



Kellogg Health Scholars

Connecting Academe, Community, and Policy

M E E T T H E K E L L O G G H E A L T H S C H O L A R S

Anita M. Wells, Ph.D., M.A.

Anita Wells' interests range from the mammography behavior of African American women to mental health services for Iraq war veterans. The common thread? She is passionate about overcoming health disparities faced by low-income and minority groups, and doing so through community-based, interdisciplinary research. "Both topics are important in themselves," she explains, "and they are also paradigms for how, as a society, we confront disease, prevention and the impact of illness and trauma on those who are disproportionately burdened."

Wells says her work is grounded in the theory that biological, psychological, social and cultural factors interact, often in complex ways, to produce health outcomes. "I am a staunch champion and teacher of the premise that both research and advocacy must take into account the values, beliefs and norms that people live by."

Having recently accepted a position as assistant professor in the department of psychology at Morgan State University, Wells also serves as coordinator of the department's graduate program in psychometrics. Before that she completed a two-year postdoctoral fellowship at Morgan State and Johns Hopkins under the aegis of the Kellogg Health Scholars Program. Trained as a clinical psychologist at Northwestern University's Feinberg School of Medicine with an internship at the Department of Veterans Affairs' Hines VA Hospital, she also received a masters in psychology from Wesleyan University and a bachelors degree in African American studies from Yale.

Research, Results and Policy Implications

"I've been involved in community-based health research, primarily with African-American populations, since 1995," Wells says. Her internship sharpened her interest in veterans' mental health, and she delved deeper as the Iraq and Afghanistan wars continued. Now, with over 1 million troops deployed, nearly half more than once, and estimates of mental disorders ranging from 13 to 30 percent, post-traumatic stress disorder (PTSD), depression and substance abuse are more frequently the subject of news stories. "The impact can be devastating, including sustained inability to

work, family breakdown and increased homelessness," she reports. "Despite improvements, we know barriers to treatment remain, including long wait times, delayed establishment of disability and receipt of benefits and too few trained mental health providers."

Wells organized and hosted a community symposium open to the public to investigate similarities in the impact of trauma and violence on veterans and young black men generally, as well as the adequacy of mental health services. Speakers included community members, veterans' organizations, mental health professionals and academics. She is developing follow up research to

identify current and future mental health needs of this population.

Policy implications of this work include mandating funding for additional mental health staff within the VA system, funding for mental health staff available to veterans and others at civilian health centers and more rapid receipt of veterans' benefits. "The mental health and well-being of veterans is a public health concern," she says. "It's essential that we recognize and address the increasing problems of PTSD and other readjustment issues."

Wells' other major area of research grew out of her own family experience with cancer and other chronic illness. She is exploring the relative importance of various factors affecting receipt of breast cancer screening -- physician recommendation, family history, socioeconomic status, cancer worry, religious beliefs and overall health decision-making. "African American women in the U.S. have a relatively low incidence of breast cancer, and yet they have the highest mortality rate," Wells says, "and increasingly, younger women are being diagnosed." Despite this trend, she points out, current screening guidelines recommend that a woman receive her first mammogram at age 40, and most insurance companies won't pay for screening mammograms at an earlier age.

Here the policy implications include revised screening guidelines as well as initiatives to improve screening tools. "Mammography is the

best screening tool available but it is not always effective, particularly in detecting breast cancer in younger women, which disproportionately affects African Americans," she explains.

To learn more about Anita M. Wells, Ph.D., and her work, contact her at anita.wells@morgan.edu and/or consult the following selected publications:

Chapter on Mental Health in the second edition of *Prevention is Primary* (forthcoming from Jossey-Bass, 2010).

Bowie, J. V., **Wells, A. M.**, Juon, H., Sydnor, K.D., Rodriguez, E. M. (2008). How old are African American women when they receive their first mammogram? Results from a church-based study. *Journal of Community Health*. 33 (4):183-191.

Stolley, M.R., Sharp, L.K, **Wells, A.M.**, Simon, N., Schiffer, L. (October 2006). Health behaviors and breast cancer: Experiences of urban African American women. *Health Education & Behavior*. 33 (5):604-624.

To learn more about the Kellogg Health Scholars Program, contact Barbara Krimgold of the Center for Advancing Health at bkrimgold@cfah.org or visit www.kellogghealthscholars.org.