

CONFERENCE SCHEDULE

The 29th Annual Minority Health Conference | February 29, 2008

08:00 – 09:00 AM

Registration

09:00 – 09:30 PM

Opening Remarks

09:30 – 10:30 AM

Keynote Speaker

Nancy Krieger

10:30 – 10:45 AM

Break

10:45 – 11:45 AM

Morning Concurrent Sessions

ENVIRONMENTAL INEQUALITIES: Robert Campbell and Omega Wilson

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, limited access to safe water or poor sanitation. This exacerbates existing racial and socioeconomic inequalities.

DISASTER PREPAREDNESS AND RECOVERY: Danielle Spurlock

Preparation and Recovery in the Wake of Natural Disasters The devastation that follows natural disasters is not limited to the fierce winds and heavy rains that impact a region, but also includes our preparedness and ability to respond to disaster. The response to such a crisis highlights the difficulties that members of socially vulnerable populations must overcome. In our nation's history there have been many instances in which a poorer region suffered greatly due to flaws and inequities within our federal, state and local governments. The devastating effects as a result were widespread, affecting not just individuals but the economy and environment as well. Lessons learned from these events can help prevent similar catastrophes from happening in the future.

MASS MEDIA AND MINORITY HEALTH: Carla Stokes

Mass media and popular entertainment are increasingly used to convey health information and can shape public perceptions and health practices. These communication channels are well-positioned to be valuable resources in helping eliminate health disparities if health messages and materials are culturally appropriate for the populations they serve. This session will focus on media resources and outlets to promote healthy lifestyles and help eliminate health disparities among minority communities.

COMMUNITY DETERMINANTS OF HEALTH: Sacoby Wilson

Social and environmental factors act as constraints that shape how new conditions emerge as ecologic salutogens (factors that support health) or

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ecologic pathogens (factors that create negative health outcomes). This session will focus on research which uses GIS to measure the contribution of ecologic features of the built and social environments to population health and health disparities. This research 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.

IMMIGRANT HEALTH: Steve Davis

North Carolina has the fastest growing Latino population in the country. According to the US Census, the Latino population in North Carolina has grown 394%, from 76,726 in 1990 to 378,963 in 2000. Latinos now make up 7% of the North Carolina population. 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."

11:45 AM – 12:15 PM

Networking/Poster Session

12:15 – 01:30 PM

Lunch

01:30 – 02:30 PM

Afternoon Concurrent Sessions

CANCER DISPARITIES: Jessie Satia

Racial disparities exist on all levels of the cancer prevention-treatment spectrum. Debate exists over which factors are most responsible for differences in rates of cancer incidence and mortality across races. Cancer screening and early detection have the potential to save lives, but there is poor compliance with screening guidelines. Cultural and medical barriers contribute to lower rates among minorities. Differences in use and recommendation of cancer treatment options also contribute to unequal rates of survival. This session will explore why higher mortality rates persist even in the presence of equal access and equal care.

HEALTHCARE ACCESS: Jeffery Simms

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 highlight what health advocates can do to create and sustain the political will for meaningful healthcare reform.

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SCHOOL-BASED HEALTH CENTERS: Leslie Morris

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.

HEALTH COMMUNICATION: Vivian Hampton and Pamela Hunter

There is a long history of unequal treatment, misunderstanding, and misinformation that affect minorities' relationships with their health care providers and the health care system as a whole. This often unconscious bias affects patient-provider communication, and ultimately affects a patient's treatment. Improving the patient doctor relationship has the ability to increase compliance with medical treatment and recommendations and ultimately bolster health outcomes.

EMPOWERMENT AND HEALTH: Geni Eng and Nettie Coad

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.

2:30 – 2:45 PM

Poster Session | Break

2:45 – 4:15 PM

Afternoon Interactive Sessions

COMMUNITY HEALING THROUGH YOUTH EMPOWERMENT: AN ASSET-ORIENTED APPROACH TOWARD HEALTH: Anthony Fleg et al.

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

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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. Then, we will hear from three communities that have recognized the asset of their youth, creating programs for youth to lead in service and health-related projects to better the community:

- 1) The Coharie American Indian Tribe and their youth group that educates about the harmful effects of smoking.
- 2) The Northside Community of Chapel Hill and their youth group that promotes healthy living.
- 3) El Palante, a Latino organization that gives youth an outlet to serve and lead through the production of a radio show.

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.

4:15 – 4:30

Concluding Remarks