

The 29th Annual

Minority Health Conference

The Impact of Poverty, Culture, and Environment on Minority Health



February 29, 2008

The William and Ida Friday Continuing Education Center
Chapel Hill, North Carolina

Featuring the 10th Annual William T. Small, Jr.

Keynote Lecture by

Nancy Krieger, MS, PhD

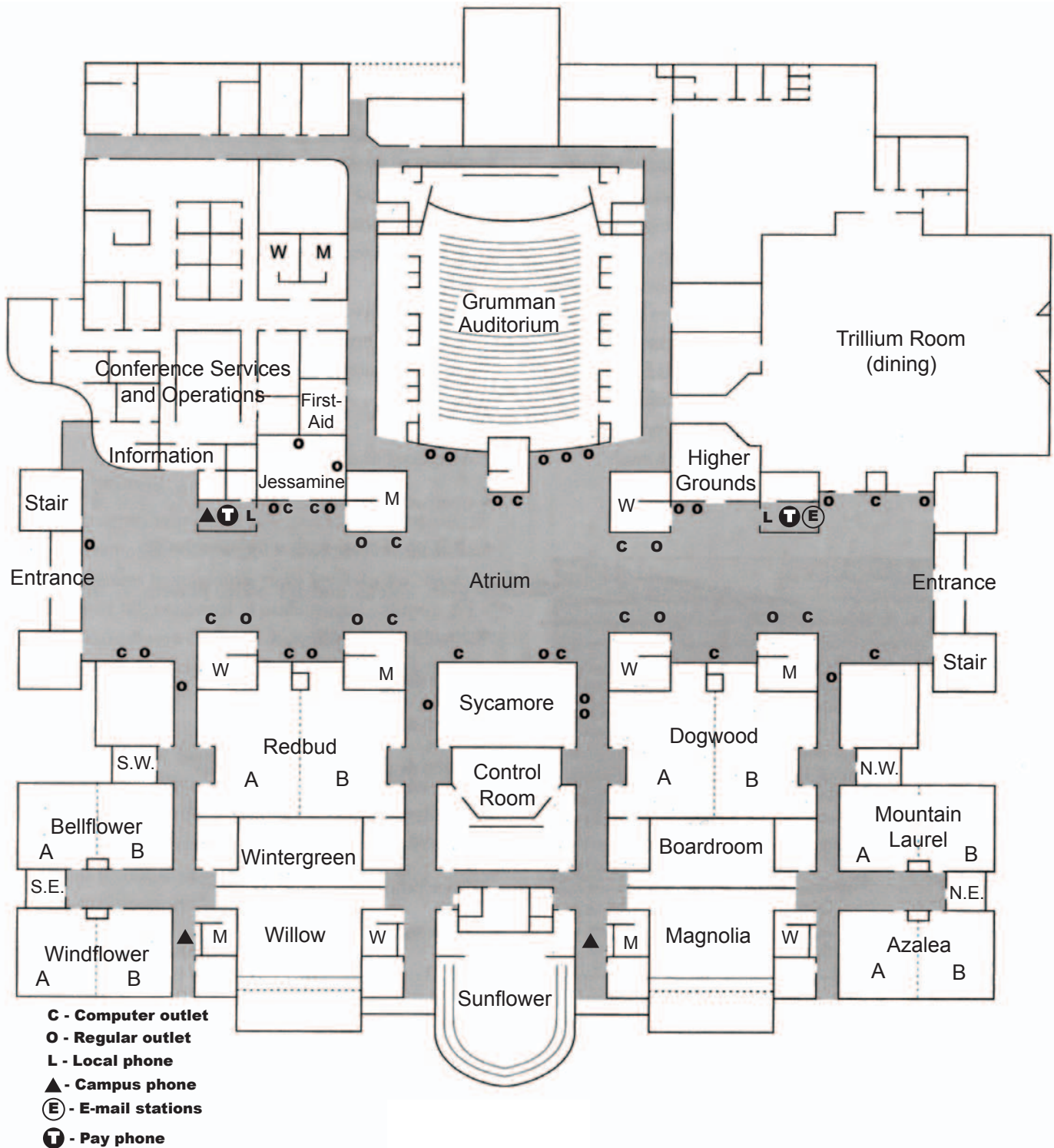
Presented by the Minority Student Caucus in collaboration with the
University of North Carolina School of Public Health's Dean's Office and the NC Institute for Public Health



C O N F E R E N C E J O U R N A L

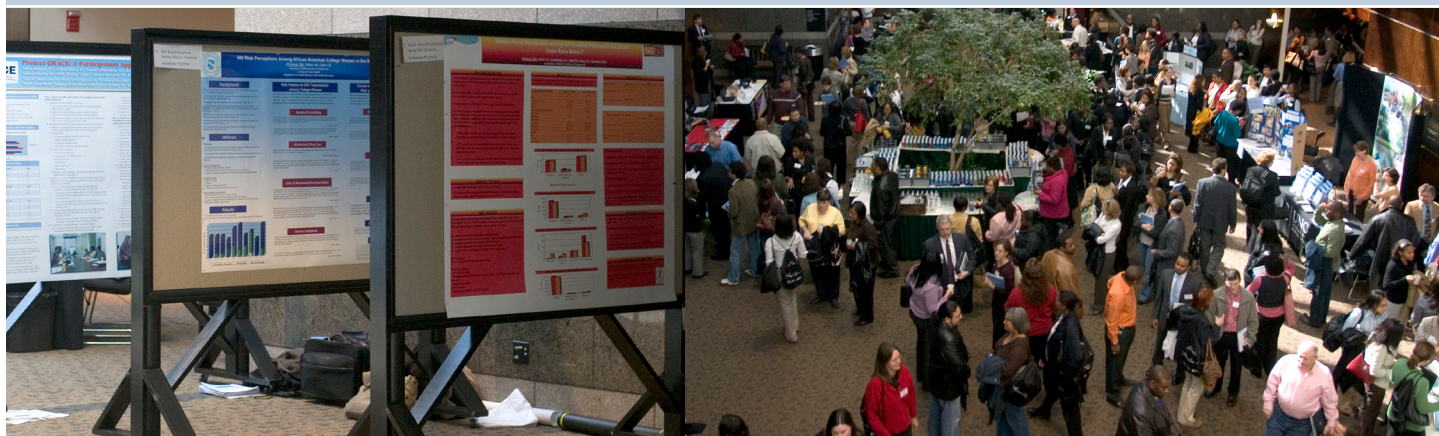
Floor Plan

The William and Ida Friday Center for Continuing Education



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Welcome to the 29th Annual Minority Health Conference!

On behalf of the Minority Health Conference Planning committee, the Minority Student Caucus, and the UNC School of Public Health, we would like to welcome you and express our appreciation for your interest and participation in this conference. This year's theme, *"The Impact of Poverty, Culture, and Environment on Minority Health"* was chosen, because it highlights some of the fundamental and underlying factors contributing to health disparities, and sets the stage for discussion and collaboration across disciplines as we collectively strive to improve the health and well-being of minority populations.

We hope you will benefit from our efforts to include content that affects multiple diseases, disciplines, and health determinants. Our goal is for this conference to provide insight to the current issues related to health disparities and inspire you to continue the fight for equitable health for all populations. Remember, eliminating health disparities starts with us.

We would also like to take this time to acknowledge our planning committee, without whom none of this would be possible, for all their hard work and dedication. The minority health conference planning committee has a long history of being filled with exceptional, hardworking students, and this year was no exception. We would also like to personally thank our sponsors for their support and generosity, especially Bodil and George Gellman, Class of 1969, for their \$25,000 contribution to the Annual Minority Health Conference. Finally, we would like to extend a special thank you to our faculty and staff advisors, Dr. Victor Schoenbach, Dean Felicia Mebane, and Ms. Chandra Caldwell, for their support and guidance throughout the planning process.

Enjoy the conference, and we hope to see you again next year!

Warmest regards,

A handwritten signature in black ink that reads "Janelle Armstrong-Brown".

Janelle Armstrong-Brown, M.P.H.

Minority Health Conference, Co-Chair
Minority Student Caucus
Doctoral Student, Health Behavior and Health Education
UNC School of Public Health

A handwritten signature in black ink that reads "Eboni M. Taylor".

Eboni M. Taylor, M.P.H.

Minority Health Conference, Co-Chair
Minority Student Caucus
Doctoral Student, Epidemiology
UNC School of Public Health

29th Annual Minority Health Conference Staff

The Impact of Poverty, Culture, and Environment on Minority Health

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Ebony Taylor Epidemiology

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Lucia Leone Nutrition
Julianne Tajuba Environmental Sciences and Engineering
Carmina Valle Nutrition

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Stephanie Baker Health Behavior and Health Education
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Lillianne Lewis Maternal and Child Health

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Kristal Raymond Epidemiology
Christina Williams Nutrition

Broadcast Committee

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Sean Simpson Biostatistics
Kevin Wu Health Behavior and Health Education

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Dean for Students, UNC School of Public Health

Victor Schoenbach

Principle Investigator
Minority Health Project, UNC School of Public Health

Chandra Caldwell

Staff Advisor
Minority Student Caucus, UNC School of Public Health

Steve Hicks

North Carolina Institute for Public Health

Cherelle Whitfield

North Carolina Institute for Public Health

Beverly Holt

North Carolina Institute for Public Health

Conference Volunteers

Althea Anderson
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Arnita Norwood
Katie O'Brien
Tapasvi Punwar
Kimberly Russell
Michael Scott
Michelle Sever
Che Smith
Gene Smith
Willona Stallings
Nicole Taylor
Xuefeng Zhong

Italics denotes committee chair

Conference at a Glance

TIME	EVENT	ROOM
08:00 AM	REGISTRATION/ CONTINENTAL BREAKFAST	Central Atrium
09:00 AM	INTRODUCTIONS & WELCOME	Grumman
09:30 AM	10 th Annual WILLIAM T. SMALL, Jr. KEYNOTE Lecture	Grumman
10:45 AM	MORNING CONCURRENT SESSIONS	
	(A1) Environmental Inequalities	Redbud
	(A2) Disaster Preparedness and Recovery	Belflower
	(A3) Mass Media and Minority Health	Dogwood
	(A4) Community Determinants of Health	Sunflower
	(A5) Latino Immigrant Health	Windflower
11:45 AM	EXHIBITS and POSTER SESSION	Willow and Magnolia
12:15 PM	LUNCH	Trillium Room
01:30 PM	AFTERNOON CONCURRENT SESSIONS	
	(B1) Cancer Disparities	Sunflower
	(B2) Healthcare Access	Redbud
	(B3) School-based Health Centers	Windflower
	(B4) Illiteracy: A Pervasive Barrier to Effective Patient-Provider Communication and Quality Health	Bellflower
	(B5) Empowerment and Health	Dogwood
02:30 PM	EXHIBITS AND POSTER SESSION	Willow and Magnolia
02:45 PM	AFTERNOON INTERACTIVE SESSIONS	
	(C1) Community healing through youth empowerment: An asset-oriented approach toward health	Redbud
	(C2) Preview and Discussion of the PBS Documentary: Unnatural Causes... Is Inequality Making Us Sick?	Dogwood
04:15 PM	CLOSING REMARKS & CONFERENCE ADJOURNS	

Agenda

08:00 AM

Registration/Continental Breakfast

Central Atrium

09:00 AM

Introductions and Welcome

Grumman Auditorium

Barbara K. Rimer, DrPH

Dean, School of Public Health

UNC at Chapel Hill

Archie W. Ervin, PhD

Associate Provost for Diversity and Multicultural Affairs

UNC at Chapel Hill

Moderator: Janelle Armstrong-Brown

Conference Co-chair

Health Behavior and Health Education

School of Public Health, UNC at Chapel Hill

09:30 AM

10th Annual William T. Small, Jr. Keynote Lecture

Grumman Auditorium

Nancy Krieger, MS, PhD

Professor, Department of Society, Human Development, and Health

Harvard School of Public Health

Moderator: Eboni M. Taylor

Conference Co-chair

Epidemiology

School of Public Health, UNC at Chapel Hill

10th Annual William T. Small, Jr. KEYNOTE LECTURE

The science and epidemiology of racism and health in the United States: an ecosocial perspective

by Nancy Krieger, MS, PhD

ABSTRACT

Krieger N. The science and epidemiology of racism & health in the United States: an ecosocial perspective. Invited presentation: the 10th Annual William T. Small Keynote Lecture for the 29th Annual Minority Health Conference, University of North Carolina School of Public Health, Chapel Hill, NC, February 29, 2008.

Racism harms health. It also creates the very categories of “race.” Racial/ethnic health inequities are a biological expression of racism; their origins lie in injustice, not biology. This is not an ideological argument: it is a scientific statement that rests on rigorous tests of scientific hypotheses about how racial/ethnic inequities in health status and health care arise from unfair and unjust societal conditions. As delineated by ecosocial theory, at issue are the myriad ways racial inequality becomes biologically embodied, over the lifecourse and across generations, thereby creating racial/ethnic health inequities. Relevant pathways include adverse exposure to: economic and social deprivation; toxic substances, pathogens, and hazardous conditions; social trauma; targeted marketing of harmful commodities; and inadequate and degrading medical care. In this presentation I will discuss conceptual and methodological issues involved in analyzing how racial and economic injustice produce health inequities, coupled with empirical examples drawn from research I have done, as a social epidemiologist, on these issues.

AN ARCHIVED WEBCAST OF THE KEYNOTE LECTURE WILL BE AVAILABLE AT

<http://www.minority.unc.edu/sph/minconf/2008/>



10th Annual William T. Small, Jr.

KEYNOTE LECTURE



KEYNOTE SPEAKER BIOGRAPHY

Nancy Krieger is Professor of Society, Human Development, and Health at the Harvard School of Public Health, Associate Director of the Harvard Center for Society and Health, and Co-Director of the HSPH Interdisciplinary Concentration on Women, Gender, and Health. She received her PhD in Epidemiology from the University of California at Berkeley in 1989. Dr. Krieger is a social epidemiologist, with a background in biochemistry, philosophy of science, and the history of public health, combined with 25 years of experience as an activist in issues involving social justice, science, and health.

In 2004, she became one of the ISI highly cited scientists, a group comprising “less than one-half of one percent of all publishing researchers.” Dr. Krieger’s work focuses on three aspects of social inequalities in health: (a) etiologic studies on the determinants of health inequities, (b) methods for improving monitoring of social inequalities in health, and (c) development of theoretical frameworks, including ecosocial theory, to guide work on understanding and addressing health disparities. Examples of her empirical work include: research on racism, discrimination and health, including blood pressure and birth outcomes; socioeconomic and racial/ethnic disparities in breast cancer; and research on appropriate measures of social class (individual, household, and neighborhood), especially for population-based monitoring of social inequalities in health and also for studying women, gender, class, and health.

Other work concerns history and politics of epidemiology and public health, including study and critique of theories that epidemiologists and others use to explain population patterns of health, disease, and well-being. She is editor of *Embodying Inequality: Epidemiologic Perspectives* (Baywood Press, 2004) and co-editor, with Glen Margo, of *AIDS: The Politics of Survival* (Baywood Publishers, 1994), and, with Elizabeth Fee, of *Women’s Health, Politics, and Power: Essays on Sex/Gender, Medicine, and Public Health* (Baywood Publishers, 1994). In 1994 she co-founded, and still chairs, the Spirit of 1848 Caucus of the American Public Health Association, which is concerned with the links between social justice and public health.



Agenda (CONTINUED)

10:30 AM

Break/ Posters and Exhibitors Session

10:45 AM

MORNING CONCURRENT SESSIONS

(A1) Environmental Inequalities

The state of our environment is as important to our overall health and well being as a proper diet and exercise. Recent research shows that minorities are more likely than whites to live in areas with high pollution, lack of access to basic amenities (including safe water service), and poor sanitation conditions. Due to the clustering of locally unwanted land uses and the inadequacy of water and sewer services in these excluded minority communities there is high vulnerability of water supplies and poor air quality. This exacerbates existing racial, health, and socioeconomic inequalities.

Minister Robert L. Campbell

President
Rogers-Eubanks Road Neighborhood Association
Chapel Hill, NC

Omega R. Wilson

President
West End Revitalization Association
Mebane, NC

Moderator: Megan Christopher
Health Behavior and Health Education
School of Public Health, UNC at Chapel Hill

(A2) Disaster Preparedness and Recovery

Every community faces the risk of being affected by a disaster of one type or another, including natural disasters such as floods, hurricanes, ice storms, wildfires and earthquakes, or technological disasters such as a chemical spill or explosion. However, the land use patterns and social context of low-income neighborhoods and communities of color reflect historic and current discrimination and contribute to a higher risk for negative outcomes during emergencies. Social vulnerability identifies characteristics such as income, age, family status, physical mobility, mental capacity, availability of transportation, and race/ethnicity as factors that can contribute to a population's vulnerability even if they live outside of a hazard area such as a floodplain. This session will explore the intersection of social determinants of health, social vulnerability, emergency preparedness, and disaster recovery.

Danielle Spurlock, MPH, MRP

Research Associate
UNC Chapel Hill, Center for Urban and Regional Studies
Chapel Hill, NC

Moderator: Jennifer Lund
Epidemiology
School of Public Health, UNC at Chapel Hill

(A3) Mass Media and Minority Health

Mass media and popular entertainment are increasingly used to convey health information and can shape public perceptions and health practices, particularly among youth of color, who are frequent users of a range of media including rap and R&B music and videos, television, movies, magazines, and the Internet. Although the mass media have been criticized for glorifying unhealthy behaviors, these communication channels are well-positioned to be valuable resources in helping to eliminate health disparities if health messages and materials are culturally appropriate for the populations they serve.

During this session, Dr. Carla Stokes will share her research on hip hop culture, sexuality, gender role norms, and identity construction in internet home pages constructed by black adolescent girls residing in states with high rates of HIV/AIDS among African Americans. Creative strategies for using hip hop media and the World Wide Web as tools for promoting media literacy and healthy lifestyles among black youth will be described. Dr. Stokes will highlight how HOTGIRLS uses media and technology to engage youth of color in activism and critical thinking about public health issues, sexuality, and gender-based violence through youth-created educational rap and R&B songs, workshops, health education materials, and web sites.

Carla Stokes, PhD, MPH

Founder; Helping Our Teen Girls in Real Life Situations, Inc. (HOTGIRLS)®

Moderator: Stephanie Baker

Health Behavior and Health Education

School of Public Health, UNC at Chapel Hill

(A4) Community Determinants of Health

Social and environmental factors act as constraints that shape how new conditions emerge as ecologic salutogens (factors that support health) or ecologic pathogens (factors that create negative health outcomes). This session will focus on research which uses a new framework to better understand the role that environmental conditions play in driving the health of human ecosystems and racial/ethnic health and SES disparities in the United States. The session will describe how ecologic modeling, statistical analysis, and GIS are used to measure the contribution of ecologic features of the built and social environments to population health and health disparities.

Sacoby Wilson, MS, PhD

Assistant Research Professor; University of South Carolina

Institute for Families in Society; Department of Epidemiology and Biostatistics

Columbia, SC

Moderator: Bahby Banks

Health Behavior and Health Education

School of Public Health, UNC at Chapel Hill

Agenda (CONTINUED)

(A5) Latino Immigrant Health

Curanderismo is the art of traditional healing through myths, stories, legends, popular sayings, poetry, and music that explore the body, the heart, the mind, and the soul as practiced by traditional Latino healers and passed from generation to generation. This workshop will familiarize participants with the structure of traditional healing, reveal practices observed among patients at a rural migrant community health center, and explore the manner in which traditional healing can complement modern health care practices. There will also be demonstrations of current methods used to cure illnesses such as susto, mal de ojo, empacho, etc. Language and cultural division create a myriad of unique health issues for this population. This session will focus on how we can better monitor Latino health while recognizing the varied cultural diversity that falls under the umbrella term “Latino.”

Steve Davis

Farmworker Resource Coordinator, Greene County Health Care
Snow Hill, NC

Moderator: **Danielle Doughman**
Health Policy and Administration
School of Public Health, UNC at Chapel Hill

11:45 AM

Poster and Exhibitor Session

Willow and Magnolia

12:15 PM

Lunch

Trillium Room

1:30 PM

AFTERNOON CONCURRENT SESSIONS

(B1) Cancer Disparities

Racial disparities exist on all levels of the cancer prevention-treatment spectrum. A number of factors contribute to these disparities, including early detection/cancer screening, medical barriers, demographic and socioeconomic characteristics, health behaviors, lifestyle, and other environmental factors, as well as cultural attributes. This session will explore some of the reasons why racial cancer health disparities persist, even in the presence of equal access and equal care.

Jessie Satia, PhD, MPH

Assistant Professor
UNC School of Public Health; Department of Nutrition
Chapel Hill, NC

Moderator: **Lucia Leone**
Nutrition
School of Public Health, UNC at Chapel Hill

(B2) Healthcare Access

With healthcare near the top of all 2008 Presidential candidates' agendas, the political landscape seems ripe with opportunity to increase access to health insurance for uninsured and underinsured Americans. Issues range from the battle over expansion of the popular State Children's Health Insurance Program (SCHIP) to the explosion of retail medicine. In the light of the upcoming election, this session will provide information on the current public funded health insurance programs like SCHIP and Medicaid which will enable health advocates to push for meaningful healthcare reform.

Jeffery Simms

Community Care Deputy Director
NC Office of Rural Health and Community Care
Department of Health and Human Services
Raleigh, NC

Moderator: Sharrelle Barber
Health Behavior and Health Education
School of Public Health, UNC at Chapel Hill

(B3) School-based Health Centers

School-based health centers have become a popular venue for health promotion and intervention. Because children spend the majority of their day in school, schools are in a unique position to promote health and address high risk behaviors. It is well-documented that school-based health centers are an effective safety net provider for poor and underserved children and adolescents. Children and adolescents who lack insurance and lack access to health care through traditional avenues rely on school-based health centers to meet their physical and counseling needs. According to recent data, there are over 1700 school-based health centers in 43 states; a large number of the users are poor and minority children. This session will focus on the role of school-based health centers in improving the health and well-being of poor and minority children and adolescents .

Leslie Morris, MPH

Director of Community Relations
New Jersey Primary Care Association
Hamilton, NJ

Moderator: Willona Stallings
Maternal and Child Health
School of Public Health, UNC at Chapel Hill

Agenda (CONTINUED)

(B4) Illiteracy: A Pervasive Barrier to Effective Patient-Provider Communication and Quality Health

Despite decades of efforts aimed at developing and promoting higher levels of literacy in the United States, illiteracy remains a grave and disturbing issue, particularly among minority populations. The overwhelming impact of a long history of unequal treatment, misunderstanding, and misinformation reveals a dramatic decline in health literacy, relationships between minorities and health care providers, and the overall effectiveness of the health care system. Such predispositions directly influence patient-provider communication, and ultimately affect the quality of a patient's treatment. Improving the patient-provider relationship for minorities through enhanced literacy can potentially increase compliance with requisite medical treatment and recommendations, and ultimately advance the quality of health-related outcomes.

Vivian Harding Hampton, PhD and Pamela I. Hunter, PhD

Associate Professors
School of Education, Department of Curriculum and Instruction
North Carolina A&T State University
Greensboro, NC

Moderator: Derrick Matthews
Health Behavior and Health Education
Chapel Hill, NC

(B5) Empowerment and Health

Empowerment strategies and participatory approaches are increasingly used as public health paradigms for reducing health disparities. This session will explore the processes by which empowerment is generated among communities and its effectiveness as a strategy to reduce health disparities and improve minority health.

Eugenia Eng, DrPH

Professor
UNC School of Public Health
Department of Health Behavior and Health Education
Chapel Hill, NC

Nettie Coad

Executive Director
The Partnership Project
Greensboro, NC

Moderator: Althea Anderson
Maternal and Child Health
School of Public Health, UNC at Chapel Hill

02:30 PM

Poster and Exhibitor Session **Willow and Magnolia**

02:45 PM

AFTERNOON INTERACTIVE SESSIONS

These sessions will give participants an opportunity to engage with each other and guest speakers in dialogue around topics addressed throughout the conference.

(C1) Community healing through youth empowerment: An asset-oriented approach toward health

Marginalized communities are often defined by their deficits, deficiencies, and needs by academic and governmental institutions. This serves to create dependency on outside agencies, and fosters a negative self-image that the persons in these communities internalize. This session, hosted by the Native Health Initiative, will begin with an orientation to community asset mapping as a tool for participants to use to frame their work in communities. This approach recognizes that the resources of a community must be recognized and utilized in order to create effective interventions and healthier communities.

The youth in marginalized communities are one such asset that is often overlooked. In this session, we will hear from three local youth-led efforts to create healthier communities. Each program recognizes the asset that youth are to community empowerment and health, and has given young voices the opportunity to make a difference in their community. With incredible results, including increased self-efficacy, community-wide changes and education, and the modeling of positive leadership, this session will help us see that the problem is not that resources for change do not exist, but rather that we often fail to utilize such resources.

Our three programs represented will be:

- 1) The Coharie Smoke Free Hawks (Dunn, NC) - American Indian youth working in their Tribe and local community to educate about the harmful effects of smoking
- 2) Durham Innercity Gardeners (Durham, NC) - Youth-driven urban market farm business
- 3) Pa'lante (Chapel Hill, NC) - Latino youth that run a radio program for the empowerment of Latin American immigrant community

Anthony Fleg, MPH

UNC School of Medicine
Chapel Hill, NC

Shannon Fleg

Social Research Associate
Center for Health Promotion and Disease Prevention

(C2) Preview and Discussion of the PBS Documentary: Unnatural Causes...Is Inequality Making Us Sick?

Unnatural Causes sheds light on mounting evidence that demonstrates how work, wealth, neighborhood conditions and lack of access to power and resources can actually get under the skin and disrupt human biology as surely as germs and viruses. But it's not just the poor who are sick—so are the middle classes. At each descending rung of the socio-economic ladder, people tend to be sicker and die sooner. What's more, at every level, many communities of color are worse off than their white counterparts. Compelling personal stories—spanning the country—demonstrate how social conditions are as vital to our health as diet, smoking and exercise. As Harvard epidemiologist David Williams points out, investing in our schools, improving housing, integrating neighborhoods, better jobs and wages, giving people more control over their work, these are as much health strategies as smoking diet and exercise. And these are the stories that Unnatural Causes tells.

Moderator: Dinushika Mohottige

Health Behavior and Health Education
School of Public Health
UNC at Chapel Hill

4:15 PM

Closing Remarks

4:30 PM

Conference Adjourns

Speaker Biographies

Minister Robert L. Campbell

Minister Robert Campbell is an ordained minister with the Faith Tabernacle Oasis of Love International Ministry. He is Co-Chair of the Coalition to End Environmental Racism (CEER) and President of the Rogers-Eubanks Neighborhood Association (RENA), based in Chapel Hill, NC. For nearly 150 years, black families have lived in the Rogers-Eubanks neighborhoods. In the late 1800s, Rogers Rd was a wagon-track through black-owned family farmland and sawmills. Today, CEER and RENA work to address the disproportionate and adverse environmental and health impacts of the clustering of solid waste facilities and the denial of basic amenities in these and similar communities across NC.

Nettie Coad

Nettie Coad, as the executive director of The Partnership Project, manages a subcontract with UNC and the Greensboro Cancer Care and Racial Equity Study (CCARES) field office to coordinate activities of the Greensboro Health Disparities Collaborative pertaining to interpretation and dissemination of CCARES findings to the Greensboro community. Prior to serving as a community organizer for Project Greensboro, the parent organization of The Partnership Project, she worked for 22 years in various management capacities for Sears Catalog Distribution Center. She is a resource trainer for the People's Institute and serves on a broad array of community boards. Mrs. Coad has been a leader and organizer in her Greensboro neighborhood for over 28 years, serving eight terms as President of the Board for her neighborhood association.

Coharie Smoke Free Hawks

This newly formed group in the Dunn community, where a large portion of the Coharie Indian Tribe reside, aims to achieve smoking prevention and cessation through youth leadership. With more than twenty-five active volunteer members, this group has made 25+ presentations at churches, schools, community centers, and Pow Wows to create awareness of the consequences of tobacco addiction, the benefit of creating Smoke-Free Policies, and the sacred-ness of traditional uses of tobacco in American Indian culture

Steve Davis

Steve Davis for the past 11 years has served as the Director of Migrant Outreach Services at Greene County Health Care, Inc. Mr. Davis graduated from East Carolina University with two Bachelor of Sciences degrees: One in Child Development and Family Relations and the other in Spanish for International Business. He also studied at a Multicultural/Bilingual Training School in Cuernavaca, Mexico. Along with his duties as the Director of the Outreach Program, for the past three years Mr. Davis has been doing an apprenticeship with a traditional healer (Curandera) from Mexico. He is also learning and studying under the guidance of Dr. Roberto Dansie, who is a well known Curendero/Medicine Man and Psychologist from California. Over the past eleven years Greene County Health Care's Outreach Program has won numerous awards, (including winning the sister Cecilia Adhold award two times) for taking a non-traditional approach in providing health care services to the migrant population in eastern North Carolina. In 2007 his program also won a national award for being the best migrant health center in the entire United States. In 2006, Mr. Davis was fortunate enough to receive a Latino Diamante Award for Health and Sciences which is the most prestigious Latino award given to an individual in North Carolina.

Durham Innercity Gardeners (DIG)

DIG is a youth-driven urban market farm business. DIG empowers its members through education about organic gardening, healthy business practices and responsible leadership. They break down racial and cultural barriers through communication and understanding within their diverse crew. They grow produce using organic techniques and sell it at the Durham Farmer's Market. DIG is a program of Southern Eastern Efforts Developing Sustainable Spaces (SEEDS), a 14 year-old non-profit organization located in Durham, NC. <http://www.seedsnc.org/dig.htm>

Eugenia Eng, MPH, DrPH

Dr. Eng is a full professor at the University of North Carolina School of Public Health, where she received her Dr.P.H. in 1983. Dr. Eng focuses on the integration of community development and health education interventions in the rural United States and developing countries. Her current research projects apply community-based research principles to the design and evaluation of lay health advisor interventions and study the influence of sociocultural factors on STDs and early detection of breast cancer. Dr. Eng teaches community organization; cross-cultural aspects of health education practices; and health issues relevant to women, ethnic minorities, and developing nations.

Anthony Fleg

Mr. Fleg is a 4th year medical student at UNC Chapel Hill, having recently earned his MPH from UNC's School of Public Health. He serves as a coordinator for the Native Health Initiative, a community-based partnership which addresses inequities in health through "loving service," and firmly believes in the process of identifying, utilizing, and strengthening communities' assets as a way toward improved health. Mr. Fleg plans to practice family medicine in a community context, working as an advocate and activist for social justice.

Shannon Fleg

Ms. Fleg is a social research associate with the UNC Health Promotion and Disease Prevention program, where she works with North Carolina's American Indian communities on anti-smoking initiatives that emphasize the re-teaching of the traditional and sacred uses of tobacco in Indigenous culture. She also serves as a coordinator for the Native Health Initiative. Ms. Fleg is a proud Dine (Navajo) woman, originally from northern Arizona.

Vivian Harding Hampton, PhD

Dr. Hampton is an associate professor in the department of Curriculum and Instruction at North Carolina A & T State University. She teaches undergraduate and graduate-level courses addressing various aspects of literacy acquisition for students across grades k-12. She is a proponent of the cognitive-constructivist theory of reading, which emphasizes the vital role of the reader in actively seeking and constructing meaning consistent with an existing store of knowledge (schemata). Additionally, she has a continuing interest in the development and implementation of instructional approaches and materials designed to promote students' growth in vocabulary, comprehension, higher-order thinking, and writing. Her special research interests include metacognition in reading, the development of literacy skills for students in secondary content disciplines, and authentic measures of literacy.

Speaker Biographies (CONTINUED)

Pamela I. Hunter, PhD

Dr. Hunter is an associate professor in the Department of Curriculum and Instruction at North Carolina A & T State University. She teaches graduate-level courses in curriculum development, foundations of education, philosophy of education and pedagogical studies. Her ultimate goal for students is to be constructivist learners, seeking knowledge and understandings as they pursue their educational and career goals in the fields of counseling and teaching. Throughout her career in higher education, she has viewed herself as a facilitator of learning, and a leader for truth and positive change.

Leslie Morris, MPH

Leslie A. Morris is director of Community Relations at the New Jersey Primary Care Association. She has worked in the community health center arena for over 20-years. For 12- years she served as director of an adolescent school-based health center in Jersey City, NJ. While there, she distinguished herself in several ways: She founded one of the nation's first school-based HIV testing programs and implemented a nationally recognized teen abstinence program that was featured on both the CBS Evening News and CBS This Morning. Ms. Morris' program became a model for school-based health programs throughout the country. Offering a range of services to the student population at Snyder High School, from primary medical care, family planning, and reproductive health care to individual, group and family counseling, Ms. Morris' program was among a handful of school-based health centers nationwide that offered comprehensive health care to students on school grounds. Her tenure in Jersey City was followed by 5-years as director of a national school-based health initiative at the National Association of Community Health Centers in Washington, D.C.

Ms. Morris is a frequent workshop presenter and panel member on teen issues. She has written extensively in the Journal of School Health, the Community Health Forum and other professional journals. Additionally, she is an adjunct instructor at Burlington County Community College in NJ. Leslie recently published her first book, "How Ya Like Me Now!" The book chronicles her journey as a poor, black girl growing up in public housing in Long Branch, NJ. She cross-references her experiences with that of the young people that came through her program during her tenure at the school-based health center. Ms. Morris holds a Bachelor's Degree from Simmons College in Boston, a Master's Degree in Psychiatric Social Work from Boston College, and a Master's Degree in Public Health in the area of maternal and child health from the University of North Carolina at Chapel Hill.

PA'LANTE

Pa'lante is a group of Latin American immigrant teens dedicated to helping the Hispanic community in Orange County, NC. Most of its members are students at the high schools in Chapel Hill and Carrboro. They produce Spanish language media that allows them to express themselves. They also seek to help Latin American immigrant families learn about their community by providing information about education, health and recreational opportunities. Pa'lante website: <http://radiopalante.org>

Jessie Satia, MPH, PhD

Dr. Jessie A. Satia is Associate Professor (with tenure) in the Departments of Nutrition and Epidemiology, School of Public Health, University of North Carolina at Chapel Hill. She is also Special Assistant to the Dean of the SPH for Diversity. Dr. Satia has a PhD in Nutritional Epidemiology and a Masters of Public Health (MPH) in Epidemiology from the University of Washington in Seattle. As a nutritional and cancer epidemiologist, the overarching theme of Dr. Satia's research is cancer health disparities and falls into four broad categories: cancer etiology, nutritional epidemiology (dietary assessment), minority participation in research studies, and cancer survivorship.

Jeffery Simms

Jeffery Simms serves in a joint management position within the North Carolina Department of Health and Human Services. He is an assistant director for the NC Medicaid program and the Deputy Director for the Office of Rural Health and Community Care. In this capacity he oversees all of the Medicaid Managed Care programs for NC, including the statewide enhanced primary care case management program called Community Care of North Carolina. Mr. Simms has been involved in Medicaid managed care activities for over seventeen years. He received a Bachelor of Arts degree in Public Policy from the University of North Carolina at Chapel Hill in 1990 with a concentration in Health Policy. He received a Master of Science in Public Health from UNC Chapel Hill in 1996 and a Master of Divinity from Duke University Divinity School in 1999.

Danielle Spurlock, MPH, MRP

Danielle Spurlock is a research associate at the Center for Urban and Regional Studies at the University of North Carolina at Chapel Hill. She has a joint appointment with Active Living by Design, a national program of the Robert Wood Johnson Foundation, which is a part of the UNC School of Public Health. Her primary interest is in how the physical construction of our neighborhoods, cities, and regions reflects our society's values and has an impact on our health and safety. As a member of the FEMA-funded Emergency Preparedness Demonstration Project, she has worked with low-income neighborhoods and communities of color to initiate a community-driven process to address the barriers to emergency awareness and preparedness.

Carla Stokes, MPH, PhD

Dr. Stokes is an independent consultant and the President/CEO & Founder of Helping Our Teen Girls In Real Life Situations, Inc. (HOTGIRLS), an Atlanta-based 501(c)(3) nonprofit dedicated to improving the health and lives of black young women and girls. Dr. Stokes conducts research on the sociocultural and health dimensions of women, gender, media, and sexuality studies. She came of age in the hip hop generation and earned a B.A. in psychology from Spelman College and Ph.D. and M.P.H. degrees in Health Behavior and Health Education from the University of Michigan. Dr. Stokes recently completed a two-year post-doctoral research fellowship at the U.S. Centers for Disease Control and Prevention in the Division of HIV/AIDS Prevention. www.drcarla.com.

Speaker Biographies (CONTINUED)

Omega R. Wilson

Omega R. Wilson is the founding board member and president of West End Revitalization Association (WERA), a Community-Based Environmental Protection organization and Community Development Corporation in Mebane, N.C., that seeks to maintain sustainable historic African American communities through environmental protection, preservation, stabilization, and planned development. Wilson served as the project manager for three grassroots community-based research studies involving health risks due to the disproportionate and adverse impact of environmental hazards and the denial of basic amenities. The projects have been implemented through the support of the Environmental Protection Agency's (Region 4) Office of Environmental Justice Small Grant Program; University of North Carolina-Chapel Hill Project EXPORT; and the U.S. Environmental Protection Agency's Office of Environmental Justice through a Collaborative Problem-Solving Cooperative Project (CPS) entitled "Right to Basic Amenities." Of thirty CPS awardees in 2004 WERA was selected as one the top seven most productive in 2006. Omega Wilson was selected to serve as a community representative on the U.S. EPA National Environmental Justice Advisory Council.

Sacoby Wilson, MS, PhD

Dr. Wilson is a research assistant professor with a joint appointment at the Institute for Families in Society and Department of Epidemiology and Biostatistics at the University of South Carolina. Dr. Wilson is trained as an environmental health scientist and his research interests include environmental justice science and research, environmental health disparities, community-based participatory research, spatiotemporal mapping for human exposure assessment, built environment and public health, and air pollution and vulnerable populations. In 2007, Dr. Wilson completed his postdoctoral fellowship with the Robert Wood Johnson Health & Society Scholars Program at the University of Michigan. He received both his M.S. and Ph.D. from UNC-Chapel Hill. He is a senior fellow in the Environmental Leadership Program.

Poster Abstracts

1. Environmental Health Disparities Affecting Asian and Pacific Islanders Americans

Lauren Gordon, MPH

Objectives: Little is known about the differential effect environment has on health among Asian and Pacific Islanders Americans (APIAs). Furthermore, the lack of national data and organized research on environmental health disparities affecting APIA subgroups make it increasingly difficult to create culturally appropriate intervention in this group. The aim of this review paper is to investigate factors (environmental exposure, socio-cultural position, workplace) that may leave APIA's more susceptible to the burden of disease.

Methods: A review of the literature was conducted using peer reviewed journal articles and publications from health advocacy groups and government agencies to examine environmental exposures and environmentally-mediated outcomes among APIA's.

Results: Segregation of APIA's in U.S. Chinatowns and other ethnic enclaves appear to be correlated with higher exposure to ambient pollution. The promotion of tobacco internationally, the use of traditional herbal medicine product's and dietary practices appear to place APIA's at higher risk of exposure to environmental tobacco smoke and toxic metals. APIA women appear to be at higher risk of exposure to occupational hazards. APIA's appear to suffer disproportionately from certain types of Cancers and have a high prevalence of chronic disease.

Conclusions: APIA's are comprised of over forty ethnic subgroups. The results suggest there is heterogeneity of exposure within APIA subgroups. More research is needed at the national and local level to uncover the variability of exposure to environmental hazards among APIA's. Identifying within group variation can be significant in characterizing both elevated exposure and risk.

2. The Role of Ethnic Identity on the Health-Related Attitudes of African American and Jamaican Black Men in the South.

Shanita Williams-Brown PhD, MPH, APRN; Lisa Hinton, MPH; Leslyn Wong, MPH

Introduction: Little is known about how the cultural and ethnic profiles of U.S.-born and Jamaican-born Black men living in the South impact their health attitudes and behaviors. Ethnic identity, defined as a sense of group or collective identity based on one's perception of a shared common ethnic heritage with a particular ethnic group is hypothesized to be protective against the challenging health and social outcomes that often accompany the southern Black male experience in the U.S.

Methods: The authors conducted one-hour individual guided interviews with a sample of men representing two black ethnic subgroups—U.S.-born and Jamaican-born Black men living in the metropolitan Atlanta area. Demographic and health attitudes surveys were administered to all participants prior to the interviews. Participants were asked to talk openly about their sense of self, their ethnicity and culture, and their health-related attitudes.

Results: Both U.S.-born and Jamaican-born Black men who communicated a sense of ethnic identity were more likely to have positive health attitudes when compared to men who did not communicate a sense of ethnic identity. Jamaican-born Black men were more likely to discuss attitudes and values consistent with a sense of ethnic identity and their health attitudes were frequently more positive and future-oriented when compared to U.S.-born Black men.

Poster Abstracts (CONTINUED)

Conclusion: Ethnic identity was positively associated with the health-related attitudes of Black men in the South. The results of this study can be used to develop culturally-appropriate and effective health education and screening programs that target southern Black men.

3. **At the Intersections: Insights into Young HIV-Positive MSM of Color Experiences of Faith, Sexuality and Race**

Molly Stapleton, BM; Erik Valera, BA; Marcie Fisher-Borne, MPH, MSW; Justin Smith, BA; Lisa Hightow-Weidman, MD, MPH

Background: Although only 24% of North Carolinians are Black, this group accounts for two thirds of HIV/AIDS cases in the state. In 2003, over 70% of new HIV cases among men aged 13-24 were among Black men. Project STYLE is a cohort study of young newly diagnosed or previously lost to care HIV+ MSM of color.

Methods: Participants were recruited through area HIV clinics and service organizations. Interviews occurred from 6/06 – 12/07 with HIV+ MSM of color, ages 17-24 years (N=34). Qualitative interviews explored participants' experiences related to race, sexual identity, spirituality, and social support.

Results: Nearly all (93%) respondents felt like they were part of the Black community and participants reported being "comfortable" or "very comfortable" with their sexual orientation (91.2%). Most expressed negative opinions of the "gay community." Growing up, a majority received strong faith-based messages that homosexuality would lead to "Hell and damnation" (68%) as well as to death by AIDS (68%).

Conclusion: Although participants received overwhelmingly negative messages about same-sex sexual behavior from family, community, and religious institutions, most were comfortable with their sexual identity. We observed a significant discordance between the respondents' high level of comfort with their sexuality and negative perceptions of, and lack of connection with, the "gay community." Further research is needed to better understand the factors that account for the resilience of this population and to explore how early messages influence sexual and racial identity development among Black MSM and its relationship to HIV infection.

4. **Use of Complementary and Alternative Medicine in the United States: Another Case of Healthcare Disparities?**

Maria Chao, DrPH, MPA

Introduction: The Institute of Medicine has identified race, ethnicity, socioeconomic position, and acculturation as key dimensions of social disparities in health. Public health studies have examined how these factors are associated with healthcare, focusing primarily on conventional biomedical care. Complementary and alternative medicine (CAM) accounts for the majority of health seeking behaviors, but few studies have examined CAM use across these social dimensions.

Methods: Using data from national surveys, this study explores the effects of race/ethnicity, socioeconomic position (SEP), and acculturation on CAM utilization among multiethnic women.

Results: Minority women were the highest users of specific CAM domains (e.g., medicinal herb use among Mexican American women; acupuncture among Chinese American women). However, for all summary measures (i.e., used at least one type of CAM, professional and non-professional CAM) Non-

Hispanic White women had the highest rates of use. White women used the broadest variety and the greatest number of CAM. Higher SEP was associated with greater CAM use among the population as a whole. However, SEP was not a predictor of CAM use in all racial/ethnic groups (i.e., Chinese Americans and African Americans). Among Mexican- and Chinese-American women, acculturation was not associated with CAM use.

Conclusion: Study findings highlight the complexity of how race/ethnicity interacts with other social factors to affect health behaviors. Social factors differentially predict CAM use among racial/ethnic subpopulations such that utilization disparities are not apparent for all CAM modalities. Overall rates of CAM use, however, suggest a trend towards disparities in CAM utilization.

5. **The Acceptability and Feasibility of Door-to-Door Rapid HIV Testing among Latino Residents in Durham, NC**

Juliana Hammer; Julia Gamble, MPH, FNP; Abigail Zeveloff, MPH; Chris McQuiston, RN, PhD; Arlene Seña, MD, MPH

Introduction: Latino immigrants face unique barriers to clinic-based HIV testing, such as language issues and non-familiarity with local healthcare systems. To reduce these barriers, we assessed the acceptability and feasibility of door-to-door rapid HIV testing among Latinos in Durham, NC.

Methods: We conducted HIV outreaches door-to-door at predominantly Latino apartment complexes in high-risk neighborhoods. Promotores (lay health educators) recruited participants who were at least 18 years of age, not pregnant, and reported no prior HIV test in the previous month. Consenting participants completed a questionnaire regarding HIV risk factors and acceptance of rapid HIV testing. Trained bilingual HIV counselors administered confidential oral-fluid rapid HIV tests and provided pre- and post-test counseling.

Results: Promotores contacted 335 people in 9 apartment complexes. Of these, 58 completed the questionnaire only, and 179 (76% of participants) consented to the questionnaire and rapid HIV test. Based upon 237 completed surveys, participants believed they were at risk for HIV (46%) and reported risk factors including sex with commercial sex workers (42%). However, most had never been tested for HIV (65%). Additionally, participants were unaware of locations providing free HIV testing (57%) or medical assistance (41%). Ninety-two percent of participants preferred rapid over standard HIV testing, while 75% of people favoring rapid testing preferred it offered door-to-door or at community locations.

Conclusion: Community-based rapid HIV testing offered door-to-door mitigates barriers to clinic-based testing and is an acceptable and feasible strategy for screening Latino immigrants with high-risk sexual behaviors who may have limited access to healthcare.

6. **Prevention of Heat Stroke Fatalities on N.C. Farms** *Regina Cullen Luginbuhl, MS*

Introduction: In 2005, four agricultural workers died from heat stroke in N.C. Three of the four were here on the guest worker program (H-2A) and came with visas, passports, and permission to work on N.C. farms. In 2006, three agricultural workers died from heat stroke in N.C. Of these, one was a guest worker.

Poster Abstracts (CONTINUED)

Methods: How does a preventable illness - heat stress - escalate into heat stroke and death? What steps are being taken on N.C. farms to prevent heat stroke? The N.C. Department of Labor conducted a survey in 2007 involving over 1,000 growers who register migrant farmworker housing in accordance with the Migrant Housing Act of N.C. (N.C. General Statutes 95-222 through 95-229). A total of 362 surveys were returned completed.

Results: Growers also suffered from heat stress. 45% or 165 respondents indicated that they, the grower, had experienced heat stress or heat stroke, either while doing farm work or in a non-farm activity. In spite of this, 79% (267) felt that their workers knew what to do if a heat emergency occurred.

Conclusion: Educational programs should address all aspects of heat stress, including causes, symptoms and prevention. Education on the recognition of heat stress, heat stroke, should involve both grower and farmworker. As a result of this survey, a Spanish/English language DVD on the recognition and prevention of heat stroke was produced.

7. **Effects of Early Childhood Lead Exposure on Elementary School Test Performance**

Dohyeong Kim, PhD; Lynn Miranda, PhD; Jerome Reiter, PhD; Andy Hull, BS; S. Philip Morgan, PhD

Introduction: Research has long linked childhood lead exposure to deficits in neurocognitive function, with increasing evidence of negative impacts at blood lead levels well below the CDC action level. This study determines whether different exposures to lead contribute to the achievement gap between blacks and whites; and whether the effect of lead on educational achievement demonstrates a threshold effect.

Methods: We linked lead surveillance and early end of grade testing data for children in NC. We used multivariate regression analysis to examine the correlation of lead exposure with reading and math scores for the 100 counties in NC. Quantile regression was used to determine whether the impact of lead differed across the distribution of test scores. Average blood lead levels among students designated as "exceptional children" were tested for statistical differences.

Results: Lead exposure demonstrated a dose-response impact on reading and math scores, with no demonstrable threshold effect. The impact of lead exposure was greater and more highly variable at the low end of the distribution of math and reading scores. Children with learning and behavioral disorders had higher early childhood blood lead levels.

Conclusion: A blood lead level of 5 ug/dL (half the current CDC action level) has roughly the same impact on reading and math scores as participation in the free and reduced lunch program, a classic poverty indicator. The effects were more significant at the low end of the distribution of math and reading scores. Accounting for early childhood lead exposure attenuates, in part, the black-white achievement gap in test scores.

8. Pathways from Acculturation Stress to Substance Use for Latino Adolescents

Rachel L. Buchanan, MSW; Paul R. Smokowski, PhD

Introduction: Latinos are one of the largest growing groups in the United States. Large percentages of this population are under the age of 19 and have emigrated from Latin American countries. The stress associated with acculturating to another culture, in combination with the alarming rates of substance use among Latino adolescents, indicates a great need to understand the relationship between these two conditions. While there has been some research on the associations between acculturation stress and substance use among Latino adolescents, the results have been inconsistent and lack consideration of both family and peer relationships along with adolescent mental health outcomes. This research serves as an initial step into understanding these complex associations.

Methods: This study is part of the larger Latino Acculturation and Health Project; a longitudinal study of the acculturation experiences of Latino families in North Carolina and Arizona. The study sample consists of 286 adolescents; 66% were born in a Latin American country. Path analysis using AMOS 7.0 was conducted.

Results: Results of the path analysis revealed several significant effects with evidence of single, double, triple, quadruple, and even quintuple mediation. This suggests there are several factors that influence the association between acculturation stress and substance use for Latino adolescents.

Conclusions: The association between acculturation stress and substance use is complex. While adolescent mental health outcomes directly affect substance use, family and peer relationships are important mediators between acculturation stress and these direct effects. Further research is warranted to explore these associations in more detail.

9. Accessing Health Care among Vulnerable Populations in Southern Arizona: Developing a Policy Media Toolkit

Lorraine Navarrete

Introduction: Arizona is rapidly growing due to a large influx of immigrants. Regardless of citizen or immigrant status, these populations have encountered political opposition resulting in legislation excluding them from different types of social services. Understanding how these laws impact the well-being of the population is a role the public health field has taken on. Public health workers must be educated and informed of bills in consideration and recently enacted laws affecting the populations they serve.

Methods: The purpose of this project is to educate the public health workforce and health care providers about policies affecting all immigrants. Specific aims include informing all health departments within each of the fifteen counties in Arizona about the facts and myths of state laws pertaining to all immigrants; including laws related to health care, education, financial assistance, and employment.

Five focus groups will be conducted in communities along the southern border, made up of five community members and two public health officials. A focus group with officials from the Arizona Department of Health Services will also be conducted. The final product will be a policy media toolkit to be disseminated to county health departments and other community organizations as a means to inform the populations they serve about state policies.

Poster Abstracts (CONTINUED)

Results and Conclusion: At this time, the focus groups have not been conducted. They will begin in February 2008 and conclude in March 2008. Once all of them have been conducted, all data will be analyzed to begin development of the toolkit.

10. How Public Health is Impacted at the U.S.-Mexico Border

Sara Shuman

Introduction: The U.S. has witnessed an increase in legislation to curb undocumented migration, which has led to increased militarization at the U.S.-Mexico border. This militarization has produced a “funnel effect” forcing immigrants to cross harsh desert regions, resulting in over 2,000 deaths since 1994. Immigration is often discussed in a limited political context, rarely considering outcomes, such as deaths along the U.S.-Mexico border.

Methods: The Global Health Alliance (GHA), a student organization, organized a symposium in February 2007 to recognize deaths at the U.S.-Mexico border as a public health crisis. A diverse panel of experts, faculty, and students gathered to discuss the hazards of border crossing and the impact of border deaths in communities.

Results: Main outcomes of the symposium included: 1.) The need to address the root causes of immigration; 2.) Recognizing that border security and immigration policies influence border deaths; and 3.) Encouraging a human-rights based approach to address migration and border deaths.

The GHA crafted a position statement on border deaths and presented it to border organizations, including the U.S.-Mexico Border Commission. GHA also presented the statement to student organizations, academic professionals, staff, and faculty at the College.

Conclusion: This process highlights the importance of recognizing the role of student organizations in mobilizing universities to address critical issues in their own communities. Universities and colleges must have a process in place to manage emerging issues recognized by students, faculty, and staff.

11. “Get Real Get Tested” North Carolina’s Statewide HIV Testing Campaign

Bernard Davis, BS; Constance Jones, BS; Holly Watkins, BS

Introduction: In recent years, North Carolina has averaged about 1,800 new HIV reports annually, which is up from the number of cases reported in the late 1990s. Approximately 67% of all HIV/AIDS cases reported in North Carolina are among African Americans. Many of the individuals affected do not have access to transportation and are in poor, rural communities. These factors indicate the need for increased HIV testing, education and early referral to care in North Carolina.

Method: A targeted outreach campaign was conducted throughout the state. Partnering with local community based organizations and local health departments; the HIV/STD Prevention and Care Branch selected several different communities in the state, based on reported morbidity rates.

Results: The targeted outreach campaign went to 11 locales across North Carolina. The first event was held in Fayetteville in December 2006 and the final event was held in Charlotte in October 2007.

2,248 people were tested during the 2006-2007 Get Real, Get Tested events. Of the 2,248 people tested, we identified 27 people who tested positive for the HIV-1 antibody and 23 people who tested positive for syphilis.

Conclusions: This campaign taught us valuable lessons, including the importance of going into neighborhoods and testing door-to-door. Since lack of transportation can make it difficult or impossible for some people to be tested at specific locations, they appreciate having testing and education brought to them. We found that people were very responsive and willing to be tested.

12. **Violence: Where are We Heading? What Can We Do? A Significant Public Health Matter.**

Shveta Sanghani, PhD, MPH; Samah Arsanious, BA, MPH; Melissa Myers, BS, MPH; Tracy Frost, BS, MPH; Stephanie Do, BS, MPH; Patti Herring, PhD, RN; Elizabeth Holzhauser, MPH

Introduction: Violence is escalating in the city of San Bernardino, in Southern CA affecting significant physical, emotional, social, and economic consequences. A regional advocacy group for violence prevention conferred a D grade to San Bernardino City for interventions with youth violence.

Methods: As part of the efforts to curve the problem a needs assessment was conducted in the area which is known to hold the city's worst crime rate. Ten key informant interviews, one confirmatory focus group, and ethnographic observations were performed. The Theory of Planned Behavior was used as the over-arching guide for data collection and the data were coded and analyzed using the grounded theory approach.

Results: The emerging themes revealed a massive mistrust, enormous fear, lack of communication, and misunderstanding between the community and local law enforcement. Other unique factors that were found to contribute to this violence included family's socio-economic status, lack of parental and spiritual guidance, and mostly importantly, immense influences of the media.

Conclusion: Accordingly, a pilot program was developed promoting parental awareness and participation in violence prevention behaviors including getting their children involved in after-school programs, and family relationship and communication building. Additionally, a community welfare workshop was initiated for face-to-face interaction between community residents and the police for relationship and trust building. During and after implementation, the program was evaluated (process & impact) for program improvement and sustainability.

13. **Mothers' Perception about Weight Status of Children with Mental Retardation**

Yeongmi Ha

Introduction: Although obesity rate among persons with mental retardation (MR) is highly greater than that of general population, little is known about overweight children with MR and overweight risk factors regarding weight perception. Therefore, the purpose of this study is to identify the relationship between mothers' perception about their children's weight status and BMI of children with MR in Korea.

Poster Abstracts (CONTINUED)

Methods: During 2005, participants were recruited from five public special schools in Korea. Participants were mothers who had a child with MR, aged between 8-18 years. Children with MR had no genetic syndrome such as Down syndrome. The self-administered questionnaire was collected from 193 mothers with 74.2% response rate. Mothers' weight perception about their children was compared with BMI of children with MR. Frequency and Cochran-Mantel-Haenszel Chi-square was performed.

Results: Mothers' perception about their children's weight status and actual weight (BMI) were significantly correlated ($p < 0.0001$). For underweight children with MR, only 57% of mothers accurately perceived that their children were thin, the rest of mothers misperceived their children's weight as normal. For normal weight children with MR, about 62% of mothers perceived their children's body weight was normal, but nearly 24% of mothers misperceived that their children were fat. For overweight children with MR, 86% of mothers correctly perceived. There were significant associations for participation of future weight management program ($p < 0.0001$).

Conclusion: Weight perception is an important factor to be targeted in a weight intervention study, especially among mothers with mentally retarded children. Of particular note is that overall 32% of mothers perceived incorrectly about their children's weight status.

14. **Racial/Ethnic Disparities in Asthma among Adults in North Carolina**

Winston C. Liao, MPH; Robert L. Woldman, MA; Caroline P. Chappell, MPA; Matthew R. Avery, MA

Introduction: Recent data on the burden of asthma in North Carolina show that racial/ethnic minorities are disproportionately affected by asthma. This study investigates the disparities between whites, African Americans (AAs), Native Americans (NAs), and Hispanics with respect to asthma prevalence and mortality, and selected asthma-related behaviors.

Methods: We analyzed asthma data from the North Carolina Behavioral Risk Factor Surveillance System for 2005 and 2006 to investigate differences in lifetime prevalence, current prevalence, asthma episodes, inhaler use, asthma medication use, emergency department (ED) visits, and healthcare provider visits between the four racial/ethnic groups of asthmatic adults. Logistic regression models were used to test the significance of these differences between whites and the three non-white groups. Vital statistics from 1999-2006 were used to determine differences in mortality due to asthma.

Results: Native Americans had the highest rates for lifetime and current prevalences, asthma episodes, inhaler use, and asthma medication use, while African Americans had the highest rates for ED and healthcare provider visits. Significant differences between whites and the minority groups were found for: lifetime and current asthma prevalences (all minority groups), asthma episodes (AAs only), inhaler use (NAs only), ED visits (AAs only), and healthcare provider visits (AAs only). Asthma-related mortality rates were highest among African Americans, followed by American Indians, and whites.

Conclusion: Racial/ethnic disparities are notable with respect to asthma prevalence and asthma-related behaviors among adults in North Carolina. Cultural, demographic, environmental, and access to health care issues play important roles for these disparities.

15. **An African American and Latino Male Lay Health Advisor (LHA) Program: Examining Impact of LHA and Relationship Characteristics on Healthcare Utilization**

Anh N. Tran, PhD(c) MPH; Eugenia Eng, DrPH, MPH

Introduction: Men of color in the US experience poor health outcomes and significant barriers to healthcare. Lay Health Advisor (LHA) programs can potentially reduce men's health disparities. One reason, however, for few male LHA programs may be the lack of understanding about the functional aspects of male friendships - how they relate to and influence each other in behavior change.

Methods: This study analyzed data from an African American and Latino male LHA intervention program (MAN For Health) aimed at improving men's (Confidants') preventive health behaviors. This study examines the effects of (a) Confidant-LHA structural relationship characteristics and (b) LHA healthcare visits on Confidant healthcare visits in past six months. Confidant-LHA relationship characteristics included closeness, diversity, length, and interaction frequency. Healthcare visits were with a healthcare provider for checkup and/or screening tests. We also examined Confidant and LHA demographic covariates. Data included baseline and six-month questionnaires from 227 African American and Latino men in North Carolina. Data was analyzed using generalized hierarchical linear regression models.

Results: Confidant age and baseline healthcare visits were positively associated with six-month Confidant healthcare visits ($p < .05$). Furthermore, an interaction effect existed between LHA healthcare visits and Confidant closeness to LHA ($p < .05$). The closer Confidants felt to LHAs, the stronger the positive effect between LHA and Confidant healthcare visits.

Conclusion: The results support examining further, within male LHA programs, LHA and relationship characteristic effects on Confidant health outcomes. This information can help develop more effective Confidant-LHA dyad profiles to improve health outcomes for men of color.

16. **Breaking the Cycle: Poverty, Incarceration, and Sexually Transmitted Infections in North Carolina**
Kimberly A. Porter; Brooke A. Levandowski, MPA; Elizabeth A. Torrone, MSPH; Malika Roman Isler, MPH; James C. Thomas, MPH, Ph.D.

Introduction: Structural violence, or violence purveyed by a "faceless entity" such as an institution, creates linkages to construct a cycle of poverty, incarceration and sexually transmitted infections (STIs). Using examples from North Carolina (NC) at individual, partnership, community and county levels, we examine specific pathways by which structural violence is enacted.

Methods: We use mixed methodology to provide empirical evidence supporting the links between poverty, incarceration and STIs. We highlight data from all NC county health departments and ethnographic interviews with 14 ex-offenders and 10 female partners of ex-offenders. We present quantitative findings from analyses of data from the US Census and NC Departments of Health and Corrections and offer recommendations for interventions to minimize the effects of structural violence on STI transmission.

Results: Structural violence is evident at each examined level in NC: through the justice system in terms of racially disparate sentencing laws; the effect on the community by high rates of incarceration; insufficient STI services in the correctional system; and reduced employment opportunities for ex-felons.

Poster Abstracts (CONTINUED)

Conclusion: The cycle of poverty, incarceration and STI transmission is driven by societal structures. Root causes of poverty must be addressed through systemic change such as improving educational and economic opportunities at the community level to provide viable alternatives to illegal activities. Increased STI services in correctional facilities will help curb the cycle of STI transmission in the community upon release of incarcerated individuals. Such interventions are concrete examples of ways that work to disrupt this cycle and break down these structures.

17. Asthma and Birth Outcomes Disparities among Racial Groups

Nathalie S. Sims, MSW Candidate; Kim D. Jaffee, PHD, MSW; Sandra Lane, MPH, PhD

Introduction: Healthy People 2010 goals seek to eliminate birth outcome disparities. Poor minority neighborhoods face environmental risks that increase the rates of chronic illnesses such as hypertension, diabetes, and asthma. Maternal asthma is associated with preterm birth and low birthweight. Disparities in asthma rates between blacks and whites are particularly troubling and may have an impact on birth outcome disparities. The objective of this study was to: determine the prevalence of asthma in child-bearing women by race and ethnicity; determine the relationship between lung disease and other medical risk factors; and examine the association between low birthweight and lung disease by race/ethnicity.

Methods: Frequency distributions and bivariate analyses were used to analyze the 1996- 2003 Central New York Perinatal Dataset.

Results: Of the 24,242 women who gave birth, 60.7% were White, while 28.1% were Black, and 4.9% were Hispanic. Hispanic women had the highest rate of Lung Disease (12.1%) compared to Blacks (8.5%) and Whites (9.0%). However, the difference in the low birthweight rate for Blacks with lung disease compared to those without lung disease (15.8% and 13.2, respectively) was significantly higher than for Whites (7.9% and 7.0%, respectively).

Conclusion: Lung disease in Central New York was found to have more critical implications for minority women. Compared with Whites, Black women had more negative birth outcomes due to lung disease. Viewing asthma and birth outcomes within a political and social context sheds light on the need for structural changes as well as improvement in asthma detection and access to treatment.

18. Superwoman Schema and Emotional Suppression in African American Women: A Preliminary Examination of the Contribution of Cultural, Historical, and Interpersonal Phenomena to Current Mental and Physical Health Disparities

Cheryl Woods-Giscombe, PhD, RN

Introduction: Superwoman Schema (SWS) in African American women involves feeling obligated to remain silent about feelings of stress or vulnerability in order to project an image of strength. This method of responding to stress may be detrimental to the health of African American women as a result of increased psychological distress, heightened physiological stress responses, or the use of maladaptive coping behaviors (e.g., stress-related overeating) to manage the circumstances that are hidden from others or internalized. In order to determine how SWS relates to negative psychological and physiological health outcomes, more effort needs to be placed on clearly conceptualizing this phenomenon.

Methods: Eight qualitative focus groups were conducted using a purposively-selected, demographically diverse sample of African American women to identify critical components and important contextual elements (e.g., sociocultural, historical, economic, generational) of SWS. Data was analyzed using analytic induction and grounded theory methods.

Results: A preliminary multidimensional structure of SWS was identified. In addition antecedents, interpersonal motivations, and health behaviors associated with SWS were identified. Cultural, sociohistorical, and interpersonal events and phenomena contributed to endorsement of SWS ideology, including emotional suppression. The conceptual data generated from this research has led to the preliminary development of a conceptual framework and instrument to measure SWS.

Conclusion: SWS appears to play an important role in African American women's risk for adverse mental and physical health outcomes. The results of this study and further empirical research can advance understanding of the development of disparate health conditions among African American women.

19. Disparities in Neighborhood Environment and Differential Relationships with Physical Activity by Race and Income: The CARDIA Study

Janne Boone

Introduction: Disparities in amenities are hypothesized to contribute to health disparities. Neighborhood safety is often ignored; the association between neighborhood amenities and physical activity (PA) may differ across sociodemographic groups and after accounting for neighborhood safety.

Methods: Black and white adults 38-50 years in 2005-06 (n=3,549) of the Coronary Artery Risk Development in Young Adults (CARDIA) study were analyzed. Logistic models compared perceived neighborhood characteristics across race-income tertiles, adjusting for age, sex, education, and study center, with and without accounting for perceived safety. Associations were recalculated for perceived amenities in safe neighborhoods (where exercising outdoors was not affected by crime or unleashed dogs). Logistic models compared self-reported outdoor PA (any running, biking, walking) with perceived neighborhood characteristics, controlling for sociodemographics.

Results: Perceived neighborhood exercise facilities, parks, sidewalks, and paths were more common in low and high income blacks and low income whites compared to high income whites [ORadj (95% CI) e.g, low income blacks: 2.12 (1.48, 3.03) for parks, 5.85 (4.07, 8.41) for sidewalks]. Associations for "safe" amenities were attenuated or negative [e.g, low income blacks: 0.70 (0.53, 0.93) for parks, 1.33 (1.01, 1.74) for sidewalks]. "Safe" sidewalks were associated with PA across race and income [1.39 (1.03, 1.86)]; "safe" paths were associated with PA only in low income groups [Whites: 1.48 (1.01, 2.17), Blacks: 2.56 (1.54, 4.26)].

Conclusion: Accounting for neighborhood safety may be important when examining disparities in neighborhood amenities. Association between perceived amenities and physical activity may be differential across population subgroups.

Poster Abstracts (CONTINUED)

20. **Relationship of Neighborhood and Individual Socioeconomic Characteristics to Type 2 Diabetes in African Americans. The Atherosclerosis Risk in Communities Study, 1987-1998**
Seronda Jackson

Introduction: While the association of socioeconomic status with diabetes is not clearly understood, the greatest excess prevalence of type 2 diabetes among African Americans has been found in individuals with lower socioeconomic status. In this study we investigated the independent and interactive effects of individual socioeconomic factors and neighborhood socioeconomic characteristics on diabetes.

Methods: The study consisted of 2,569 middle-aged African American participants (875 men, 1,694 women) in the Atherosclerosis Risk in Communities (ARIC) study from Jackson, MS. A summary score for neighborhood characteristics was constructed from indicators of wealth, income, education, and occupation from the 1990 U.S. Census using census tracts as neighborhood proxies. Age-adjusted multilevel models included neighborhood characteristics and individual-level indicators (household income, education, and occupation).

Results: There was a statistically significant difference in type 2 diabetes prevalence between the highest and lowest levels of all indicators for all African Americans. Proportions ranged from 13 to 22 percent for income and education and from 13 to 31 percent for occupation. For men there was no obvious linear pattern of association between neighborhood socioeconomic status and the incidence of diabetes. The highest rate (50.6 per 1,000 person-years) was found in the middle tertile of neighborhood socioeconomic characteristics. For women the incidence of diabetes was inversely associated with neighborhood disadvantage. Rates increased from 43.2 in the lowest tertile to 51.4 in the highest SEC tertile.

Conclusions: While individual-level socioeconomic indicators generally were associated with diabetes, living in disadvantaged neighborhoods was not consistently associated with increased diabetes.

21. **Exploring Selected Social Facilitators of Condom Use and HIV Testing among Sexually Active Black Males in Fulton County, Georgia.**

Warner L. McGee BA, David J. Malebranche MD MPH, Kisha Braithwaite PhD, Thisin Jackson

Introduction: Much of the focus of HIV prevention within the Black community in the U.S. has been with women and men who have sex with men. Even still these studies explore the barriers associated with HIV testing and Condom use. As a result intervention strategies reflect the deficit model and few studies focus on the Asset Mapping approach. This study explored how gender roles, spirituality, and racial identity influence HIV testing and condom use practices among sexually active Black Males in Fulton, County Georgia. There is little knowledge about facilitators among young black males and this information proves useful in developing intervention and prevention programs geared towards increasing condom use and HIV testing among young Black males.

Methods: 20 Black males ages 18-24 participated in face to face in depth interviews. Selected facilitators included: lived experiences, racial identity, Gender Roles, and Spirituality.

Results: Positive definitions of manhood, strong spiritual beliefs, positive racial identity, and peer relationships were identified as major factors in the sexual script development of the young men and consequently influenced condom use and HIV testing practices.

Conclusion: It is evident that social and lived experiences of these young men play a major role in their sexual decision making. More research is needed to identify other facilitators.

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