latino's health outcomes. A series of research and community based activities have been designed to better understand social, cultural and structural factors. As part of the research clerkship, I am participating in a CBPR research study funded to identify a variety of settings where Latinos can be reached to maximize the exposure to cancer prevention interventions. This planning grant is also providing the opportunity to apply the principles of CBPR to help form a trusted and involved partnership with community members. For my independent CBPR project, I am working closely with my community mentor Ms. Florence Siman and the Greensboro Health Disparities Collaborative to conduct key informant interviews with formal and informal Latino community stakeholders and a photovoice project with Latina head of the households to identify social, cultural and structural facilitators and barriers to develop interventions that address chronic disease prevention and control among Latinos in central North Carolina. As part of my teaching clerkship, I am co-advising a group of MPH students in a yearlong project to develop a community engagement pilot study in Latino beauty salons. Through the partnership with my community mentor, Ms. Siman, we are exploring reproductive health issues among Latinas via a photovoice project. This issue is of great importance to the community members. I am also working with the advocacy office of El Pueblo, Inc, another of my community partners to explore policy implications of our work. I will discuss with Dr. Lightfoot and Ms. Siman the possibility of bringing the Building Capacity for Policy Change training to El Pueblo and the community members around the issue of reproductive health. The findings from the research activities will inform my future community engagement research efforts.

**Title:** ***Black Immigration and the Health of Adults: Does Country of Origin Matter?***
**Presenter:** ***Tod Hamilton,*** **Harvard School of Public Health**
**Mentors:** Ichiro Kawachi and David Williams
Abstract: Previous work suggests that regional variation in pre-migration exposure to racism and discrimination predicts differences in individual-level health among black immigrants to the United States. We exploit data on both region and country of birth for black immigrants in the United States and methodology that allows for the identification of arrival cohorts to test whether
there are sending country differences in the health of black adults in the United States. While testing this hypothesis, we also document heterogeneity in health across arrival cohorts and by duration of U.S. residence among black immigrants. Using data on working-age immigrant and U.S.-born blacks taken from the 1996-2010 waves of the March Current Population Survey, we show that relative to U.S.-born black adults, black immigrants report significantly lower odds of fair/poor health. After controlling for cohort of arrival and duration in the United States, our models show only modest differences in health between African immigrants and black immigrants who migrate from the other major sending countries or regions. Results also show that African immigrants maintain their health advantage over U.S.-born black adults after more
than 20 years in the United States. In contrast, black immigrants from the West Indies who have been in the United States for more than 20 years appear to experience some downward health assimilation. In conclusion, after accounting for cohort of arrival and duration of U.S. residence, we find that there are only modest differences in black immigrant health across countries of
origin. Black immigrants appear to be very highly selected in terms of good health, although there are some indications of negative health assimilation for black immigrants from the West Indies.

**Title:** ***Understanding the roles of socioeconomic status, immigration context and perceived discrimination in health and healthcare inequities***
**Presenter:** ***Dolly A. John,*** **Harvard School of Public Health**
**Academic Mentors:** David Williams (primary), John Ayanian, Ichiro Kawachi (program mentor)
Program Competencies: In my first year, I am focusing on developing these competencies:
1. 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 effect community and social change through the translation of health policy research into policy.
2. Understand the health policy process at the local, state and national levels.
3. Complete journal articles and conducting presentations that inform health policy decisions that address health disparities.
4. Write grants that express the importance of health disparities policy research.
5. Communicate, inform and participate in discussions across policy-academic-community groups.
Current Research Projects:
*Association of socioeconomic status with psychological distress among Asian Americans*
*Background:* Prior studies examining the relationship of socioeconomic status (SES) on mental health among Asian Americans reveal complex patterns and no striking gradients. They suggest that traditional, objective SES indicators (e.g., education, income) may be limited in capturing their social disadvantages and highlight the need to consider how immigration context may combine with SES to influence psychological distress, which may better capture mental well-being than diagnostic measures of mental disorder based on western expressions of mental health.

*Objective and methods:* Using data from 1530 Asian respondents to the National Latino and Asian American Survey, we examined the association between SES, including subjective social status (perceived social position in the U.S., one's community, and country of origin for immigrants) and psychological distress (assessed by Kessler K10 Psychological Distress Scale) in samples stratified by nativity (U.S. born, immigrant) with weighted multivariate regression models.
*Preliminary results:* We found no striking gradients in psychological distress using traditional SES measures but some interesting differences with subjective measures of social status for U.S. born and immigrant Asians. Higher perceived social position in the U.S. was associated with decreased levels of distress for U.S. born Asians only while higher perceived social position in one's country of origin was associated with decreased distress for immigrants. Among immigrants, being poor and speaking fair/poor English was associated with increased distress.
*Conclusions:* Alternative SES measures such as subjective social status are associated with the mental health of Asian Americans. These findings can inform strategies to improve mental health services for marginalized Asian sub-groups as well as policies to reduce socially caused inequities in mental well-being.

*Correlates and consequences of perceived unmet need for care and perceived discrimination in cancer care among lung cancer patients*

Lung cancer is a debilitating disease and the leading cause of cancer incidence and mortality in the U.S. Prior studies document race/ethnicity and nativity-related disparities in perceived overall quality of care which were partially accounted for by language and experiences of interpersonal care. With pilot funding from the Lung Cancer Disparities Center at the Harvard School of Public Health, we are examining perceived unmet need for care and perceived discrimination in cancer care – their social causes and their roles in explaining disparities in perceived quality of cancer care – using secondary data from a geographically and socially diverse, population-based cohort of 4,093 patients in the Cancer Care Outcomes Research and Surveillance (CanCORS) Consortium.

*Occupational class disparities in health between midlife and older age for adults in the U.S.*

Occupational class contributes to observed social gradients in inadequate healthcare access, poor health behaviors and poor health but is understudied for its short and long-term contributions to health inequities in the U.S. This project aims to provide a causal understanding of occupational class disparities and explanatory mechanisms. Using longitudinal data from the Health and Retirement Study, a nationally representative sample of Americans aged over 50 surveyed biennially, we examine differences in trajectories in health (self-rated health, chronic conditions, psychological distress) and health service use (physician visits, hospitalizations, dental care) by occupational class between midlife and older age, and how they may vary by immigrant status (U.S. born, immigrant) and race/ethnicity (White, Black and Hispanics).

Some challenges encountered: Administrative delays with gaining access to data;
Planning and prioritizing research-related activities (publications, grant-writing, expanding my knowledge and skills) and using existing resources optimally

Lessons learned related to competencies: Pursuing new directions in research and new collaborations can be confusing and frightening and, in addition, it takes time and effort, but it can lead to exciting, rewarding opportunities to grow. Stay open and flexible.

**Title:** ***Needs Assessment for the Development of an Occupational Health Education Program for Latinos in Baltimore***

**Presenter:** ***Airín D. Martínez,*** **Johns Hopkins Bloomberg School of Public Health**
**Primary Academic Mentor**: Jacqueline Agnew, PhD, MPH, RN, Director of the *NIOSH-Sponsored Occupational Health and Safety Education Resource Center (ERC)*
Department of Environmental Health Sciences, Johns Hopkins Bloomberg School of Public Health
**Community Mentor**: Abdel Piedramartel, Services Coordinator, *Casa de Maryland, Baltimore*

Program Competencies: The main program competencies that I would like to develop in the course of my postdoctoral fellowship are to: 1) create equitable participation of community members and stakeholders in the research process; 2) write a grant using CBPR principles; 3) disseminate the research results in an accessible and culturally-relevant format; 4) translate the most pertinent results for the community into local policies that would help Latino/a immigrants; 5) build community capacity; and 6) learn how to balance tasks in academia.

Primary Project: This is a CBPR project assessing occupational health hazards and barriers to protecting the health of Latino/a immigrant workers. The results will be used to recommend programs to be implemented at Casa de Maryland's Workers Center in Baltimore, MD. As a "new destination" for Latino immigrants, (Zuñiga and Hernandez-León, 2006), there are few baseline data in Baltimore regarding Latino immigrants' health or their work conditions. There is also an invisibility of female immigrants (Ahonen et al., 2009) and non-Mexican Latinos in the general occupational health literature. Four focus groups ($n$=20) and 10 key informant interviews are being conducted between March 2011 and July 2011. A focus group protocol and an interview guide has been developed collaboratively between the academic and community partner to inquire about Latino/a immigrants' jobs, their awareness of work hazards, their illnesses/injuries at work, and their experiences reporting work illnesses/injuries. Members from Casa de Maryland are participating in the research design, recruitment, and data collection. Casa will continue to be a part of the analysis and facilitate planning the second phase of the project. Once we identify places where Latino/a immigrants find work, the types of jobs, and the conditions at their jobs, we will form a coalition of labor leaders and CBOs who advocate on this issue and pursue a larger scale needs assessment outside of the center. The scholar's primary responsibility is to train the community partner in interviewing and facilitating focus groups, writing field notes, contributing to academic writing, and thematically analyzing data. The scholar is also trying to ensure that the research process remains collaborative and is constantly translating between academic and community discourses in order to encourage capacity building. Casa de Maryland has been instrumental in identifying labor leaders for the interviews and providing the context of Baltimore's Latino community. Implications from this work will expand knowledge of physical and psychosocial occupational hazards for Latino/a immigrants and will provide necessary information to shape local interventions and, ultimately, policies.

Policy Implications: There are several policy implications from conducting an occupational health needs assessment of this sort. At an organizational level, the data we analyze collaboratively with our community partner will allow us to expand methods and workers' safety content in the current workforce development curriculum at Casa. Policy implications at the municipal level would be to support the development and implementation of a city-sponsored Day Laborer Bill of Rights. At the state level, our project can provide evidence to increase the number of Spanish-speaking case managers in Maryland's Division of Labor, Licensing and Regulation to handle Latinos' workplace dangers and back pay grievances. Moreover, evidence
from the larger needs assessment can demonstrate the need to increase the number of inspectors to monitor work sites. At the national level, our results will be beneficial informing occupational health and safety education approaches utilized by the National Institutes of Occupational Safety and Health

(NIOSH) for Spanish-speakers with low literacy. For some of the Latino subgroups in Baltimore, Spanish is not their first language, but a dialect from their sender community.
Lessons Learned: The lesson I have learned through this project is that creating equitable participation of community members and stakeholders in the research process is challenging when there is high turnover in non-profit organizations, and when senior-level management have activities dispersed throughout the state. Moreover, I have had to learn that building capacity is situational and shaped by how much time and energy community partners can dedicate to a
project at a particular stage. Nevertheless, I have benefitted greatly from engaging in this process and am learning how to manage contingencies in the field and teach methods in an accessible language.

## Sexual and Reproductive Health

**Title:** ***DRUMming up Data: A Maternal and Child Health CBPR Project***
**Presenter:** ***Ndidi N Amutah,*** **Morgan State University**
**Academic Mentor/Site Director:** Dr. Kim Sydnor (Morgan State University)
**Community Mentor:** Kimberli Hammond (DRUM)
Program Competencies:

a. Understand the social determinants of health and develop skills and commitment to community and social change.
b. Gain knowledge of and skills in applying the principles of CBPR including the principles, theoretical frameworks, and models methods of planning, implementing and evaluating CBPR.
c. Become proficient in transfer of CBPH skills to the community.
d. Understand the policy implications of CBPR and increase my ability to collaborate with communities.
e. Develop my ability to write grants expressing CBPR principles

Primary Projects and Scholar's Role: The DRUMing up data MCH research project is a community based participatory research (CBPR) project aimed at examining the family planning practices, beliefs, and aptitude for women ages 18-45 residing in the Druid Heights, Upton,
Reservoir Hill, Rosemont and Mondawin communities in Baltimore City. The purpose of the study is to assess how factors such as stress, mental health, family, social support, and barriers to access affect proper birth spacing, healthy pregnancies, and the utilization of prenatal care. The study will aim to recruit 15 women per group for a total of 60 women. Specifically, focus groups will be conducted with:

- women who participated in 12 or less visits after the initial visit (n=15)
- women who participated in 13 or more visits after the initial visit (n=15)
- Family support workers from DRUM and Planned Parenthood that provide direct family planning services to women. (n=15)
- women who have graduated from DRUM and re-entered the program with subsequent births (n=15)

The mixed methods study also aims to analyze data from DRUM graduates with regards to birth outcomes, quality assurance and effectiveness, and future birth spacing. This data will be ascertained from a quantitative tool created by the researcher. For the quantitative portion of the research project, the researcher will recruit women who participated in DRUM programming from 2005-2011. Additionally, the principal investigator will conduct secondary analyses on existing data from DRUM to supplement the quantitative portion of the research project.
Policy Implications:

- Increased funding to Title V funding for MCH block grants for the state of MD is needed.
- Further support of HR 1473 is necessary to sustain MCH programming for vulnerable populations.

Lessons Learned: CBPR is an iterative process that involves a balance of research, community priorities, and collective assets focused on achieving a common goal.

**Title: *Economic crisis, residential instability, and changing sexual geographies of Detroit Youth***
**Presenter: *Louis F. Graham*, University of Michigan**
**Community Mentor:** Laura Hughes**,** Executive Director, Ruth Ellis Center
**Academic Mentor:** Mark Padilla**,** School of Public Health, University of Michigan
Overview: Using a human rights framework and a CBPR approach, the purpose of this ethnographic research is to critically examine and positively transform the structural conditions that contribute to sexual vulnerability among disadvantaged youth in Detroit.
Specific Aims: As co-investigator, the scholar coordinates research activities in partnership with the Ruth Ellis Center and transgendered communities in Detroit to achieve the following:
1. Engage residentially unstable transgendered youth aged 15 to 24 in their daily lives as a means to understand how the structural context of Detroit shapes their sexual vulnerability.
2. Use the voices of youth to create rich descriptions of their sexual geographies.

Method: As a lead ethnographer working out of the Ruth Ellis Center in transgendered communities, the scholar will conduct shadowing and venue-based participant observations. Census track data, historical information, and observation data will be used to identify significant themes related to structural conditions, sexual vulnerability, and unemployment among those 15-24 years of age.
Progress to Date:
1. Under the guidance and direction of community mentor, scholar volunteers at the Ruth Ellis Center to begin immersion, integration, and service in communities.
2. As part of the project steering committee, scholar worked collaboratively with community mentors and academic advisors to establish a sense of community needs, interests, and assets within the purview of the parent project's broad and general aims – in order to create overarching research questions, draft IRB application, and work through logistics and operations protocols for the scholar's primary project.
3. Scholar met and worked in partnership with community members and mentors to develop and vet observation guides.
4. IRB approval obtained.
5. Assisted in the development and coordination of community engagement, power mapping, and data collection trainings for both community and academic partners based on the URC's models, lessons learned, and materials.

Program Competencies:
1) Understanding social determinants of health (economic, social, political, and environmental) and developing skills and commitment to developing community and social change.
2) Ability to work effective in and with diverse communities.
3) Ability to negotiate across community-academic groups.
4) Understanding 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.
5) Ability to transfer CBPH skills to the community, thereby enhancing community capacity, and ability to share CBPH skills with other faculty.
6) Understanding the values and mission of community-based public health.

**Title:** ***Community Based Participatory Research to Address Social Determinants of HIV among African American Youth in Raleigh, NC***

**Presenter:** ***Briana Woods,*** **University of North Carolina, Chapel Hill**

**Academic Mentors**: Alexandra Lightfoot, Ed.D, University of North Carolina, Center for Health Promotion and Disease Prevention and Eugenia Eng, Dr.PH, University of North Carolina, Gillings School of Global Public Health

**Community Mentor**: Melvin Jackson, MSPH, Strengthening the Black Family

Program Competencies:

1. Knowledge of and skills in applying principles of CBPR (e.g., community governance, equitable participation at all levels, fostering community participation in data analysis and interpretation of findings, direct benefits to community involved)
2. Translating findings of CBPR into policy
3. Balance tasks in academia posing special challenges to those engaged in CBPR in order to thrive in an academic environment
4. Ability to write grants expressing CBPR principles
5. Knowledge of community-based teaching and learning approaches

Primary Project: *Focus on Youth*

My primary project is affiliated with a larger CBPR project, Focus on Youth. The Focus on Youth project is a community-based African American adolescent HIV prevention project that involves Strengthening the Black Family (STBF), UNC, and churches that are part of the NCMHD funded Carolina-Shaw Partnership for the Elimination of Health Disparities (Project EXPORT). In particular, the larger project is implementing and evaluating the Focus on Youth + ImPACT prevention intervention in faith-based settings. My primary project is an extension of this larger project that involves exploring social and community factors that impact youth risk behavior in the local community and faith-based resources to address these social and community factors. This project includes partnering with STBF to conduct community interviews and a photovoice project. To date, 6 churches have agreed to participate in community interviews and 12 youth from various churches completed a photovoice project to gather information about social and community factors that impact youth risk behavior in the local community. Findings from the photovoice project support addressing social and environmental factors in HIV prevention efforts among these youth. In particular, addressing youth isolation and disengagement in pro-social institutions, negative stereotypes of African American youth, the lack of adult and peer roles models and support, and school climate were highlighted as important by youth participants. Community interviews are underway to explore resources of African American churches that can address these social and environmental factors that relate to African American adolescent HIV risk and vulnerability. Upon completion of these interviews, youth will work with researchers and faith-based leaders to develop an intervention targeting these social and environmental factors to reduce African American adolescent HIV risk behavior and promote mental health and well-being.

Incorporation of CBPR Principles: This project specifically embodies CBPR principles including community governance, equitable participation at all levels, fostering community participation in data analysis and interpretation of findings, and direct benefits to community involved.

Progress to date: Proposal has been accepted by community partners and IRB submitted. Photovoice project was completed in April 2011 and data analyzed May 2011. Community interviews are currently underway. Academic and community (STBF, youth, and faith-based leaders) partners will meet regularly beginning in June to develop an intervention targeting these social and environmental factors, with the goal of securing funding and piloting this intervention in 2012.

Policy Activities: Examining school, community-based organization, and church policies related to addressing youth isolation and disengagement in pro-social institutions is warranted. In particular, looking at policies or the absence of policies that directly address the low perceived adult support and negative school climate reported by youth is a priority. We plan to work with Advocates for Children's Services and other organizations working on these issues in Wake County to address these important policy issues.
Lessons Learned: I have learned the importance of genuine partnership and commitment in CBPR and the time-intensive, dynamic, challenging yet immensely rewarding process involved in developing and maintaining this.

## Social Determinants of Health and Health Outcomes

**Title:** ***The relationship between acculturation, socioeconomic position, and future diabetes risk in African-American and Latino children and adolescents***
**Presenter:** ***Rebecca Hasson*****, University of California, San Francisco**
**Authors:** R.E. Hasson[1], S. Mahurkar, T.C. Adam, C. Toledo-Corral, Y. Hsu, J.N. Davis, D. Spruijt-Metz, M.I. Goran
[1]University of California San Francisco, Department of Family and Community Medicine, Center on Social Disparities in Health; [2] University of Southern California, Keck School of Medicine, Department of Preventive Medicine
Context and Objective: In addition to biological and behavioral factors, researchers are investigating the role of the social environment, particularly acculturation and socioeconomic position (SEP), for type 2 diabetes risk in ethnic minority adults, however less information is available for minority youth. The purpose of this study was to examine the relationships between acculturation and SEP with diabetes risk in African-American and Latino children and adolescents.
Setting/Populations: A convenience sample of 43 obese African-American and 113 Latino boys and girls aged 8-18 years living in the greater Los Angeles area were included in this analysis.
Intervention/Study Design: Acculturation was assessed using the Acculturation, Habits, and Interests Multicultural Scale for Adolescents (AHIMSA) questionnaire. Household SEP was calculated using the Hollingshead Two-Factor Index of Social Position. Diabetes risk was assessed using an intravenous glucose tolerance test (IVGTT) to calculate insulin sensitivity (SI), acute insulin response (AIR), and disposition index (DI). Partial correlations assessed the relationship between AHIMSA, SEP and IVGTT parameters, after controlling biological, behavioral and social-contextual factors known to influence diabetes risk.
Outcomes/Results: For African Americans, certain parameters of acculturation were positively correlated with AIR ($r=0.49$, $p<0.05$) and DI ($r=0.50$, $p<0.01$) with no significant relationships between SEP and IVGTT parameters. For Latinos, SEP was positively associated with AIR ($r=0.29$, $p<0.01$) and DI ($r=0.32$, $p<0.01$), with no significant relationships between acculturation and IVGTT parameters.
Conclusions: Social-contextual factors including acculturation and SEP appear to have unique and distinct roles for type 2 diabetes risk in African-American and Latino youth. For African Americans, certain aspects of acculturation, particularly, the psychological strain of integrating into mainstream American society while maintaining a sense of their own family's culture was associated with increased diabetes risk (as represented by increased AIR and DI). For Latinos, increased diabetes risk was associated with increased SEP. This relationship may be mediated by the association between certain aspects of acculturation and SEP in this ethnic group. Although these metabolic mechanisms may be able to maintain insulin sensitivity and glucose homeostasis in the short term, increased AIR and DI may eventually lead to pancreatic beta-cell failure and type 2 diabetes later in life.

**Title:** ***The Influence of Internalized Discrimination on Health and Health Behaviors***
**Presenter:** ***Lucinda Nevarez,*** **University of Texas, MD Anderson Cancer Center**
**Mentor/Site Director*:*** Dr. Lovell Jones
**Primary/Academic Mentor:** Dr. Maxine Epstein
Core Competencies:

1.) Expand and contribute to understanding the determinants of health (economic, social, behavioral, political, gender, racial/ethnic, and environmental) and further developing skills and commitment to community and social change through the translation of health disparities research into policy
2.) Translate health disparities research findings to policy options or recommendations that provide solutions to health disparities.
3.) Develop familiarity with the health policy process at the local, state and national levels.
4.) Communicate, inform and participate in discussions across policy-academic-community groups.

Projects: Projects conducted during my fellowship will build on interests explored in my dissertation which center around the influence of discrimination on health behaviors. Discrimination adversely impacts the physical health of minorities, but less is known about its effect on their psychological and emotional well-being. Being discriminated against through psychological, verbal, and physical attacks can create long-standing and mentally devastating trauma for the person experiencing discrimination. Experiencing discrimination has been associated with higher incidence of physical ailments such as hypertension, cardiovascular disease, and with self-rated poorer health. In my dissertation I used the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) to examine the relationship between
discrimination and depression in Mexicans and Mexican-Americans. The large Mexican and Mexican-American sample size (N=3,472) and reliability of the NESARC made this data set ideal for studying the detrimental effects that discrimination can have on the mental health of this population. Results show a consistent positive relationship between discrimination and depression. Furthermore, the sample (often thought to be homogeneous) reported variances in age, nativity, discrimination rates and types, education levels and socio-economic levels. Findings suggest that internalizing strategies are positively associated with many contextual factors that mediate the discrimination and depression relationship. To more closely examine the role that internalized discrimination plays in health and health behaviors, I will be using data collected through *Project Church*. *Project Church* is a collaborative project conducted between Winsor Village United Methodist Church and the University of Texas MD Anderson Cancer Center-Department of Health Disparities. Project Church evaluates health behaviors and incorporates cancer prevention strategies among African Americans. Through data gathered in the project I will evaluate how individuals with higher reports of discrimination rate their importance in the community. These will be examined giving consideration to their reported health behaviors. These variables will be examined to see if discrimination impacts a person's perceived status in society and if that translates to better/worse health behaviors.

Policy Implications: Results from these projects have numerous potential policy implications; one of the key implications is in highlighting the potential negative impact that policies of exclusion can have on already marginalized groups.

**Title:** ***Race, Ethnicity, Nativity and Health: An Examination of the Distribution of Differences in Health Outcomes***

**Presenter:** ***Jay Pearson*****, University of California San Francisco**
**Mentor:** Paula Braveman, University of California San Francisco

Program Competencies:

1. Design, and conduct empirical investigations for conference presentations and peer reviewed publication.
2. Contribute to understanding of socioeconomic and racial and ethnic health disparities
3. Inform and influence policy making that stands to offset racial and ethnic and socioeconomic health disparities.

US racial/ethnic disparities in health are entrenched, with little evidence of sustained progress over the approximately twenty years since their reduction and later elimination were identified as national public health objectives. My ongoing research program is based on the perspective that new conceptual frameworks and honest, progressive dialogue among academicians are needed to guide research in order for progress to be made in this high priority area. I argue that major contributors to these and related phenomenon are reliance on narrow approaches to redistribute conventional socioeconomic resources, a lack of careful consideration for distinctions between the constructs of race and ethnicity, related racist structural barriers, the negative health effects of high-effort coping, the positive health effects of alternative socio-cultural orientations and related resource networks and the general absence of culturally appropriate efforts to eliminate these disparities. Combined, these phenomena have resulted in interventions that may be relatively better suited to offset socioeconomic health disparities for White Americans than racialized health disparities across the range of populations of color. In summary, conventional race/ethnicity and socioeconomic measures are not adequately capturing the lived social experiences of populations at greatest risk for adverse health outcomes. Findings from investigations which provide insight and understanding into the experiences of these same populations hold promise for informing policy designed to more effectively offset these disparate health outcomes.

Current projects:

*Gender, Immigration Status and Health*

Using NHANES data I am examining gender differences in stress-mediated health deterioration with age or time in the US for Mexican origin populations. Transitions from traditional Latina/o cultural environments to those of the US by gender have not been systematically explored. I propose that women will show greater evidence of stress-response deterioration than men. Extant literature suggests that social support enhances the well-being of Mexican immigrants, that men immigrate first, generally at younger ages, and transition into employment sooner than do women (Cho et al, 2006; Finch and Vega, 2003). Meanwhile, Mexican origin women who follow their husbands may find themselves unfamiliar with the new cultural environment, their
traditional social networks disrupted, and few opportunities to develop new ones in the US as their social interactions are limited due to their roles as primary caregivers in the home. Additionally, I propose that due to gender dynamics women are more likely to bear the additional burden of distress associated with men's experiences in the US than men are for
women. These dynamics may contribute to differences by gender in stress-mediated health deterioration and aging. Hypotheses for this investigation are:

1. Allostatic load scores will be differentially distributed by gender and nativity status
2. Allostatic load scores will be systematically associated with gender, immigration experiences and cultural factors.

*Race, Ethnicity, Nativity and Health*

Using NHANES data I am examining variability in the distribution of health differentials contingent upon differential conceptualization and measurement of race and ethnicity constructs. Utilizing a series of ordered logistic regressions and controlling for demographic, socioeconomic and behavioral factors and health care utilization, I employ variable race ethnicity designations to determine distinctions in the pattern of health differences by ethnic identity. I compare results from these models to those utilizing conventional racial categories which may mask important heterogeneity within population groups often considered homogeneous.

The hypothesis for this investigation is: Health differences will systematically vary by ethnicity and nativity in ways not observed with conventional race variables or accounted for by socioeconomic, individual behavioral or health insurance status variables.