

30th Annual
**MINORITY HEALTH
CONFERENCE**

Our World, Our Community: Building Bridges for Health Equality



FEBRUARY 27, 2009

The William and Ida Friday
Continuing Education Center
Chapel Hill, NC

Featuring
The 11th Annual William T. Small, Jr.
Keynote Lecture by
Barbara Wallace, Ph.D.

Presented by
Minority Student Caucus
UNC Gillings School of Global Public Health
Minority Health Project
North Carolina Institute for Public Health



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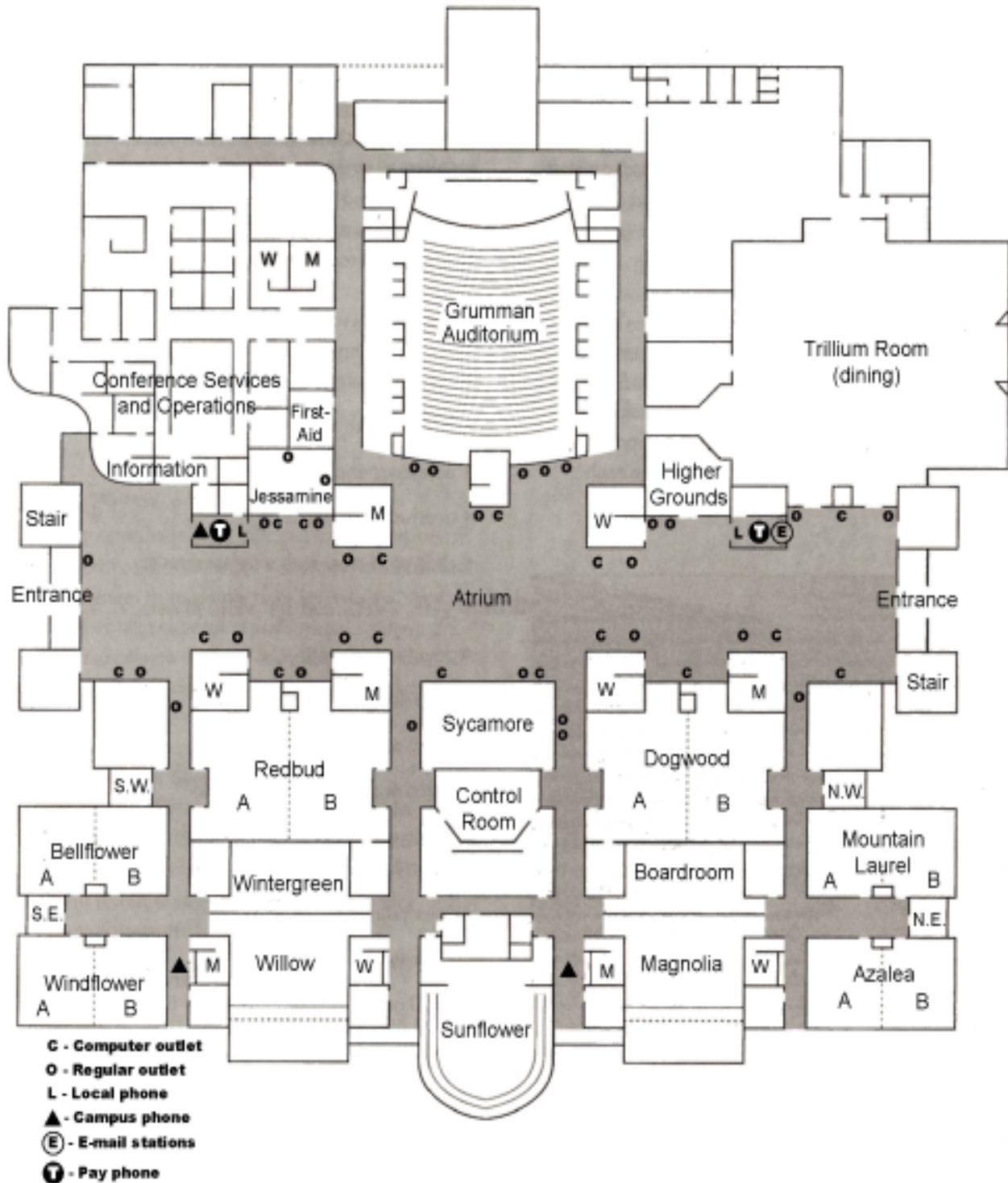
UNC
INSTITUTE FOR GLOBAL HEALTH
& INFECTIOUS DISEASES

MSC
MINORITY STUDENT CAUCUS

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



Floor Plan

The William and Ida Friday Center for Continuing Education

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Welcome to the 30th Annual Minority Health Conference!

On behalf of the Minority Health Conference Planning committee, the Minority Student Caucus, and the UNC Gillings School of Global Public Health, we would like to welcome you to our 30th Annual Minority Health Conference. This year's conference marks a significant milestone as it represents 30 years of continued determination, success, and commitment of the Carolina community to the important issues of minority health and health disparities. The theme of this year's conference, *"Our World, Our Community: Building Bridges for Health Equality,"* was chosen in part to align with the name change of the UNC School of Public Health to the UNC Gillings School of Global Public Health. We wanted to provide a forum where we can challenge one another to think about global health from an inclusive perspective that includes the health interests of people domestically AND internationally and to highlight and build on the similarities that exist with respect to minority health and health disparities regardless of where we choose to do our work. Working towards health equality necessitates a focus that is not bounded by borders, a focus that does not halt because of oceans separating people, a focus that includes the health of all people.

We are so grateful that you chose to participate in our conference this year and hope that you leave with increased knowledge from our keynote lecture, breakout and poster sessions, expanded networks as we socialize and talk with one another, and increased ability to make change happen from learning effective and efficient ways to advocate for the health issues you care most about through participation in the Advocacy Workshop with CARE, USA.

We would like to extend a welcome to our five partner conferences that will be sharing the same keynote lecture and organizing events in their local area. Our partner conferences this year are with the following groups: the Minority Students for the Advancement of Public Health (MSAPH) at the University of Illinois, Chicago, the Public Health Alliance for Minorities (PHAM) at Boston University School of Public Health, the Society of Young Black Public Health Professionals at Tulane University School of Public Health, the Students of Color for Public Health (SCPH) at the University of California, Los Angeles, and the Multicultural Student Organization at the University of California, Berkeley.

We were privileged to work with an enthusiastic, thorough, and determined planning committee this year, and we are truly thankful for the time and effort they have put into making this conference happen. Your dedication and contributions to this conference are a testament to the exceptional quality of work that students can produce. We would also like to personally thank our sponsors for their support and generosity through their contributions and donations. Finally, we would like to extend a special thank you to our faculty and staff advisors, Dr. Victor Schoenbach, Dean Felicia Mebane, Ms. Chandra Caldwell, Dr. Steve Hicks, and Ms. Kathy Sprinkle 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, appearing to read 'Step L Baker', written over a light blue rectangular background.

Stephanie Baker, MS, PT
Conference Co-chair
Doctoral Student, Health Behavior and Health Education
sbaker@unc.edu

A handwritten signature in black ink, appearing to read 'Kevin Wu', written over a light blue rectangular background.

Kevin Wu
Conference Co-chair
Master's Student, Health Behavior and Health Education
kjwu@email.unc.edu

30th Annual Minority Health Conference Staff

Our World, Our Community: Building Bridges for Health Equality

2008-2009 Planning Committee

Conference Co-Chairs

Stephanie Baker Health Behavior and Health Education
Kevin Wu Health Behavior and Health Education

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Lucia Leone Nutrition
Joy Messenger Health Behavior and Health Education
Thu Nguyen Epidemiology
Ebun Odeneye Health Behavior and Health Education
Marissa Sheldon Health Behavior and Health Education
Justin Smith Health Behavior and Health Education

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Danielle Huff Nutrition
Jessica Johnson Pharmacy
Lillianne Lewis Maternal and Child Health
Nicole Taylor UNC ECHO Program
Sratu Usman-Oyowe Maternal and Child Health

Conference Graphic Designer

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Che Smith Biostatistics

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Jessica Izquierdo Health Behavior and Health Education
Allie Lieberman Health Behavior and Health Education
Kennedy Maring Health Behavior and Health Education
Marissa Sheldon Health Behavior and Health Education

30th Anniversary Reception Committee

Yasmin Cole-Lewis Health Behavior and Health Education
Christian Douglas Biostatistics
Alrick Edwards Health Behavior and Health Education

Day of Conference Volunteers

Laurie Abler Health Behavior and Health Education
Rebecca Cashman Health Behavior and Health Education
Taurus Davis North Carolina Central University
May May Leung Nutrition
Brittany McPhatter Anthropology
Serene Myers Health Behavior and Health Education
Monique Smith Health Policy and Management

UNC Gillings School of Global Public Health Advisors

Felicia Mebane Dean for Students
Victor Schoenbach Minority Health Project
Chandra Caldwell Staff Advisor, Minority Student Caucus

NC Institute for Public Health Advisors

Steve Hicks Director, Office of Continuing Education
Kathy Sprinkle MHC Program Coordinator
Beverly Holt Marketing Director

Italics denotes Subcommittee Chair/Co-chair

Conference at a Glance

TIME	EVENT	ROOM
8:00 am	REGISTRATION/ CONTINENTAL BREAKFAST	Central Atrium
9:00 am	INTRODUCTIONS & WELCOME	Grumman
9:30 am	11 th ANNUAL WILLIAM T. SMALL, Jr. KEYNOTE LECTURE	Grumman
10:45 am	MORNING CONCURRENT SESSIONS (A1) Social Policies and Health (A2) Ethical Issues in Research (A3) Urban and Rural Health Programs (A4) The HPV Vaccine: Considering Context (A5) Cultural Issues Surrounding Mental Health	Redbud Bellflower Dogwood Mount Laurel Windflower
11:55 am	EXHIBITS and POSTER SESSION	
12:15 pm	LUNCH	Trillium Room
1:30 pm	AFTERNOON CONCURRENT SESSIONS (B1) International Research Partnerships (B2) Migrant Farmworker Health (B3) LGBTQ Health (B4) Environment, Disasters, and Health Disparities (B5) The Cost of a Public Health Infrastructure for Delivering Parenting and Family Support	Bellflower Mount Laurel Windflower Redbud Dogwood
2:45 pm	EXHIBITS AND POSTER SESSION	
3:00 pm	AFTERNOON INTERACTIVE SESSIONS (C1) CARE USA Advocacy Workshop (C2) Voices of the Tuskegee Study	Grumman Redbud
4:30 pm	CONFERENCE ADJOURNS	

Thank you attending the 2009 Minority Health Conference! We hope you enjoyed your time and will leave the meeting with new ideas for your work and renewed enthusiasm for addressing health disparities. In the next few hours, you will be receiving a brief evaluation survey by email. Please take a few minutes to tell us about your experience. Your participation in the evaluation will help us in planning next year's meeting. Your name and e-mail address will not be shared with any outside individuals or organizations.

Agenda

8:00 am **Registration/Continental Breakfast**
Central Atrium

9:00 am **Introductions and Welcome**
Grumman Auditorium

Barbara K. Rimer, DrPH
Dean
UNC Gillings School of Global Public Health

Archie W. Ervin, PhD
Associate Provost for Diversity and Multicultural Affairs
UNC at Chapel Hill

Moderator: Kevin Wu
Conference Co-chair
Masters Candidate
Health Behavior and Health Education
UNC Gillings School of Global Public Health

9:30 am **11th Annual William T. Small, Jr. Keynote Lecture**
Grumman Auditorium

Barbara C. Wallace, PhD
Professor of Health Education
Teachers College, Columbia University

Moderator: Stephanie Baker
Conference Co-chair
Doctoral Student
Health Behavior and Health Education
UNC Gillings School of Global Public Health

11th Annual William T. Small, Jr. Keynote Lecture

Our World, Our Community: Building Bridges for Health Equality by Barbara Wallace, PhD

We live interdependently within a global community, in which what affects one affects all. “Building bridges”, by creating partnerships, linkages, collaborations, and alliances among individuals, faith groups, community organizations, not-for-profits, foundations, educational institutions, agencies, neighborhoods, states, nations, countries, continents and combinations of these, is therefore vital to achieving health equality. These relationships and other practical, tangible steps are the appropriate response to the call for a global civil rights and social justice movement to bring about health for all. There is, moreover, a contemporary imperative for all human beings to engage in concrete acts of service for the sake of a humanity that is greater than any individual self, as an essential part of what it means to participate in this global movement for health equity. Framing the movement in these terms expands our national discourse on health disparities in the U.S. into a global conversation about equity in health, and shifts the focus from what we do not want (health disparities) to the real objective (health equity). One outcome is a new, transdisciplinary field of equity in health, codified in 13 guiding principles.

Although health for all is not a new goal, it is becoming increasingly within reach. The rapid development and proliferation of computers, the Internet, and the World Wide Web is helping to create a true global community, building bridges among various components of this community, and sustaining the global civil rights and social justice movement for equity in health. Several key concepts underlie the ability of these technological advances to serve this movement effectively: a broad definition of health, empowerment, self-determination and collective action to achieve a community's vision of health, and sustainability. These concepts can be applied to training community-based peer educators and community health workers, and using online and distance education models to permit a global reach. The task of ensuring the delivery of culturally and linguistically appropriate health education, health promotion, and disease prevention is underscored, as well as the role of training to ensure cultural competence among service providers, researchers, and educators. Finally, the keynote address will highlight the role of research and evaluation of prevention, intervention and treatment models to determine "what works," in order to establish menus of evidence-based options.

An archived webcast of the Keynote Lecture will be available at: <http://www.minority.unc.edu/sph/minconf/2009>

11th Annual William T. Small, Jr. Keynote Lecture

Keynote Speaker Biography



Barbara Wallace is a New York State Licensed Psychologist and a Professor of Health Education in the Department of Health and Behavior Studies at Teachers College, Columbia University. Dr. Wallace is Director of the Research Group on Disparities in Health (RGDH), the sponsor of the national March event--the Annual Health Disparities Conference at Teachers College, Columbia University. In addition, Dr. Wallace is Director of Global HELP - Health Education Leadership Program, an Internet-based venture for disseminating curriculum to train peer educators and community health workers, thereby building capacity in communities around the globe, while specializing in culturally appropriate HIV/AIDS peer education training.

Her research interests include domestic violence, primary, secondary, and tertiary violence prevention in school and community settings, addictions and dependencies, relapse prevention, drug abuse and HIV/AIDS, and health promotion in multicultural settings. Her work has also involved online survey research and healthcare website evaluation research, perceptions of and coping responses to racism and oppression, as well as invisible, covert and visible overt violence.

She is the editor of the highly acclaimed 2008 book volume "Toward equity in health: A new global approach to health disparities" (Springer Publications), as well as the author/editor of numerous other book volumes of which a selection includes Making mandated addiction treatment work (Rowman & Littlefield, 2005), HIV/AIDS peer education training manual: Combining African healing wisdom and evidence-based behavior change strategies (StarSpirit Press, 2005), and Understanding and dealing with violence: A multicultural approach (Sage Publications, 2003).

Dr. Wallace is also known as Nana Ohemaa Agyiriwa, II, the Abradehemaa, or Queen Mother of the Asona and Aberade Clan Families of the United States and Larteh-Kubease, Akuapem, Ghana, Africa—for being deeply involved in philanthropic activities that foster health, education, and economic development in Ghana.

Agenda (continued)

10:30 am **Break/ Posters and Exhibitors Session**

10:45 am **MORNING CONCURRENT SESSIONS**

(A1) Social Policies and Health

While not generally considered to be health policy, laws and regulations concerning immigration, housing, taxes, and education have the ability to create health disparities as well as to ameliorate or exacerbate existing ones. Countries vary on the kinds of social policies that they implement. This session will compare and contrast social policies of the U.S. with those of other countries to help us better understand the effects of various policies on minority health and health outcomes in general.

Arjumand Siddiqi, ScD

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

Moderator: *Rebecca Cashman*
Health Behavior and Health Education
UNC Gillings School of Global Public Health

(A2) Ethical Issues in Research

When conducting research with marginalized or underserved populations, the investigator is often confronted with many ethical considerations. This is especially true in international settings where the questions arise from large differences in culture and resources within a multinational research team and between the researchers and the study participants. This session will explore complex ethical and cultural issues in research conduct. It will cover topics such as: how can we conduct research in a way that recognizes and respects multiple cultures, racial/ethnic make-up, and socioeconomic positions of the participants; and how can we ensure that participants receive a benefit and do not become further marginalized by the research.

Trude Bennett, DrPH

Associate Professor, Department of Maternal and Child Health
UNC Gillings School of Global Public Health
Chapel Hill, NC

Frieda Behets, PhD, MPH

Associate Professor, Department of Epidemiology
UNC Gillings School of Global Public Health
Associated Professor, Department of Medicine
UNC School of Medicine
Chapel Hill, NC

Stuart Rennie, PhD

Research Assistant Professor, Department of Dental Ecology
UNC Gillings School of Global Public Health
Chapel Hill, NC
Lecturer, Department of Philosophy, University of Cape Town

Moderator: *Tiana Garrett*
Epidemiology
UNC Gillings School of Global Public Health

Agenda (continued)

(A3) Urban and Rural Health Programs

In communities throughout the world, there are various considerations and unique challenges in providing care to rural and urban populations. When designing health programs, it is imperative to consider the structural, economic, and cultural contexts of these populations. Ignoring these factors can lead to extremely disparate health outcomes. This session will focus on unique characteristics of these two socio-cultural contexts. It will explore the challenges facing public health professionals serving in rural areas and discuss what must be considered when conducting research and developing and implementing interventions in these settings.

Bankole Olatosi, PhD, MS, MPH

Assistant Professor, Health Care Management
Mount Olive College
Mount Olive College, NC

Malika Roman Isler, MPH

Assistant Director with the Community Engagement Core
with the NC TraCS Institute
Doctoral Candidate, Department of Health Behavior and Health Education
UNC Gillings School of Global Public Health

Bahby Banks, MPH

Doctoral Candidate, Department of Health Behavior
and Health Education
UNC Gillings School of Global Public Health

Moderator: Laurie Abler
Health Behavior and Health Education
UNC Gillings School of Global Public Health

(A4) The HPV Vaccine: Considering Context

The creation of a vaccine to protect against Human Papilloma Virus (HPV), the virus that causes cervical cancer, was a medical breakthrough. However, controversy quickly ensued, as researchers, policy makers and healthcare professionals tried to balance the pros and cons of requiring that girls receive the vaccination. While parents in the United States argued over immunizing preadolescent girls against a sexually transmitted disease, public health workers in developing countries with much higher rates of cervical cancer had very different issues to consider. This session will examine the importance of considering context, including cultural beliefs, disease burden and cost, in determining which public health innovations should be promoted.

Jennifer S. Smith, PhD, MPH

Research Assistant Professor, Epidemiology
UNC Gillings School of Global Public Health
Chapel Hill, NC

Moderator: Emily Brostek
Health Behavior and Health Education
UNC Gillings School of Global Public Health

Agenda (continued)

(A5) Cultural Issues Surrounding Mental Health

Both within the United States and internationally, people of different ethnic, racial, and religious backgrounds view mental health in different ways. In the Western world, mental disorders are typically diagnosed and treated as a medical disease with biological causes, whereas other cultures may blame mental illness on spiritual or behavioral factors within the individual. This session will explore such differences in perceptions of mental illness across cultures, with a focus on the influence that cultural beliefs have on social stigmatization and treatment of mental illness.

Christopher L. Edwards, PhD

Moderator: Alrick Edwards
Health Behavior and Health Education
UNC Gillings School of Global Public Health

11:55 am **Poster and Exhibitor Session**

12:15 pm **Lunch**
Trillium Room

1:30 pm **AFTERNOON CONCURRENT SESSIONS**

(B1) International Research Partnerships

As our world becomes ever more connected, health challenges increasingly span across borders and require a global response. Partnerships between research organizations and communities across the globe are essential for finding solutions to our most pressing health matters. At their best, these partnerships can help create sustainable capacity for conducting effective health research in resource-constrained regions of the world. This session will highlight successful models of international research partnerships, such as UNC's response to the HIV crisis in Malawi.

Irving Hoffman, PA, MPH

Associate Professor, Department of Medicine, Division of Infectious Diseases
School of Medicine, UNC at Chapel Hill
Chapel Hill, NC

Moderator: Megan Christopher
Health Behavior and Health Education
UNC Gillings School of Global Public Health

Agenda (continued)

(B2) Migrant Farmworker Health

It is estimated that there are two to three million farmworkers in the United States, with approximately 150,000 farmworkers and their families in North Carolina during each growing season. The majority of these individuals work and live in unsafe conditions without the protections afforded to the documented and non-agriculture workforces, putting them at risk for pesticide exposure, heat stroke, unsanitary and overcrowded conditions, and lack of access to health care. This session will explore the intersections among ethnicity, immigration status, labor policy, and economics that affect the health of farmworkers and migrant farmworkers in North Carolina and beyond.

Melanie Stratton Lopez

Into the Field Internship Program Coordinator
Student Action with Farmworkers
Durham, NC

Raul Granados

Migrant Youth Director
Student Action with Farmworkers
Durham, NC

Mary Johnson Rockers

North Carolina Farmworker Health Program
Raleigh, NC

Moderator: Joy Messinger
Health Behavior and Health Education
UNC Gillings School of Global Public Health

(B3) LGBTQ Health

The U.S. Department of Health and Human Service's Healthy People 2010 report has as one of its central goals to eliminate health disparities, including those that exist between the LGBTQ and general populations. Health disparities related to sexual orientation include mental health, suicide attempts, some physical health conditions (e.g., HIV/AIDS, anal cancer in gay/bisexual men), and some risk behaviors (e.g., tobacco use). This session will focus on minority stress as a theoretical model to explaining health disparities. Minority stress theory suggests that homophobia and heterosexism are powerful social stressors that may lead to adverse health outcomes. In this session participants will explore the implications of minority stress on diverse LGBT populations, the intersection of sexual orientation and race/ethnic minority identity, and implication for public policy and public health intervention.

Ilan H. Meyer, PhD

Associate Professor, Department of Sociomedical Sciences
Mailman School of Public Health, Columbia University
New York, NY

Moderator: Justin Smith
Health Behavior and Health Education
UNC Gillings School of Global Public Health

Agenda (continued)

(B4) Environment, Disasters, and Health Disparities

Although genetic inheritance is an important cause of individual variation in health and disease, public health is fundamentally conditioned by aspects of the environment – healthy food, clean air and water, adequate shelter, safe workplaces, educational opportunities, and freedom from violence – that prevent disease and promote health. Lack of these conditions is at the root of racial and socioeconomic disparities in health, disease, and mortality. The environmental conditions that promote public health also affect a population’s susceptibility to disasters including storms, earthquakes, floods, pestilence, famine, and war. This session will explore public health approaches to ameliorating impacts of disasters by addressing inequitable environmental conditions.

Steve Wing, PhD

Associate Professor, Department of Epidemiology
UNC Gillings School of Global Public Health
Chapel Hill, NC

Moderator: Sharelle Barber

Health Behavior and Health Education
UNC Gillings School of Global Public Health

(B5) The Cost of a Public Health Infrastructure for Delivering Parenting and Family Support

Poor parenting and, in its most extreme form, child maltreatment exert an enormous toll on society. Child maltreatment results in costs associated with utilization of administrative services and systems (e.g., child protective services, foster care, judicial system), child treatment services (e.g., healthcare, mental health, educational systems), long-term impact (e.g., psychological and health problems in adulthood), and next generation victimization. The costs associated with child abuse and neglect in the U.S. may exceed \$94 billion per year. Poor parenting may exacerbate children's behavioral and emotional problems and, in particular conduct disorders, generating further costs. Those costs may exceed \$400 billion per year for the U.S. Given the enormous costs associated with both child maltreatment and children's behavioral and emotional problems, the savings stemming from effective preventive interventions are potentially quite large. A particularly promising vehicle for prevention of both child maltreatment and child behavioral/emotional problems can be found in evidence-based parenting interventions. Using data from a unique population trial in South Carolina, this session will discuss the costs of building a public health infrastructure for delivering a multi-level parenting and family support intervention.

E. Michael Foster, PhD

Professor, Department of Maternal and Child Health
UNC Gillings School of Global Public Health
Chapel Hill, NC

Moderator: Yasmin Cole-Lewis

Health Behavior and Health Education
UNC Gillings School of Global Public Health

Agenda (continued)

2:45 pm **Poster and Exhibitor Session**

3:00 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) CARE USA Advocacy Workshop

In the CARE USA Advocacy Workshop you will learn about the leading humanitarian organization CARE, and the work they do around the world to end hunger and the worst aspects of poverty. You will also learn how CARE volunteers work with other volunteers in NC to create the political will to support these efforts, and how you can join them to be a valuable resource to our NC Members of Congress, providing them with informational material and on-the-ground case studies related to achieving the Millennium Development Goals.

Nicole Fouché, PhD

North Carolina State Chair
CARE USA
Durham, NC

Derreck Kayongo, MS

Advocacy Field Coordinator, Southeast Region
CARE USA
Atlanta, GA

Moderator: *Aprajita Anand*
Health Behavior and Health Education
UNC Gillings School of Global Public Health

(C2) Voices of the Tuskegee Study

The documentary, *Voices of the Tuskegee Study*, offers a historical and clinical retrospective of the human condition and our connection to fair health treatment, responsible medical care and building bridges in our communities to respond to global issues in a neighborhood format. Through touching and thought provoking interviews with survivors, and the family members of survivors we are reminded that everyday people participate in studies to advance our continuum of care. These faces should not be lost in the quest to develop interventions that extend science into our homes and families. It is important to understand what can happen when there are no controls in place to practice responsible care in our communities. Public health and medicine often make decisions based on a risk-benefit ratio. This documentary highlights the pitfalls and dire missteps that can occur making that assessment and a wound over the span of many family and community generations. The is session will include a screening of the film, *Voices of the Tuskegee Study* followed by a discussion of the implications of this study, both past and present.

William Carter Jenkins, PhD, MPH

Professor, Public Health Sciences
Associate Director, Research Center on Health Disparities
Morehouse College
Atlanta, GA

Moderator: *Nicole Taylor*
UNC Program on Ethnicity, Culture and Health Outcomes
UNC Gillings School of Global Public Health

4:30 pm **Conference Adjourns**

Speaker Biographies

Arjumand Siddiqi, ScD

Dr. Siddiqi is currently Assistant Professor at the UNC Gillings School of Global Public Health, and a Faculty Fellow of the Carolina Population Center. She is interested in the role of social and economic aspects of societies in shaping inequities in population health and human development. In particular, her research utilizes a cross-national comparative perspective to understand the consequences of social welfare policies for inequalities in health and developmental outcomes. Areas of research include the influence of income inequality and social policies on inequities in schooling outcomes amongst the advanced market economies, an emerging body of work to understand health inequities in Canada versus the United States. Dr. Siddiqi was a member of the World Health Organization's Commission on Social Determinants of Health Knowledge Hub on Early Child Development, and has consulted for several international agencies including the World Bank and UNICEF. She received her doctorate in social epidemiology from Harvard University. Dr. Siddiqi was recently awarded a fellowship from the Canadian Institute for Advanced Research to study International variations of socioeconomic inequities in children's health and development.

Trude Bennett, DrPH

Trude Bennett is Associate Professor of Maternal and Child Health and Co-chair of the Public Health/Nursing IRB at the UNC Gillings School of Global Public Health. Her work has focused on reproductive health policy and social inequalities in health, including the impact of welfare reform in the US and issues related to measurement and classification of race and ethnicity. She has done training and research in South Africa and Tanzania, and currently works in Southeast Asia, with specific interest in Agent Orange and the legacy of war in Vietnam.

Frieda Behets, PhD, MPH

Dr. Behets is Associate Professor of Epidemiology at the UNC Gillings School of Global Public Health. Dr. Behets' work has focused primarily on prevention, care and treatment of sexually transmitted infections including HIV in sub-Saharan Africa and the Caribbean. A substantial part of her research involves identifying or improving public health strategies for HIV prevention and care in low income settings that face many competing problems. Her research includes particularly vulnerable persons such as women who trade sex for survival and HIV+ children and mothers. The ethical problems Behets has encountered in her work have motivated her more recently to include the field of bioethics in her research and interventions portfolio through a NIH-funded project to strengthen capacity in bioethics and justice in health in francophone Africa.

Stuart Rennie, PhD

Dr. Rennie is Research Assistant Professor at UNC's Department of Dental Ecology and Lecturer in the Department of Philosophy at the University of Cape Town. Since 2004, he is co-Principal Investigator of UNC's NIH/Fogarty International Center bioethics capacity building project in the Democratic Republic of Congo ('Building Bioethics Capacity and Justice in Health'), and ethics consultant for CDC/Global AIDS Projects in the DR Congo and Madagascar. He is co-chair of the UNC's Behavioral Institutional Review Board (IRB) and is also currently lead author of research ethics guidelines for the HIV Prevention Trials Network (HPTN), a global network of HIV prevention research projects supported by the National Institutes of Health. Dr. Rennie has published on research ethics and bioethics topics in PLoS Medicine, Science, the Hastings Center Report, Developing World Bioethics and the Journal of Medical Ethics, as well as writing for his own Global Bioethics Blog.

Speaker Biographies (continued)

Bankole Olatosi, PhD, MS, MPH

Dr. Olatosi is an assistant professor of Healthcare Management at Mount Olive College, North Carolina and a research associate with the South Carolina Rural Health Research Center. Dr. Olatosi is trained as a Health Services researcher. He has most recently been a postdoctoral research fellow at the South Carolina Rural Health Research Center, one of eight nationally funded rural health research centers in the nation. His research interests include rural health, HIV/AIDS, access to care, quality of care and strategic healthcare management. He has presented his academic research at several national conferences and has authored and co-authored peer reviewed journal publications. In 2006, as a doctoral student Dr. Olatosi won the National Rural Health Association LaVonne Straub Award for Best Student Research Paper. Dr. Olatosi received his PhD in Health Services Policy and Management from the University of South Carolina in 2007. He also holds an MPH in Public Health Administration and Policy from the University of Minnesota and a MS degree in biochemistry from the University of Lagos, Nigeria.

Malika Roman Isler, MPH

Ms. Roman Isler is the Assistant Director of the Community Engagement Core with the NC TraCS Institute. She received her MPH from the University of South Carolina and is currently a doctoral candidate in Health Behavior and Health Education at the University of North Carolina Gillings School of Global Public Health. Ms. Roman Isler's research interests include health disparities, HIV/AIDS prevention and education among communities of color, faith-based health promotion, translational research, and participatory approaches. Her current efforts focus on building and maintaining community-academic partnerships and community-based research infrastructures.

Bahby Banks, MPH

Bahby Banks is currently pursuing her Doctorate of Philosophy in Health Behavior and Health Education at the University of North Carolina Gillings School of Global Public Health. She received her Masters of Public Health from Boston University School of Public Health, and her Bachelor's of Science in Biology from Florida Agricultural and Mechanical University. Ms. Banks' research interests include health disparities, HIV/AIDS in rural communities, social marketing, and program evaluation. Her current research investigates factors that influence minority participation in clinical trials. Ms. Banks' previous research has included work in Brazil, Argentina, Switzerland, and Malawi. She is currently a Houle Engaged Scholar and an Emerging Leader in Public Health Fellow.

Dr. Jennifer S. Smith, PhD, MPH

Dr. Smith is a Research Assistant Professor in the Department of Epidemiology at the University of North Carolina Gillings School of Global Public Health. She is an infectious disease epidemiologist with experience working on sexually transmitted infection--related research in several international sites, including Kenya, China, and Mexico. She has conducted research on the etiology of cancer in less-developed countries since 1995. Dr. Smith obtained M.P.H. and Ph.D. degrees in Epidemiology from Johns Hopkins School of Public Health. Dr. Smith worked six years at the International Agency for Research on Cancer in Lyon, France, and has a several recognized international publications on HPV, HIV and STIs. Currently, she is the P.I. of a study investigating the effect of male circumcision on penile HPV infection in men, an ancillary study to the RCT of male circumcision in Kisumu, Kenya. Dr. Smith is also the P.I. of a Kenyan study to investigate the natural history of HPV in a cohort of high-risk female sexual workers in Nairobi, Kenya, and is developing future research to investigate associations between HPV, cervical neoplasia and HIV within a HIV discordant couple study in Nairobi, Kenya.

Speaker Biographies (continued)

Christopher L. Edwards, PhD

Dr. Edwards is an assistant clinical professor at Duke University Medical Center, appointed in three separate departments: Psychology – Social and Health Sciences, Psychiatry and Behavioral Sciences, and Medicine, Division of Hematology. He received his PhD in clinical psychology and behavioral medicine from the University of Kentucky in 1997 and completed his post-doctoral fellowship in endocrinology and psychiatry in 1999 at Duke University Medical Center. Dr. Edwards is currently the medical director of the biofeedback laboratory and pediatric neuropsychology service, which conducts clinical activities serving adult and pediatric patients. He is also the director of Duke's Chronic Pain Management Program, a program working towards developing better methods for evaluation and treatment of behavioral and psychosocial medical problems experienced by individuals with chronic pain. Dr. Edwards is particularly interested in psychosocial and mental treatment of disorders involving chronic pain in a context of racial and cultural diversity.

Irving Hoffman, PA, MPH

Irving Hoffman is an associate professor in the department of medicine, division of Infectious diseases, at the University of North Carolina-Chapel Hill. From 1981-1991 he was the clinical coordinator at the Durham County Health Department. From 1992 until the present he has conducted HIV and STD-related research and provided technical assistance to over 17 countries in Africa, Asia and the Caribbean. He is currently the Director of the UNC Project in Lilongwe, Malawi, an HIV research, care and training center. The UNC Project currently conducts HIV counseling and testing services for over 30,000 men and women per year in clinical settings such as STD, family planning, and antenatal clinics and in cooperation with the Malawi Ministry of Health provides HIV care to over 10,000 Malawians.

Melanie Stratton Lopez

Melanie Stratton Lopez was born in Texas and raised in the mountains of Western North Carolina. She is the granddaughter of migrant farmworkers. In 2003, while attending the University of North Carolina at Chapel Hill, she interned with United Students Against Sweatshops in the Dominican Republic and conducted research on the working conditions of garment workers. She has studied in Mexico and Cuba. She coordinates the Into the Fields Internship Program for Student Action with Farmworkers.

Ilan H. Meyer, PhD

Dr. Ilan H. Meyer is an Associate Professor of Clinical Sociomedical Sciences and Deputy Chair for MPH Programs at the Department of Sociomedical Sciences at Columbia University's Mailman School of Public Health. Dr. Meyer's background is in social psychology, psychiatric epidemiology, and sociomedical sciences. He has been studying public health issues related to minority health. His areas of research include stress and illness in minority populations, in particular, the relationship of minority status, minority identity, prejudice and discrimination and mental health outcomes in sexual minorities and the intersection of minority stressors related to sexual orientation, race/ethnicity and gender. His model of minority stress is often used in studies of health in lesbians, gay men, and bisexuals (LGB) and his studies have been quoted as evidence in briefs to several court cases advocating for gay rights. Dr. Meyer is the editor with Dr. Mary Northridge of the recently-published comprehensive handbook on LGBT health, titled *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations* (2007, Springer).

Speaker Biographies (continued)

Steve Wing, PhD

Steve Wing teaches epidemiology at the University of North Carolina Gillings School of Global Public Health and conducts research on occupational and environmental health. Recent work has focused on health impacts of ionizing radiation, industrial animal production, and environmental injustice. He is a founding member of the North Carolina Environmental Justice Network.

E. Michael Foster, PhD

Dr. Foster is Professor of Maternal and Child Health and of Health Policy and Administration at the University of North Carolina Gillings School of Global Public Health. Foster is a health economist specializing in children's health policy. He has published more than 100 peer-reviewed articles, chapters and books on child development, economic evaluation and statistical methodology. He is also currently an Associate Editor of *Developmental Psychology*.

Nicole Fouché, PhD

Dr. Nicole Fouché is the North Carolina state chair for CARE, a leading humanitarian organization fighting global poverty. In this role, she is responsible for recruiting people to CARE's action network and annual conference in May, for arranging in-district meetings with North Carolina's members of the United State Congress, and hosting outreach events centered around National Days of Awareness and Action. In addition to her volunteer work with CARE, she has been a court-appointed child advocacy volunteer since 2002. Dr. Fouché graduated from the University of the Witwatersrand in South Africa and has previously worked as an information technology consultant in addition to running a multinational Virginia based computer consulting company. She was the vice president of operations and ran the staffing division for the North Carolina branch of CXI, a management and technology-consulting firm. Dr. Fouché is currently one of four managing partners for the enterprise resource planning, business performance management, and data management start-up IT consulting firm, Genesis Consulting. She recently completed a PhD in Biochemistry and Biophysics at the University of North Carolina at Chapel Hill and currently lives in Durham with her daughter Carys.

Derreck Kayongo, MS

Derreck Kayongo, a former refugee in Kenya who fled political despotism in Uganda, is a Senior Regional Advocacy Field Coordinator for CARE International. With CARE, he has been commissioned to build a grass tops and grass roots effort of support geared towards speaking out for the poor around the world. Mr. Kayongo's work involves penetrating the hallways of Congress, so that the policy decisions made are more friendly to the least of us. He graduated from Messiah College and Daystar University in Nairobi Kenya with a Bachelors degree in Business Administration and from Eastern University in Philadelphia, Pennsylvania with a master's degree in economic development. His prior work and advocacy experience includes being a consultant for Bread for the World while working with the Congressional Hunger Center, board member and co-founder of the East African American Business Council, team leader for the American Friends Service Committee (AFSC), and a liaison between the membership and staff for Amnesty International's HIV/AIDS task force and research team. He has given more than 200 speeches on topics such as HIV/AIDS, the debt crisis in Africa, structural adjustment plans and their effects on African policy, land mines and their role in stagnating economic development, the role of human rights in neo-democracies in Africa, child soldiers, and constituency building and advocacy for non profits.

Speaker Biographies (continued)

William Carter Jenkins, PhD, MPH

Dr. Jenkins is professor of Public Health Sciences at Morehouse College and Associate Director of its Research Center on Health Disparities. He instructs medical, graduate, and undergraduate students in biostatistics, epidemiology, and public health at Morehouse School of Medicine and Morehouse College. He also consults on the development of Public Health programs at institutions in the Atlanta University Center and other Historically Black Colleges and Universities. Dr. Jenkins also worked for the Centers for Disease Control and Prevention (CDC) in various capacities. Following President Clinton's apology for the Tuskegee Study of Untreated Syphilis in the Negro Male, Dr. Jenkins managed the Participants Health Benefits Program which assured health services for survivors of the study. Throughout his tenure at CDC, he was a champion of opportunity for underserved populations.

Poster Abstracts

1. Preventing Transmission of Chagas Disease in the U.S. Blood Supply: A Cost Effectiveness Analysis of Testing Blood Bank Donations

Danielle Doughman

Introduction: Chagas Disease is a parasitic infection that affects people living in poor, rural areas of the Americas. Though Chagas is not endemic to the U.S., increased attention on immigration from Latin America to the U.S. coupled with the availability of a highly effective assay highlight the need for testing of the blood donations for Chagas, which may be transmitted through transfusion. Currently, blood banks are not required to test for Chagas.

Methods: To estimate incremental cost-effectiveness of blood bank testing and screening strategies for Chagas, a cost-effectiveness analysis with a decision tree model with a 20-year time horizon is used. Data is taken from peer-reviewed literature. The interventions include: 1) testing all blood donations, 2) verbal screen with ELISA testing for those with a positive screen, and 3) testing new donors only. Base-case and sensitivity analyses are conducted.

Results: In the base-case analysis, Test All averted 20 additional cases over Screen and Test, but at a cost of \$3.6 million per additional case averted. Test New Donors resulted in an additional 14 disease cases compared to Screen and Test and with had the lowest costs of all alternatives. The sensitivity analysis is most sensitive to whether or not a negative verbal screen was obtained and slightly sensitive to the probability for high risk of transmission.

Conclusion: Both Screen and Test and Test All improve over the standard of Test New Donors in the number of cases averted, however, both are cost-prohibitive at thresholds of \$1 million per case averted.

2. The Race of Space: Can Racial Residential Segregation Effect Birth Outcomes of African Americans?

Sharese Porter

Introduction: Numerous studies have focused on individual factors as they relate to health disparities. A growing body of literature indicates that racial composition of neighborhoods and their degree of segregation may be more of a predictive factor contributing to health disparities among African Americans in urban areas. It is suggested that social inequalities, stemming from racism and segregation affect a community's economic, social, and political capital therefore influencing health outcomes.

Methods: This paper examined published literature between 1988 and 2008 to determine the relationship between racial residential segregation and maternal and infant health outcomes among African American women. Literature within the context of low birth weight, preterm births, and infant mortality was reviewed.

Results: The literature supports the thesis that racial residential segregation contributes to adverse birth outcomes and maternal health. The findings support Krieger's Ecosocial Theory which posits that health outcomes are an embodiment of the biological, environmental, and internalized societal conditions among African American women.

Conclusion: It is proposed that a comparative analysis of African American and other racial and ethnic groups of women residing in racially and ethnically concordant neighborhoods, within the same city, be conducted to further explore the dimensions of segregation (dissimilarity, isolation, clustering, centralization, and concentration) and identification of risk or protective factors for health. Examination of health disparities within a social and environmental context can offer insight into ways health disparities can be addressed in the social and political arenas beyond individual based interventions.

Poster Abstracts (continued)

3. Telling Our Stories: Using Photovoice to Bridge Equality for Black men at a Predominantly White Institution

Warner L. McGee, Robert E. Aronson, Robert Strack

Introduction: Social and economic factors increase the vulnerability of low socioeconomic communities to a cadre of health issues including hypertension, obesity, and HIV. In all these public health concerns, Black males experience greater proportions of morbidity and mortality. Subsequently, educational attainment plays a major role in health disparities particularly for Black males. Therefore, the purpose of this project is 1) to examine those factors that facilitate and/or inhibit Black males from successfully completing their college education at a predominantly white institution 2) inform the development of policies and practices that improve student retention and graduation.

Methods: The study used a grounded participatory design where photovoice methods elicited information regarding participants' lived university experiences including barriers to educational success.

Results: A representative set of images with captions provided a springboard for informing the larger university community about the salient issues articulated by the men in this project. Participants described lack of social space, intimidation from campus police at Black events, misconceptions and racial stereotypes from other students, difficulties in communicating with professors and navigating the college financial system as barriers to educational success.

Conclusion: Efforts to increase retention and graduation must address communication barriers from student and faculty perspective, cultural awareness and diversity, and integrating Black males into the campus community. These findings will be shared via a photo exhibit with key stakeholders in order to inform the development of policies and practices that encourage student health and success.

4. A Three-City Study of Knowledge and Perceptions regarding HIV/AIDS within Nigerian Undergraduate Students' Social Networks

Ebun Odeneye

Introduction: Nigeria is one of the countries predicted to suffer the greatest hit from HIV/AIDS by 2010. Thousands of Nigerians migrate internationally to such destinations as the United States and the United Kingdom, making it crucial to evaluate HIV/AIDS within a trans-national context. The study, which assesses students' knowledge of HIV/AIDS, examines their risk perception and evaluates socio-cultural elements that may help mold effective HIV/AIDS prevention measures.

Methods: Its sample was drawn through the snow-ball sampling method, and includes twenty-four Christian Yorùbá undergraduates in the US and the UK. Through qualitative data analysis of twenty-four in-depth interviews with students and their social network partners in London, Leeds (UK) and Houston, Texas, this research study confirmed how ethnicity and religion shape the creation of social networks in the three communities, how social networks influence HIV-related risk perceptions, and the type of knowledge these students have and share with their network partners regarding HIV/AIDS.

Results: Students were found to rely on national-, ethnic-, and religion-based identities to form social networks and use these networks to cope with migration-specific difficulties; their social networks therefore have a strong impact on their interpretation of the HIV/AIDS pandemic and affirm conditional silence surrounding the subject.

Conclusion: Since study participants draw on academic arenas as the primary source of their HIV/AIDS-related knowledge, there exists a self-other (personal-professional) dichotomy relating to exposure to HIV and potential contraction of the virus which explains the perceived low risk regarding HIV in this populace.

Poster Abstracts (continued)

5. Protecting Microfinance Clients from Health Related Emergencies: Health Loan Program in One of the Fastest Growing Microfinance Organization in India

Saha Somen

Introduction: The growth of microfinance as an effective tool for poverty reduction provides an excellent scope to extend health services to the poorest and needy. Several microfinance institutions (MFI) have ventured into health programs sensing sound business rationale, apart from social causes. This paper analyzed the effectiveness of health loan as a health protection instrument in a MFI in India.

Methods: Qualitative research tools, adopted from AIMS-SEEP manual of USAID, were developed to measure the performance of health loan. In-depth interview were conducted with 57 members who have availed health loan and 30 members whose loan applications were rejected in Howrah district of West Bengal, India.

Results: Health loans range from 1000 to 5000 INR (~24 to 119 USD) and bear an annual interest rate of 10 per cent (which is 2 per cent less than normal business loan). Members prefer visiting private providers. However, referral system for members seeking treatment with health loan is not well laid out, with lack of systemic effort to demarcate qualified versus unqualified providers. There are instances of selection bias in offering health loan with an intention to keep low loan defaulter rate.

Conclusion: There is a strong case for removing financial barrier in health loan and need to create a discounted preferred provider network. Better referral linkages, networking with public health systems and proper communication in case of loan rejection, can enable the program to work as a model health protection scheme in India and elsewhere.

6. Making Heart Health a Priority for Women: What African American Women in North Carolina Are Saying About Cardiovascular Disease

Avia G. Mainor, Maihan B. Vu, Carmen D. Samuel-Hodge, Sonya F. Sutton, Thomas C. Keyserling

Introduction: Cardiovascular disease (CVD) is a leading cause of adult mortality and morbidity, with disparities in underserved populations. As rates of CVD are very high for African American women, it is important to understand these women's perception of risk for CVD and barriers to decreasing risk.

Methods: To better understand these issues, we used qualitative methods as part of our formative research to inform a Cardiovascular Health Intervention Research and Translation Network. A total of ten focus groups were held with 115 African American women, over age 40, who reside in urban and rural North Carolina. Women were recruited from community contacts and churches.

Results: The mean age of participants was 60. Overall, participants associate CVD with risk factors. Having a family history of the disease, eating habits, and being stressed were common themes identified as factors that increase risk for heart disease. Likewise, participants considered themselves to be highly susceptible for heart disease compared to other women like them. Having heart disease was viewed to be devastating, primarily because of the loss of independence and the inability to take care of their family. Despite these recognitions, participants expressed the tendency to neglect their heart health because of competing priorities.

Conclusion: Participants acknowledge that certain cultural beliefs regarding food preparation and eating habits and the woman's role as caregiver for the family are barriers, making it difficult to place their health as a priority. These findings suggest the importance of developing culturally appropriate strategies to help African American women reduce heart disease and stroke.

Poster Abstracts (continued)

7. A Community Garden Initiative for Inner City Minority Youth and Families to Learn about Gardening, Entrepreneurship and Healthful Eating

A. Fisher, Nicolette Warren-White, C. Mitchell, M. Dunn, B. Williamson, M. Floyd, R. Moore

Introduction: Encouraging children to grow their own fruits and vegetables may make them more receptive to eating fresh products. The purpose of this community garden initiative was to increase the number of youth who report eating at least 5 servings of fruits and vegetables per day, reduce the proportion of school age students who engage in no leisure-time physical activity, and promote eating behaviors consistent with managing body weight of all family members.

Methods: The garden had plots available to children, individuals, families and community groups. Children aged 10-13 were paired with children aged 4-9. Specifically, the gardening project sought to examine the knowledge gain in science, nutrition, the environment and the personal skill areas. Methods included systematic observation of educational sessions, pre and post surveys, and interviews.

Results: Surveys conducted after the completion of the growing season showed that children who participated in the garden consumed the recommended servings of fresh fruits and vegetables and increased their physical activity. The children connected with the gardening experience which encouraged them to eat the vegetables that they grew. During grocery store tours, the children demonstrated recognition and retention of knowledge about fruits and vegetables grown in the garden. The gardening experience provided a basis for lifelong knowledge and appreciation of good vegetables and good taste.

Conclusion: The community garden initiative improved community health by building community capacity. The garden helped established links between plants, gardening, food and health. The gardening initiative can be applied across a variety of settings and audiences.

8. Emotional Suffering and Mental Health Issues: An Unaddressed Health Disparity Issue for Rural HIV+ African Americans

Margaret Miles, Bahby Banks, Michelle Hayes, Giselle Corbie-Smith

Introduction: The diagnosis of HIV is an emotionally charged experience. Concern about confidentiality, stigma, and discrimination is especially difficult for African Americans living in the rural South where negative perspectives about HIV remains high. Emotional distress and mental health issues in the context of HIV are an added health disparity that is largely unaddressed.

Methods: Thirty semi-structured individual interviews were conducted with African American people living with HIV/AIDS (PLWHA). Interviews were audio-taped, transcribed and entered into Atlas.ti for thematic coding and analysis. Transcripts were independently analyzed by six team members in a back/forth approach between discovery and verification of findings.

Results: At diagnosis, emotional distress was the most salient response and also one of the most difficult aspects of living with HIV, especially for men. A major source of distress was fear of discrimination and being treated like a “bad” person. Participants indicated the need for mental health and supportive services as higher than the need for health care. A major barrier to sharing was fear of losing confidentiality about the diagnosis and the concerns about how they would be treated if their diagnosis were known. Women were especially concerned about being ostracized.

Conclusion: This study adds to the body of literature indicating the need for mental health services, especially in rural areas. In addition, health care providers, as well as case managers and others, need to listen to the concerns of HIV+ persons and help them deal with fears of discrimination and issues related to disclosure.

Poster Abstracts (continued)

9. Using the Intervention Mapping Approach to Develop a Community-Based Intervention to Increase Rural Racial and Ethnic Minority Enrollment in HIV/AIDS Clinical Trials

Bahby Banks, Malika Roman Isler, Margaret Miles, Sohini Sengupta, Giselle Corbie-Smith

Introduction: Minorities are disproportionately affected by the HIV/AIDS epidemic in the rural Southeast, therefore, it is important that targeted culturally appropriate interventions support enrollment and participation in HIV/AIDS research. Intervention mapping (IM) provides a structured, theory-based approach for intervention development.

Methods: We collected qualitative data from three data sources: people living with HIV/AIDS (PLWHA), community leaders (CL), and service providers (SP). Eleven focus groups and 35 individual interviews were conducted; this data was used to develop matrices of behavioral outcomes, environmental outcomes, and performance objectives. Each performance objective was mapped with changeable, theoretically-based determinants in a complete matrix. Methods and strategies were developed to reflect the influencing factors and desired outcomes in each matrix.

Results: The outcomes and objectives varied by target group to produce a total of five matrices (three behavioral and two environmental). The three behavioral outcomes included: 1) Eligible PLWHA will enroll in clinical trials, 2) Service Providers will refer eligible PLWHA to clinical trials, and 3) Community leaders will support HIV/AIDS research. The environmental outcomes included: 1) Decreasing HIV stigma and 2) Increasing HIV testing and care. Resultant methods and strategies used constructs from the Theory of Reasoned Action, Social Cognitive Theory, and Social Support Theory.

Conclusion: This intervention was developed using IM and resulted in a comprehensive community-based program. This theoretically driven intervention, that is potentially replicable, can assist rural PLWHA with recruitment and participation in HIV/AIDS research.

10. The Latino Health Promotion Partnership: A Model for Community-based Needs Assessment

Ellen Bailey, Danielle Arias, Althea Gonzalez, Amy Lanou, Alphie Rodriguez

Introduction: The Latino population in Buncombe County is projected to reach 4.2% of our population by 2010, with actual numbers doubling since 2000. Over one-third of Latinos surveyed reported fair or poor health in a 2005 Community Health Assessment. In order to help guide health promotion programming and services for this growing population, The Latino Health Promotion Partnership, funded by the NC Center for Health and Aging, is an academic and community collaboration that formed to assess the needs of the local Latino community and of the organizations and providers who serve them.

Methods: We collected primary data by way of surveys (of local agencies who serve Latinos, interpreters, physicians, and individual Latino community members), a community provider forum, and three focus groups with Latino youth and families. This data collection was designed to identify health promotion and health care desires and needs. A needs assessment and gap analysis were performed on the qualitative and quantitative data.

Results: Both providers and Latino community members identified significant linguistic, cultural and environmental barriers to access and a need for better outreach and access to information about available services and programs. Support for parenting skills, nutrition and opportunities for family physical activity were high priorities for community members.

Conclusion: Community members, providers and agencies need to continue to collaborate to develop a centralized resource network and community-based health promotion programming to better meet the health and wellness needs of Latinos in Buncombe County. Specific recommendations based on our findings will be presented.

Poster Abstracts (continued)

11. Building Bridges to Healthy Communities: The Sandhills Family Heritage Association Youth/Senior Project

Semra Aytur, Ammie Jenkins

Introduction: Residents of Spring Lake, NC (aged 16-70) completed a participatory research project to learn about diabetes and health behaviors within the context of community values, such as preservation of African American land, economic self-sufficiency, and cultural heritage.

Methods: Community members (n=7) partnered with a UNC epidemiologist to learn skills (e.g., interviewing and PhotoVoice) and explore barriers and enablers to community health. Four 2-hour sessions were held during the summer of 2008. Participants interviewed other residents (n=8) and took photographs to explore beliefs, knowledge, and attitudes relating to diabetes and the community environment.

Results: Participants identified many health-promoting assets, such as a local Farmers Market, “Gardening and Gleaning” program, senior center, parks, and youth dance programs that allow residents to pursue healthier lifestyles while empowering one another. However, the proliferation of fast food restaurants, inadequate exercise facilities, lack of public transportation, and limited access to diabetes educators were identified as barriers to community health. To address these barriers, participants discussed working with town planners, parks/recreation and transportation departments, and establishing a diabetes education training program. Better advertising for the Farmer’s Market was also discussed, as participants viewed the Farmer’s Market as a means of developing the local economy, encouraging sustainable use of natural resources, while promoting healthy behaviors.

Conclusions: Participants learned new skills and established partnerships for diabetes prevention. Results are being used to develop an ongoing youth/senior health partnership. Projects that empower African Americans to create healthier community environments and support local economies are needed to eliminate health disparities.

12. Cross-Program Evaluation of Peer-Led HIV Prevention at a Minority-Serving Institution

Danielle Laborde, LaVerne Reid, Tanya Bass, David Jolly

Introduction: Since 2003, we have received funding from the Office on Women’s Health to develop and evaluate culturally-sensitive peer-led HIV education programs to address the health needs of women attending a minority institution. Working with campus organizations and departments, we implement student-led projects including HIV prevention serial sessions, one-time events, and a campus-wide HIV conference.

Methods: For each program event that was evaluated, students completed evaluation questionnaires that included a core set of items. This allowed for comparison of immediate outcome indicators across subsets of programs. IRB approval was obtained for all student data collection linked to program evaluation.

Results: The response rate across all events in 2007-2008 was 78% (N=336). Reported condom use at last intercourse (60%) was higher than what we have seen in previous years among participants across all our programs on this campus (30-40%). Within a subset of 161 participants asked about confidence in their communication and condom negotiation skills before and after certain HIV educational events, we found statistically significant increases in levels of confidence.

Conclusion: Overall, results indicate that the majority of peer-led activities are well-received by students on campus and increase participant knowledge of HIV/STD risks, self-efficacy for condom use and negotiation, and behavioral intent to lower risk behaviors. Despite design limitations, i.e., combining data collected over time from students attending different campus HIV prevention programs, Results provide useful information on the effects of our HIV prevention efforts.

Poster Abstracts (continued)

13. Community Based Research Infrastructure: An Exemplar of Community Engagement

Malika Roman Isler, Tiffini Williamson Canty, Brandolyn White, Deborah Young, Molly De Marco, Sam Cykert, Nettie Coad, Kay Doost, Jennifer Schaal, Alicea Lieberman, Giselle Corbie-Smith

Introduction: The NC TraCS Community Engagement Core (CEC) seeks to improve the process of conducting community-based research in order to address health disparities. Physically locating a research infrastructure in the community, staffed by persons familiar to and trusted by the community and working collaboratively with local agencies may help to engage community members in research, demonstrate trustworthiness, and in turn lessen health disparities.

Methods: The CEC, in partnership with the Greensboro Area Health Education Center, created a Regional TraCS Campus (RTC) – an infrastructure to conduct community- and university-initiated research. A local infrastructure provides a venue to facilitate community-academic interaction that sets research priorities, informs study design, assists in developing a useful and practical dissemination plan, participation in tailored research education, and increases geographic and cultural accessibility to the University. For university researchers, the RTC alleviates the need to recreate community linkages and partnerships with each study, and provides a means to build trust and collaboration.

Results: The RTC facilitated a pilot research program to investigate the effects of physician/patient communication and healthcare outcomes – how people of different races and incomes are given prescriptions. Through the RTC, a local community coalition and UNC researchers collaborated to implement community and physician forums to share findings and are currently working on practice recommendations for clinical providers on doctor-patient communication regarding prescription drugs and personalized medicine.

Conclusion: Community-based research infrastructures can be vital to facilitating community engagement, developing locally-driven research initiatives, and informing the dissemination of culturally appropriate health-related information and the provision of culturally sensitive health services programs.

14. Implementation and analysis of the Short Supplemental Youth Tobacco Survey focusing on North Carolina's American Indian youth (grades 6-12)

Nicole Standberry, Scott Proescholdbell, Shannon Fleg

Introduction: Although North Carolina (NC) is among states with the highest Youth Tobacco Survey response rates and has the largest American Indian (AI) population east of the Mississippi, there are no data regarding the prevalence of tobacco use among AI youth in this state. The Short Supplemental Youth Tobacco Survey (SSYTS) was created to address this information gap in NC.

Methods: The SSYTS contains 29 questions, 24 from the statewide YTS and 5 created specific to AI youth regarding tribal affiliation, commercial vs ceremonial/traditional tobacco use, frequency of participation in AI events, and traditional use among family members. Schools with an AI population of at least 10% were invited to participate. 140 second and third period classes of 6th-12th grade students were randomly selected for a target sample size of 2860, to obtain point estimates with ± 5 confidence intervals.

Results: Approximately 4692 students from 272 classrooms in 24 schools from 7 counties were surveyed. We will present data on tobacco use prevalence by region, gender, age, tribal affiliation, type of use (ceremonial vs commercial), family member use, AI event participation. We will also present lessons learned in fielding the NC SSYTS.

Poster Abstracts (continued)

Conclusion: Data obtained from this study will be beneficial for tailored prevention and control interventions and for seeking funding opportunities. Lessons learned will be used to expand the current methods and improve representation from the 8 NC AI tribes.

15. Healthy Living/Healthy You: A Diabetes Prevention Program

Maria Dupree, Patricia A. Clubb, Dorothy C. Browne

Introduction: The prevalence of diabetes in the US, particularly among minorities, has increased over the past two years (CDC, 2008). Risk factors for diabetes have been identified, including obesity, inactivity, and poor dietary habits. Diabetes prevention programs have been developed, including those for college students, particularly at the undergraduate level. However few programs exist for undergraduate students attending HBCUs (Owens, 2008). The Healthy Living/Healthy You program is a lifestyle modification program designed to prevent diabetes among HBCU students.

Methods: Students enrolled at two HBCUs were recruited to complete an online survey including questions regarding risk factors for diabetes and related factors. African-American students who indicated at least one risk factor for diabetes (overweight/obese, low physical activity, consumption of less than five fruits/vegetables per day, and/or a family history of diabetes) were recruited to participate in a 6-week lifestyle modification program. Each week included three sessions, two led by a certified fitness instructor and one led by a nutritionist. A pre-post design with a baseline and 6-month follow-up will be implemented to determine the effectiveness of the program.

Results: Findings will include the prevalence of risk factors among HBCU students who completed the online survey and the results of multivariate models investigating the covariates of risk factors for diabetes. Also, the approach and components of the Healthy Living/Healthy You program will be described.

Conclusion: This poster will discuss the prevalence of risk factors for diabetes among HBCU undergraduates and the implications of not addressing diabetes risk factors during the college period.

16. Racial/Ethnic Disparities in Asthma in North Carolina

Winston Liao

Introduction: Racial/ethnic minorities are disproportionately affected by asthma in North Carolina. This descriptive study investigates the disparities between whites and African Americans with respect to asthma prevalence, selected asthma-related outcomes and management behaviors, and asthma mortality.

Methods: We analyzed asthma data from the 2007 North Carolina Behavioral Risk Factor Surveillance System and the 2007 Child Health Assessment and Monitoring Program to examine differences in asthma prevalence, attacks and symptoms; emergency room and healthcare visits; activity limitation; and disease management. Vital statistics from 1999-2007 were used to determine racial differences in asthma mortality.

Results: Among adults, Native Americans had the highest lifetime and current prevalence rates (16.4%, 10.0%) followed by African Americans (14.8%, 9.9%), and whites (12.1%, 7.9%). More whites than African Americans reported asthma attacks, symptoms, days unable to carry out usual activities, using an inhaler, and having an asthma management plan. African Americans had more emergency room and healthcare visits, difficulty sleeping, and asthma medication usage. African American children had significantly higher lifetime and current prevalence rates (23.2%, 17.4%) than their white counterparts (14.5%, 8.3%). They reported more ER visits, missed school days, and using emergency asthma medication at school, while more white children used daily and rescue asthma medications and had an asthma management plan. African Americans had a significantly greater asthma mortality rate (3.28/100,000) than whites (1.23/100,000).

Poster Abstracts (continued)

Conclusion: Racial/ethnic disparities are notable among adults and children with asthma in North Carolina. These findings provide ongoing surveillance data that complement current local, community-based activities supported by the North Carolina Asthma Program.

17. Hope Works and Threads of HOPE: Addressing Women's Health and Poverty Through Community Participatory Research

Katie Barnes, Salli Benedict, Marci Campbell, Patricia Peterson, Imani Rivera

Introduction: We will describe the participatory process that led us from HOPE Works, a women's obesity prevention and empowerment project, to Threads of HOPE NC, a woman-owned business and entrepreneurial training laboratory.

Methods: HOPE Works focuses on goal setting, weight management and increasing hope among lower income rural women by addressing social/economic determinants and healthy behaviors. The Community Advisory Committee (CAC) planned, implemented and evaluated the project with the UNC research team. Community women receive training and lead Hope Circles of women in their social networks to set and achieve health and life goals. Evaluation included qualitative, quantitative, and bio-measures. During our decade long community-university partnership, the relationship of jobs, poverty and health has been emphasized repeatedly, culminating in the decision, during the HOPE Works project funding period, to start a business. The result is Threads of HOPE NC, a successful sewing enterprise.

Results: Preliminary results from the first four years of the HOPE Works study indicate that HOPE Works is a successful model: reaching mostly minority women (over 67 % African American). Women in HOPE Circles experienced significant weight loss and increases in physical activity, fruit and vegetable intake and hope compared with non-participants. To address the loss of jobs and the relationship between poverty and health, women in the project started a business.

Conclusion: Using a CBPR process can lead to sustainable community programs that address health within the context of women's lives by improving their economic condition.

18. Use of Psychosocial Support Services at Diagnosis among Patients with Colorectal Cancer in the VA

Natia S. Hamilton, George L. Jackson, David H. Abbott, Bryan Paynter, Leah Zullig, Diana L. Ordin, Dawn T. Provenzale

Introduction: Psychosocial support among colorectal cancer patients (CRC) has potential to improve quality of life. We examined factors, including race, potentially associated with the use of VAMC patient's receipt of psychosocial support within 3 months of diagnosis.

Methods: Analysis included 396 veteran patients with CRC treated at 28 participating VAMC. We calculated proportion of veterans receiving psychosocial care (i.e. social work, chaplain, psychology, psychiatry, mental health nurse, other) within three months of CRC diagnosis. Logistic regression was used to examine association between receipt of psychosocial support and: 1) marital status, 2) age, 3) determined stage, 4) hospital complexity, 5) race, 6) service connected status, 7) cancer type, and 8) gender.

Results: Approximately 81% of patients received some form of psychosocial support. Patients often received more than one form. 50% social work services, 62% chaplain services, 6% psychologist services, 8% psychiatry services, 4% other mental health nurse services, and 1% some other form of service. Bivariate analysis indicate cancer type [colon vs. rectal] [OR=1.76, 95% CI=1.04- 2.98]; marital status (married vs. unmarried) [OR=0.60, 95% CI =0.35- 1.03], and stage at diagnosis (I vs. IV) [OR=0.49, 95% CI=0.23- 1.05] were significantly associated with receiving psychosocial services.

Poster Abstracts (continued)

Conclusions: About 2/3 of VA patients with CRC received psychosocial service support around the time of CRC diagnosis. Patients in the VA are less likely to receive psychosocial support services if they had rectal vs. colon cancer, married, or had a lower stage. Race was not associated with receipt of psychosocial support.

19. Tetanus Immunization Initiative: Tafi Atome, Ghana

Delali O Blavo, Isaac Tam, Cyril Blavo, Erica Burch

Introduction: Tetanus is a serious disease of the nervous system caused by ubiquitous spores of the bacteria *Clostridium tetani*. When infected the patient suffers a significant illness, which may lead to death in 10 – 20 % of cases. A 1999 World Health Organization (WHO) report established that while substantial progress has been made toward the elimination of tetanus globally limited progress has been made in Africa. In a recently published profile of Ghana by the WHO, tetanus deaths account for four percent of total neonatal deaths in Ghana.

Methods: In three phases women of childbearing age in the Tafi Districts were vaccinated, according to implemented guidelines by the Ghana Health Service.

Results: During Phase one, 1170 persons were vaccinated. During phase two, 1136 persons were vaccinated. During phase three, 1150 persons were vaccinated. Over 90 % of the vaccinees received the full complement of the vaccinations.

Conclusion: The goal of this initiative is to advance the WHO's aim toward the Global elimination of neonatal tetanus and maternal tetanus. The target date for worldwide elimination was set for 2005, however neonatal and maternal tetanus continue to be significant problems. Ghana is one of eighteen Class B countries who according to the WHO have between 11% - 50% of their districts are high risk. The objective of the initiative is to identify gaps in immunization coverage in rural Ghana, and implement immunization campaigns to close those gaps.

20. Racial/Ethnic Group Differences in Child Maltreatment Outcomes

Jon Hussey, Quynh C. Nguyen

Introduction: Evidence on racial/ethnic differences in maltreatment outcomes is limited and findings are mixed. Past studies have largely focused on a single exposure (physical abuse) and a limited set of outcomes (externalizing behaviors) and have relied on non-probability samples of uncertain generalizability. We extend past research by examining an expanded set of maltreatment exposures (neglect, physical assault, and sexual abuse) and a broader range of outcomes, including alcohol, cigarette, and illicit drug use; externalizing behaviors; and depression.

Methods: We use data from the National Longitudinal Study of Adolescent Health (Add Health), a nationally representative sample of more than 15,000 young adults first interviewed in 1994-95. Using logistic regression and controlling for socio-demographic characteristics, we estimate the association between four types of self-reported childhood maltreatment and twelve health risk outcomes measured during early adulthood (ages 18-26). To examine whether associations between maltreatment and health differ by race/ethnicity, we estimate separate models for Non-Hispanic Whites, Non-Hispanic Blacks, Latinos, Asian/Pacific Islanders, and Multiracial participants.

Results: Across all racial/ethnic groups, maltreatment tended to be most strongly associated with illicit drug use, externalizing behaviors, and depressive symptoms. While many associations differed by racial/ethnic group, no clear patterns (by maltreatment type or health risk outcome) emerged.

Conclusions: When an expanded set of exposures and outcomes is considered, racial/ethnic group differences in the consequences of child abuse and neglect appear to be less consistent and more complex than previously reported.

Poster Abstracts (continued)

21. How Does Having Medicaid as an Individual's Primary Insurance Affect the Type of Surgical Hysterectomy Procedure Chosen for Uterine Fibroids?

Donovan Augustus Anderson

Introduction: Uterine fibroids are benign tumors that can negatively affect the female's reproductive system. Their two distinct surgical procedures are the abdominal and vaginal hysterectomy. Abdominal hysterectomies are the more invasive surgical procedures when compared to vaginal hysterectomies. Thus, they lead to more complications, render slower hospital recovery time, and cause greater physical pain. The study proposes that (1) Medicaid insured patient's are more likely to receive abdominal hysterectomy as a surgical procedure for uterine fibroids and (2) Black women are more likely to receive the abdominal hysterectomy procedure than White women while sharing the same insurance.

Methods: This paper will use National Hospital Discharge Survey data from 2004-2006. It will analyze the data using Ordinary Least Squares (OLS) regression, and three types of propensity score matching (PSM) techniques—Mahalanobis matching with and without replacement, and Kernel matching.

Results: All techniques conclude with statistical significance that Black women with uterine fibroids are more likely to receive abdominal hysterectomies than vaginal hysterectomies. White women in contrast are more likely to receive vaginal hysterectomies than abdominal ones under PSM techniques. The secondary hypothesis was not proven with statistical significance in three out of the four techniques used.

Conclusion: Medicaid is an indicator of surgical procedure choice. Future research should include data over a longer time period (1997-2006) since here significance was only slightly missed. Although statistical significance is not proven in this case, the study illustrates that more research is required to render more equitable health outcomes across race.

22. Perspectives of Policymakers Regarding the Quality of Family Planning Services Received by Women Who Have Had Terminated Pregnancies in Argentina

Bita Emrani

Introduction: The purpose of the study was to examine the perspectives of policymakers regarding the quality of family planning services received by women who have had terminated pregnancies in Argentina through an interview process.

Methods: Eight policymakers and leaders who are working in the field of reproductive, women's and child's health were interviewed.

Results: Overall, the policymakers whom I interviewed felt that although the quality of these services received by these women had improved much over the past few years it still is not where it should be.

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