

THE MINORITY STUDENT CAUCUS PRESENTS

31ST ANNUAL MINORITY HEALTH CONFERENCE

# BUILDING COMMUNITY IN THE AGE OF INFORMATION:

*Fighting Health Inequality in the Modern World*



## Conference Program

February 26, 2010

The William and Ida Friday Center  
for Continuing Education

University of North Carolina at Chapel Hill  
Chapel Hill, North Carolina



UNC  
GILLINGS SCHOOL OF  
GLOBAL PUBLIC HEALTH

MSC  
MINORITY STUDENT CAUCUS

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Minority Health Project  
North Carolina Institute for Public Health



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# 2009-2010 Minority Health Conference Staff

## PLANNING COMMITTEE

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Emily Brostek	Health Behavior and Health Education

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<i>Laurel Harduar Morano</i>	<i>Epidemiology</i>
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Patsy Polson	Environmental Sciences and Engineering

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Maggie Carlin	Health Behavior and Health Education
Jillian Casey	Health Behavior and Health Education
Megan Clarke	Health Behavior and Health Education
Lindsay Herendeen	Health Behavior and Health Education
Jessica Hopkins	Health Behavior and Health Education
Sarah Lieff	Health Behavior and Health Education
Esther Majani	Health Behavior and Health Education
Jordan Perry	Health Behavior and Health Education
Lauren Westervelt	Health Behavior and Health Education

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#### UNC Gillings School of Global Public Health Advisors

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

#### North Carolina Institute of Public Health Advisors

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

*Italic denotes committee chair/co-chair.*

# Welcome to the 31st 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 the Minority Student Caucus' 31st Annual Minority Health Conference.



Many things have changed in the world since the first Minority Health Conference was held in 1977. We now live in a digital world where health information can be disseminated through web modules, viral videos, text messages, and social networking sites. Medical technology has advanced rapidly, leading to better health outcomes for many people.

And yet so many things remain the same, particularly with regard to the health of minorities. Even though our first African American president took the oath of office just over a year ago, the harsh reality of health disparities in the United States persists, resulting in lower life expectancies and greater morbidity for minority groups and other populations.

The theme of this year's conference, "Building Community in the Age of Information: Fighting Health Inequality in the Modern World," will challenge us all to explore all the opportunities—and challenges—that we face as we seek to build community for better health in vulnerable and disadvantaged populations in today's world.

We are tremendously grateful that you chose to participate in this year's conference and hope that you leave with new ideas, knowledge, and connections from our keynote lecture and our breakout and poster sessions.

We would like to extend a special welcome to our partner conferences that will be sharing our keynote lecture via internet broadcast and organizing events in their local area including the University of Illinois at Chicago, George Washington University, and Tulane University.

We were privileged this year to work with an energetic, devoted, and determined planning committee, and would like to extend our most sincere thanks for the time and effort they put into making this conference a reality, all while balancing busy schedules and rigorous academic responsibilities. We felt honored to work with such a talented and dedicated group throughout the year. We would also like to thank all our sponsors for the generosity of their contributions and donations; without their support, this day would not be possible. Finally, we wish to extend a special thank you to our faculty and staff advisors, Dr. Victor Schoenbach, Dean Felicia Mebane, Ms. Chandra Caldwell, Ms. Kathy Sprinkle, and Dr. Bill Jenkins, for their support and guidance throughout the planning process.

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

Warmest regards,

A handwritten signature in black ink that reads "Aprajita Anand".

Aprajita Anand  
Conference Co-Chair  
MPH Candidate  
*Health Behavior and Health Education*

A handwritten signature in black ink that reads "Emily Brostek".

Emily Brostek  
Conference Co-Chair  
MPH Candidate  
*Health Behavior and Health Education*

# Conference at a Glance

TIME	EVENT	ROOM
8:00 am	Registration/Continental Breakfast	Central Atrium
9:00 am	Introductions & Welcome	Grumman
9:30 am	12th Annual William T. Small, Jr. Keynote Lecture	Grumman
10:45 am	Exhibits and Poster Session	
11:00 am	Morning Concurrent Sessions	
	A1. <i>Latino Health: Grassroots Radio as an Educational Tool</i>	Dogwood
	A2. <i>Grassroots Efforts: Rogers-Eubanks Neighborhood Association</i>	Redbud
	A3. <i>Telemedicine</i>	Windflower
	A4. <i>Elderly Mistreatment in Minority Populations</i>	Bellflower
	A5. <i>Occupational Health</i>	Mountain Laurel
12:15 pm	Lunch Exhibits and Poster Session	Trillium Room
1:30 pm	Afternoon Concurrent Sessions	
	B1. <i>Edutainment</i>	Dogwood
	B2. <i>LGBT Issues</i>	Redbud
	B3. <i>Interventions Based on Social Networks</i>	Bellflower
	B4. <i>American Indian Health</i>	Mountain Laurel
2:45 pm	Exhibits and Poster Session	
3:00 pm	Afternoon Interactive Sessions	
	C1. <i>Health Literacy Workshop</i>	Redbud
	C2. <i>The Delta Project: Community Health Centers</i>	Dogwood
4:30 pm	Conference Adjourns	

## WE WANT YOUR FEEDBACK!

Please take a moment to let us know what you think. Online evaluations of the 31st Annual Minority Health Conference are available at

<http://studentorgs.unc.edu/msc>



**The Minority Health Conference  
is on Twitter!**

**Follow us @MHC2010**

# Community Organizing and Community Building: Public Health Watchwords for the 21st Century

by Robert E. Fullilove, EdD

## ABSTRACT

Health disparities in the United States represent a combination of conditions that are often concentrated in poor communities. In many (but not all) of these places, the task of creating effective interventions is complicated by the lack of social cohesion in the community, and the lack of social capital in all but the most tightly knit family and kinship networks of community residents.

If we want to create communities that are strong and healthy, perhaps the first task is *not* to create health promotion or disease prevention interventions. Trying to target "at risk" individuals and individual risk behaviors has, in all too many cases, proven to be unsuccessful at changing the health profiles of these individuals, and more importantly, their communities. Perhaps the real challenge is to create the social capital and the collective efficacy as the foundation upon which successful, community-wide programs are based.

In this lecture, Dr. Fullilove will explore the opportunities available through a return to the roots of old-fashioned community organizing. Through community organizing, we can construct interventions out of those efforts to develop solid, cohesive groups who can work effectively to deal with community issues. Organizing for collective efficacy should be a watchword for our efforts to eliminate health disparities.

## Robert E. Fullilove, EdD

Associate Dean for Community and Minority Affairs  
and Professor of Sociomedical Sciences  
Mailman School of Public Health of Columbia University

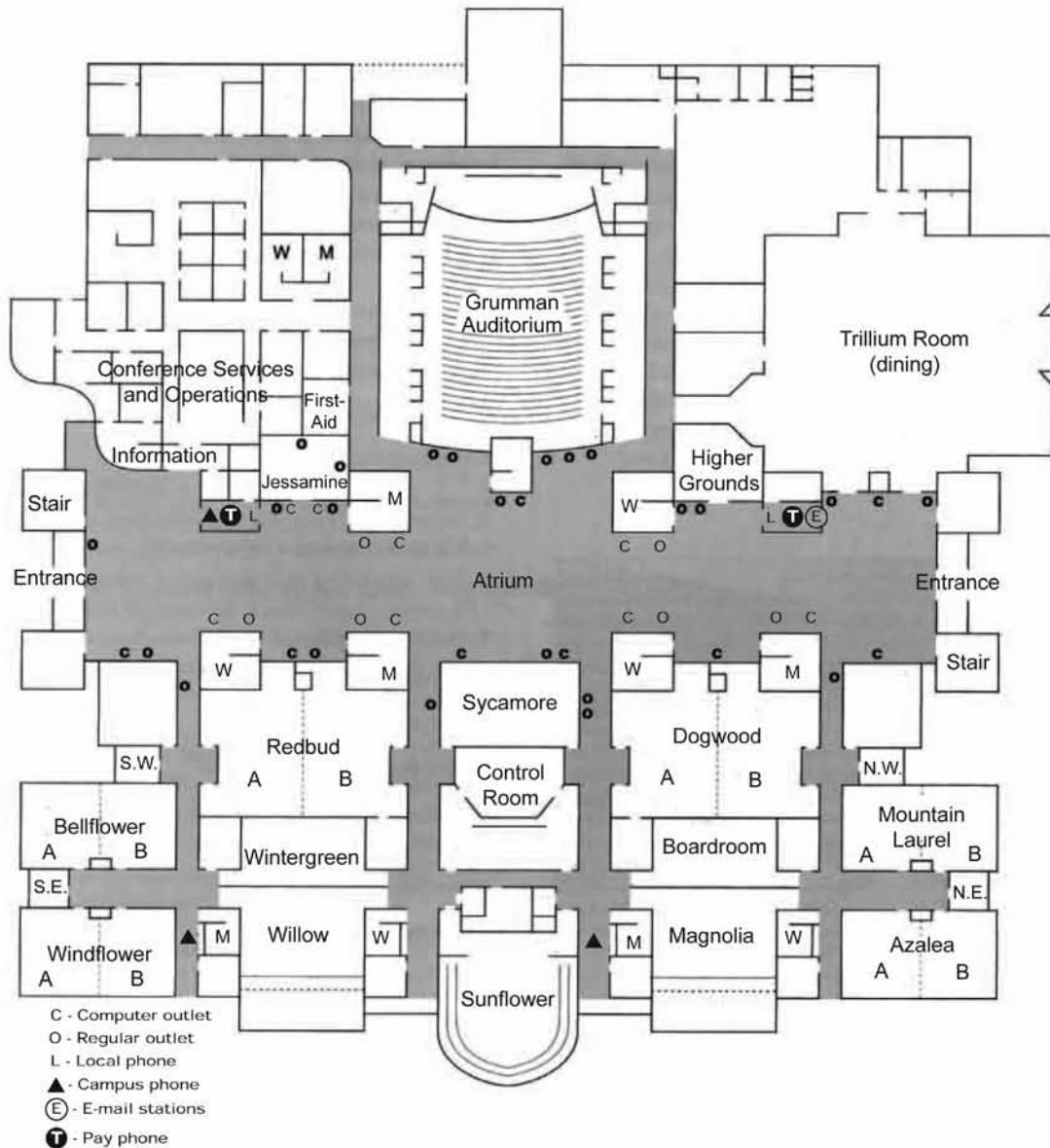
Robert E. Fullilove, EdD is Associate Dean for Community and Minority Affairs, Professor of Clinical Sociomedical Sciences at the Mailman School of Public Health of Columbia University, and co-director of the Community Research Group. He also co-directs a newly formed degree program in Urbanism and Community Health. Dr. Fullilove has authored

numerous articles in the area of minority health. From 1995 to 2001, he served on the Board of Health Promotion and Disease Prevention at the Institute of Medicine (IOM) at the National Academy of Sciences. Since 1996, he has served on five IOM study committees that have produced reports on a variety of topics including substance abuse and addiction, HIV/AIDS, tuberculosis, and damp indoor spaces and health. Dr. Fullilove is a member of the Federal Advisory Committee to the Center for Complementary and Alternative Medicine at the NIH and for five years, between 1999 and 2004, was the co-chair of the Federal Advisory Committee to the CDC and HRSA on AIDS. He has twice been awarded the Distinguished Teaching Award at the Mailman School of Public Health, and in May, 2002, he was awarded an honorary doctorate from the Bank Street College of Education.



# Floor Plan

## The William and Ida Friday Center for Continuing Education



## Session Locations

	BELLFLOWER	DOGWOOD	MOUNTAIN LAUREL	REDBUD	WINDFLOWER
11:00 am	Elderly Mistreatment	Grassroots Radio as an Educational Tool	Occupational Health	Grassroots Efforts	Telemedicine
1:30 pm	Interventions Based on Social Networks	Edutainment	American Indian Health	LGBT Issues	
3:00 pm		The Delta Project		Health Literacy Workshop	

# Agenda

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8:00 am	<b>Registration/Continental Breakfast</b>	<i>Central Atrium</i>
9:00 am	<b>Introductions and Welcome</b>	<i>Grumman Auditorium</i>
	<b>Holden Thorp, PhD</b> Chancellor, University of North Carolina at Chapel Hill	
	<b>Barbara K. Rimer, DrPH</b> Dean, UNC Gillings School of Global Public Health	
	<b>Moderator: Aprajita Anand</b> Conference Co-chair Masters Candidate, Health Behavior and Health Education UNC Gillings School of Global Public Health	
9:30 am	<b>12th Annual William T. Small, Jr. Keynote Lecture</b>	<i>Grumman Auditorium</i>
	<b>Robert E. Fullilove, EdD</b> Professor of Clinical Sociomedical Sciences Associate Dean for Community and Minority Affairs Columbia University Mailman School of Public Health	
	<b>Moderator: Emily Brostek</b> Conference Co-chair Masters Candidate, Health Behavior and Health Education UNC Gillings School of Global Public Health	
10:45 am	<b>Exhibits and Poster Session</b>	
11:00 am	<b>Morning Concurrent Sessions</b>	
	<b>Session A1: Latino Health: Grassroots Radio as an Educational Tool</b>	<i>Dogwood</i>
	Each Monday at noon, Spanish-speakers in Carrboro and Chapel Hill have the opportunity to tune into <i>La Salud Familiar</i> , a radio show hosted by José Manuel Martinez and Laura Wenzel on WCOM, a low-power community radio station. <i>La Salud Familiar</i> , which means Family Health, has aired weekly since 2007, featuring Spanish-language interviews with guests ranging from specialists at UNC to teen health promoters in the schools, on topics as diverse as childhood obesity and saving for college. In their presentation, Laura and José Manuel will discuss the logistics and challenges of producing and promoting a grassroots radio program and their aspirations for the future.	
	<b>Presenters:</b> <b>José Manuel Martinez, RN</b> Creator and co-host of <i>La Salud Familiar</i>	<b>Laura Wenzel, MA</b> Producer and co-host of <i>La Salud Familiar</i>
	<b>Moderator: Katie Krieger</b> Health Behavior and Health Education UNC Gillings School of Global Public Health	

# Agenda continued

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11:00 am **Morning Concurrent Sessions**

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## **Session A2: Grassroots Efforts**

*Redbud*

### *Rogers-Eubanks Neighborhood Association (RENA)*

Grassroots efforts continue to be an important way that communities can advocate for social justice and civil rights, in this case concerning issues of environmental racism. RENA was developed to address issues of environmental injustice in a Chapel Hill, NC neighborhood. This session, led by many of the community members living in the Rogers-Eubanks area, will describe the history of the environmental justice movement and explain strategies to advance community concerns about environmental and public health, including organizing community members, and partnering with local governments and university scientists and attorneys.

#### **Presenters:**

##### **Minister Robert L. Campbell**

Co-founder and President,  
Rogers-Eubanks Neighborhood Association

##### **David Caldwell**

Project Manager,  
RENA Community Based Participatory Research

##### **Mark Dorosin, JD**

Adjunct Professor of Law  
Senior Attorney, Center for Civil Rights  
UNC School of Law

##### **Moderator: Stephanie Baker**

Health Behavior and Health Education

##### **Chris Heaney, PhD**

WK Kellogg Health Scholar  
Adjunct Professor of Law  
Senior Attorney in the Center for Civil Rights  
UNC School of Law

##### **Barbara Hopkins**

PITCH-in Project Assistant

## **Session A3: Telemedicine**

*Windflower*

Access to quality health care in rural and other underserved communities is a major healthcare issue. Telemedicine is a rapidly developing application of clinical medicine that can be used to increase individuals' access to healthcare while also improving the quality of various healthcare services. It is the use of telecommunications technology to deliver clinical diagnosis, services, and patient-provider consultations. This session will highlight the current and prospective uses of telemedicine in addressing the needs of rural and underserved communities both domestic and abroad.

#### **Presenter: Ronald Merrell, MD, FACS**

Professor, Department of Surgery  
Virginia Commonwealth University School of Medicine and  
Virginia Commonwealth University Health System

#### **Moderator: Glen Baldwin**

Health Policy and Management  
UNC Gillings School of Global Public Health

# Agenda continued

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11:00 am **Morning Concurrent Sessions, continued**

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**Session A4: Elderly Mistreatment in Minority Populations**

*Bellflower*

The number of elderly minority in this country has grown rapidly in recent years, and will continue to increase in coming years. Elder abuse and mistreatment is a widespread—but often unacknowledged—problem in our society. This session will explore issues related to mistreatment in elderly minority populations.

**Presenter:** Racquel Daley-Placide, MD

Assistant Professor, Division of Geriatric Medicine  
UNC School of Medicine

**Moderator:** Kristen Kenan

Public Health Leadership  
UNC Gillings School of Global Public Health

**Session A5: Occupational Health in the North Carolina Minority Population** *Mountain Laurel*

This presentation provides data on workplace fatalities in NC for the last five years. Additionally, the presenter will provide an overview of the North Carolina Department of Labor Occupational Safety and Health Division (NCDOL-OSH) organizational structure and services, as well as information about the OSH Act, the OSH Act of North Carolina, and the statutes, codes and standards enforced by OSH.

**Presenter:** Alan Fortner

Hispanic Outreach Consultant, North Carolina Department of Labor  
Division of Occupational Safety and Health  
Bureau of Education, Training and Technical Assistance

**Moderator:** Maggie Carlin

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

12:15 pm

**Lunch**

*Trillium Room*

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1:30 pm

**Afternoon Concurrent Sessions**

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**Session B1: Edutainment**

*Dogwood*

*Sponsored by the UNC Injury Prevention Research Center*

In the United States, homicide is the second-leading cause of death for 15- to 24-year-old African Americans. CeaseFire works to reduce and prevent death among this population by (1) employing credible messengers to identify and interrupt street conflicts, (2) reduce the risk of those involved, and (3) change social norms about the acceptability of shootings and killings to address conflict. Video artist Lincoln Schatz and CeaseFire are collaborating to create Cure Violence, a groundbreaking hybrid of public art, public health, and social media designed to empower communities to take control of the violence epidemic.

**Presenters:**

**Nell Taylor**

Project Lead with Cure Violence  
Founder and Director for Chicago Underground Library

**Amanda Geppert**

Director  
National Partnership and Technical Assistance  
The Chicago Project for Violence Prevention  
(CeaseFire)

**Moderator:** Lindsay Herendeen

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

# Agenda continued

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1:30 pm **Afternoon Concurrent Sessions, continued**

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**Session B2: LGBT Health State of the Union 2010: Overview & Opportunities to Act** *Redbud*  
*Sponsored by Provost's Committee on LGBTQ Life*

Over the past decade, LGBT health issues have been systemically ignored by many levels of government. As health policy returns to a science-based approach, a slew of opportunities exist to advance LGBT health at the local, state, and national level. This session aims to explore some of the top LGBT health issues, including missing information, future opportunities, new alliances, greatest threats, and the use of social media to rally the masses.

**Presenter: Scout**

Director, National LGBT Tobacco Control Network (NatNet)  
Adjunct Assistant Clinical Professor, Boston University School of Public Health

**Moderator: Derrick Matthews**

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

**Session B3: Interventions Based on Social Networks**

*Bellflower*

Innovative approaches are necessary to address health disparities, including outreach and partnerships with individuals where they live, work, play, and socialize. This workshop will share information about a 10-year effort to partner with beauty salon/barbershop owners, stylists/barbers, and their customers to promote health and reduce disparities in these important community settings.

**Presenter: Laura Linnan, MsED, ScD**

Associate Professor  
Department of Health Behavior and Health Education  
UNC Gillings School of Global Public Health

**Moderator: Kristen Kenan**

Public Health Leadership  
UNC Gillings School of Global Public Health

**Session B4: A Look into the World of American Indian Health**

*Mountain Laurel*

North Carolina has the eighth largest American Indian population in the country. Yet, they have limited access to federal healthcare resources. Health disparities of American Indians in North Carolina continue to make them a population at risk. As reflected in data from the State Center for Health Statistics, American Indians lead other populations in health disparities and mortality rates. This presentation will examine some of the unique factors that contribute to American Indian health disparities and make them at higher risk for certain health behaviors.

**Presenters:**

**Kerry Bird, MSW**  
Grant Coordinator for the American Indian Teen Tobacco Use Prevention Program  
North Carolina Commission of Indian Affairs

**Moderator: Jordan Penny**

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

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

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# **Agenda continued**

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3:00 pm

## **Afternoon Interactive Sessions**

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

### **Session C1: Health Literacy Workshop**

*Redbud*

Health literacy is the ability to obtain, process, comprehend, and make use of basic health information to make important health decisions. Multiple studies show that poor health status is very high among patients with low health literacy, especially among older adults and minority and immigrant populations. Participants will explore and practice key communication strategies to help overcome health literacy barriers for all populations.

#### **Presenters:**

**Rebecca H. Hunter, MEd**

Research Associate, UNC Center for Aging and Health  
Associate Director, Carolina Geriatric Education Center

**Jennie C. De Gagne, PhD, MSN, MS, RN-BC**  
Assistant Professor, Department of Nursing  
North Carolina Central University

**Sarah Guynn Lowman**

Special Projects Coordinator  
Carolina Geriatric Education Center  
UNC Center for Aging and Health

**Sujayalakshmi Devarayasamudram**

Clinical Associate Professor, Department of Nursing  
North Carolina Central University

**Kathie C. Garbe**

Chair and Associate Professor, Department of Health and Wellness  
UNC Asheville

**Moderator: Ingrid Rosiuta**

Public Administration  
University of North Carolina at Chapel Hill

### **Session C2: The Delta Project Community Health Centers**

*Dogwood*

Community-based public health is a staple in the field and will continue despite current technological advances. One of the most successful examples of a community health center was The Delta Project created in Mound Bayou, Mississippi by Drs. Jack Geiger and John Hatch. The health center addressed health issues and many of the social determinants of health, including economics, jobs, and education. During this session, participants will view a short documentary that describes the details of The Delta Project and participate in an engaging post-film discussion about how the principles of health communication and community organizing from a project in 1960's continue to be important and can be applied to community health centers today.

**Presenter: Martha Monnet, MPH**

Reality Ministries

**Moderator: Stephanie Baker**

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

4:30 pm

## **Conference adjourns**

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# Speaker Biographies

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## Kerry Bird, MSW

Mr. Bird (Sisseton-Wahpeton Dakota/Lumbee), is Grant Coordinator for the American Indian Teen Tobacco Use Prevention Program funded by the Health and Wellness Trust Fund and directed by the North Carolina Commission of Indian Affairs. Previously, Mr. Bird worked for ProGroup, Inc., a Minneapolis-based consulting firm specializing in providing diversity awareness trainings to corporations across the country. Mr. Bird has been actively involved in the area of philanthropy in communities of color. He was a member of the Joint Affinity Group for the Council on Foundations, a member of the Diversity Endowment Fund for the Saint Paul Foundation, and chair of the Two Feathers Fund in Minnesota. He has maintained strong ties with UNC-CH and serves on the Alumni Committee on Racial and Ethnic Diversity, the American Indian Reunion Committee, and as an advisor for the American Indian Resource Center. A native of Pembroke, NC, Mr. Bird earned a BA in Political Science from UNC-CH and an MSW from Washington University in St. Louis, Missouri. He was a Kellogg Fellow with the American Indian Ambassadors Program and is a current member of the National Association of Social Workers.

## David Caldwell

Mr. Caldwell has lived in the Rogers-Eubanks community for over 37 years and the historical promises of basic public services (recreation center, water and sewer connections) as compensation for hosting a landfill were made in his family's front yard in 1972. David is the project manager of RENA's community based participatory research partnerships with UNC and the Daniel A. Okun Chapter of Engineers Without Borders (EWB) to investigate air and water quality in areas bordering the Orange County landfill.

## Minister Robert L. Campbell

Minister Campbell presently serves as a member of the deacon board at the Faith Tabernacle Oasis of Love International Church and is co-founder and President of the Rogers-Eubanks Neighborhood Association, co-founder and co-chair of the Coalition to End Environmental Racism, and third Vice President and Head of the Environmental Justice Committee of the Chapel Hill/Carrboro NAACP. He is also a Board Member of the North Carolina Environmental Justice Network and community research associate and partner on community-based participatory research projects with the UNC Gillings School of Global Public Health. Recently, he was invited to the White House to speak to EPA Administrator Lisa Jackson and Department of Health and Human Services Secretary Kathleen Sebelius about issues in the Rogers-Eubanks community related to clean energy and public health.

## Racquel Daley-Placide, MD

Dr. Daley-Placide received her undergraduate degree from the University of Florida, Gainesville. She completed her medical degree at Meharry Medical College in Nashville, graduating cum laude. This was followed by Internal Medicine residency at the University of Oklahoma College of Medicine-Tulsa where she served as chief resident. Along the way, she married Jon Placide and they had a daughter, Ashley. The Placides relocated to North Carolina in 2005 so Racquel could complete a Geriatrics Fellowship at UNC-Chapel Hill. The emphasis of her fellowship was long term care and end of life care. After her fellowship, she joined the faculty in the Division of Geriatrics where she currently practices.

## Jennie C. De Gagne, PhD, MSN, MS, RN-BC

Dr. De Gagne is assistant professor of the Department of Nursing at North Carolina Central University. She studied in Nursing in South Korea, earning graduate degrees in Health Psychology and Nursing Education, as well as a doctorate in Education in the U.S. She has 20 years of nursing experience in a wide variety of settings, including primary care, case management, administration, and education. Dr. De Gagne was selected for the Stanford Geriatric Education Center (SGEC) Faculty Development Program in 2009 and is currently a postgraduate fellow of the SGEC's mini-fellowship program in Ethnogeriatrics. She is actively involved in research pertaining to health disparities among Asian minority immigrants, as well as depression among immigrant groups, especially Korean immigrant elders.

## Sujayalakshmi Devarayasamudram, MPhil, MSN, RN

Ms. Sujaya is clinical associate professor, Department of Nursing at North Carolina Central University. She studied in India, majoring in Nursing, Philosophy, Sociology, Social Anthropology, Public Administration, and Psychology. Ms. Sujaya has 30 years of teaching experience in a wide range of settings in different countries such as India, the Middle East and the USA. Her research interest includes minor ailments and home remedies, HIV/AIDS, and health disparities among Indian minority immigrant groups. Ms. Sujaya enjoys teaching students from a wide variety of cultural backgrounds.

# **Speaker Biographies continued**

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## **Mark Dorosin, JD**

Mark Dorosin joined the UNC Center for Civil Rights as a senior attorney in 2008, focusing on community inclusion and economic development. A graduate of Duke University, he earned a master's degree from UNC-Greensboro and a law degree from UNC-Chapel Hill in 1994. Prior to joining the Center for Civil Rights, Dorosin held several positions including supervising attorney at the Community Enterprise Clinic at the Duke University School of Law, attorney and loan servicing officer at Self-Help, a leading North Carolina community development corporation, and as assistant clinical professor of law and the interim director of the UNC Law School Community Development Law Clinic during the 2003-04 academic year.

## **Alan Fortner, MESH**

A native of eastern North Carolina, Alan Fortner is a graduate of Clemson University in Industrial Engineering. He has been employed in state service as well as in private industry as a quality control engineer. Alan began learning Spanish in the mid 1990's from neighbors who had moved here from Mexico. In 2000, he served for over two years as a missionary with the International Mission Board in Monterrey, Mexico. It was in Mexico where Alan became fluent in Spanish. He married Bárbara García, a Dominican, in the Dominican Republic in March 2005 and they have one daughter, Alanna. Alan joined OSH in August 2005. He is a teacher in the OSH 10-hr and 30-hr Construction and General Industry. Alan works closely with other OSH divisions when help is needed in communicating with the Hispanic workforce.

## **Kathie C. Garbe, PhD, CHES**

Dr. Garbe is Chair and Associate Professor in the Department of Health and Wellness at UNC Asheville. Dr. Garbe is creator and Director of an award winning intergenerational fitness and wellness program for older adults. She earned her PhD from Texas Woman's University with a focus on health and aging. She serves on the International Council on Active Aging and served as Chair of the Fitness and Wellness Council of AAH-PERD. Dr. Garbe's work includes curriculum development for older adult wellness, service learning and civic engagement, and program planning for diverse populations.

## **Amanda Geppert, MPH**

Ms. Geppert is the director of National Partnership and Technical Assistance for CeaseFire, a scientifically proven public health intervention to reduce shootings and killings. She manages all aspects of program implementation for national replication partners, including site selection and customization of technical assistance service delivery. She is interested in understanding the power of new media to change social norms about violence as an acceptable response to conflict. Ms. Geppert holds a MPH from the School of Public Health at the University of Illinois at Chicago. She specialized in community health sciences with an emphasis on behavioral sciences and health promotion. She is currently a Master of Design Methods candidate at the Institute of Design at the Illinois Institute of Technology where she is exploring the convergence of public health and design methods to provide new ways to create health behavior interventions.

## **Chris Heaney, PhD**

Dr. Heaney earned his MS in environmental health microbiology and his PhD in epidemiology at the University of North Carolina Gillings School of Global Public Health. Presently, he is a W.K. Kellogg Health Scholar at UNC working on community-based participatory research projects in partnership with RENA and other community-based organizations across North Carolina. His research focuses on investigating environmentally-mediated health effects in disproportionately exposed communities neighboring landfills, industrial livestock operations, and sewage sludge land application sites.

## **Barbara Hopkins**

Mrs. Hopkins, PITCH-in Project Assistant, is co-founder and treasurer of the Rogers-Eubanks Neighborhood Association and co-founder of CEER, and has been extensively involved in community organizing, outreach, and educational activities. She assists with community education, outreach, and training activities; planning of participant recruitment; assigning compost kits; performing home visits and assessments; recording data; and producing six month and final reports for the proposed project.

# Speaker Biographies *continued*

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## **Rebecca H. Hunter, MEd**

Ms. Hunter is Research Associate, Center for Aging and Health, UNC School of Medicine and Associate Director, Carolina Geriatric Education Center. With a background in mental health and public health, Mrs. Hunter's work is focused on health literacy education, healthy aging research, and community program development. She is co-director of the UNC Faculty Development Program in Health Literacy and Aging and Co-Investigator of the UNC Healthy Aging Research Network (HAN), a CDC initiative at eight US academic centers. Ms. Hunter has a long-standing interest in addressing health disparities at the community level. Her current research is focused on environmental factors affecting mobility and community engagement, as well as issues in the health or rural residents.

## **Laura Linnan, MSEd, ScD**

Dr. Linnan, associate professor and MPH program director for the Department of Health Behavior and Health Education at the UNC Gillings School of Global Public Health, is a member of the Lineberger Comprehensive Cancer Center and a fellow in the Center for Health Promotion and Disease Prevention. She has conducted more than 25 applied intervention studies funded mostly by the National Institutes of Health and Centers for Disease Control and Prevention to address chronic disease prevention with a special focus on addressing disparities in health. Dr. Linnan has utilized community-based participatory research principles to plan, deliver, and evaluate interventions in collaboration with individuals from worksites, universities, community colleges, beauty salons, barbershops, public libraries, and other settings. Her interdisciplinary research teams work to design and develop innovative process and outcome evaluations by utilizing both quantitative and qualitative methodological approaches.

## **Sarah Guynn Lowman, MPH**

Ms. Lowman is special projects coordinator for the Carolina Geriatric Education Center and the UNC Center for Aging and Health. She earned her master's degree in Health Behavior and Health Education from the UNC Gillings School of Global Public Health. Ms. Lowman has five years of experience as a program planner, researcher, and educator in the field of aging. She has worked in areas including falls prevention, physical activity, osteoporosis, and the health beliefs of foreign-born older adults. Additionally, Ms. Lowman has served as faculty and planning committee member for the CGEC's Faculty Development Course in Health Literacy and Aging.

## **José Manuel Martinez, RN**

Mr. Martinez worked as a volunteer paramedic and obtained his nursing degree in Monterrey, Mexico. He has lived in North Carolina for ten years, but does not work as a nurse because the US does not recognize the Mexican degree. He realized he would have an excellent opportunity to share his knowledge with the Spanish-speaking immigrant community with the founding of WCOM, and DJs an uplifting music show in addition to hosting *La Salud Familiar*.

## **Ronald C. Merrell, MD, FACS**

Dr. Merrell leads the Medical Informatics and Technology Applications Consortium (MITAC) at Virginia Commonwealth University in Richmond. MITAC is a laboratory of telemedicine dedicated to telemedicine and medical informatics. MITAC develops sensors, telecommunications protocols, effector software / middleware / hardware and process simulators. MITAC utilizes test beds for evaluating technology and validates medical procedures that rely upon informatics. Dr. Merrell has been awarded numerous citations by NASA including its public service medal three times.

## **Martha Monnett, MPH**

Ms. Monnett currently volunteers at Reality Ministries in Durham, a community based inter-church youth ministry dedicated to developing mentoring relationships with adolescents and life-long friendships with individuals with developmental disabilities. She worked for ten years for the Gillings School of Global Public Health in the Office of External Affairs as a fund raiser and two years for Young Life in Chapel Hill and Durham. She strives to reach out in service to those who are most often overlooked and at-risk in our community and society. She holds an MPH in Health Behavior and Health Education from the UNC Gillings School of Global Health.

## **Scout, PhD**

Dr. Scout is the Director of the National LGBT Tobacco Control Network (NatNet) and an Adjunct Assistant Clinical Professor at Boston University School of Public Health. He specializes in transgender health, tobacco, social determinants, health disparities, surveillance, and HIV. As Director of NatNet he leads a team of four who provide a variety of support and technical assistance services for tobacco control professionals and policy-makers in all health arenas. In 2007, Scout was one of the first recipients of the community service award from the National Coalition for LGBT Health. In 2008 he received the President's Award from the National Association of Gay and Lesbian Addiction Professionals. Scout is an openly transgender father of three kids proudly living in a small town in Rhode Island. NatNet is a project of the Fenway Institute at Fenway Community Health in Boston, MA.

# **Speaker Biographies** continued

## **Nell Taylor**

Ms. Taylor coordinates youth media, leadership and educational partnerships for Cure Violence and is the project development lead for video and new media artist Lincoln Schatz. She is also the founder and director of the Chicago Underground Library, a community archive that applies inclusive and participatory models from digital culture to strengthen local networks. She received her BA from Columbia College Chicago.

## **Laura Wenzel, MA**

Ms. Wenzel completed her master's in cultural anthropology at UNC Chapel Hill, doing fieldwork among social workers and psychiatric patients in Spain. She also dj'd college radio at the University of Tennessee, Knoxville, and George Washington University, and worked as a journalist for a variety of publications. She joined WCOM in 2006 when teen members of Pa'lante, a program she founded for local Latino youth, wanted to start a radio show, which then led to *La Salud Familiar* and a third program with her daughter for elementary school children.

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# Conference Exhibitors

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**Center for Health & Healing**  
Cornell P. Wright  
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Durham, NC 27713  
**919-572-6374**

**Health Sciences Library**  
Mellanye Lackey  
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Chapel Hill, NC USA 27599  
**919-843-3136**

**Ipas**  
Melodie Hunter  
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*info@ipas.org*  
**919-967-7052**

**The Leukemia & Lymphoma Society**  
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Cary, NC 27513  
**919-367-4093**

**LGBTQ Center**  
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**NC Healthy Start Foundation**  
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# Poster Abstracts

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## Land Loss among Black Farmers in North Carolina: Effects and Implications for the Next Generation

Peter Balvanz, MPH Candidate 2010; Morgan Barlow, MPH; Lillianne Lewis, MPH; Donna Parker, MPH; Kari Samuel, PhD Candidate 2013; Alice Ammerman, DrPH

**Introduction:** Discrimination has long-lasting negative impacts on health. Structural discrimination, in the form of discriminatory lending, is associated with the additional risk of land loss for low-income Black farmers. The number of Black farmers in the U.S. has been decreasing at an alarming rate. Land loss is a key factor to the diminishing number of Black farmers. This community-based participatory research (CBPR) study gave voice to the individual and community experiences of Black farmers in rural North Carolina, identifying concerns, strengths, and action steps.

**Methods:** Researchers used the qualitative, CBPR methodology of Photovoice. Participants developed three themes relating to land loss and took representative photographs of each. Participants chose photo(s) they believed best represented the theme, and the photo served as a trigger for a researcher-led discussion.

**Results:** Black farmers report lasting negative economic and psychological effects of past discriminatory lending. Despite the known negative effect, Black farmers continue to farm, reporting benefits that include: greater self-reliance, a healthier lifestyle, and hope for a new generation of Black farmers. Farmers report protective factors inherent to the occupation, including developing a strong work ethic and reducing risky behaviors among youth.

**Conclusion:** The effects of discriminatory lending remain risk factors that impede the pursuit of sustainable farming and represent a barrier for future generations of Black farmers. Recent changes in government outreach and support currently benefit some Black farmers, but the impact is not universal. Recommendations include continued modification to current lending systems, adequate representation, education, and outreach, and broadband internet access.

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## Ethnic and Racial Differences of Baseline Stroke Knowledge in a Stroke Belt Community

Donna J Biederman, RN, MN; Holly C Sienkiewicz, MA; Daniel L Bibeau, PhD; Chere M Chase, MD; LaPronda I Spann, MS; Robert Romanchuk, BS; Robert E Aronson, DrPH; Mark R Schulz, PhD; Angela T Galka, MPH

**Introduction:** Acute stroke is often a treatable condition; however intervention is time dependent and typically should ensue within three hours from onset of symptoms. The ability of individuals to understand stroke risk factors to reduce individual risk and to recognize warning signs and symptoms of stroke as signals to initiate medical care is paramount to decreasing stroke related morbidity and mortality.

**Methods:** This descriptive study presents ethnic and racial differences of baseline stroke knowledge among residents ( $n=1904$ ) of two North Carolina counties situated in the Stroke Belt.

**Results:** Findings suggest a global stroke knowledge deficit which is more pronounced among Hispanics.

**Conclusion:** Future community stroke education campaigns need to consider various educational mediums and outlets to ensure inclusion of persons at highest risk for stroke. Suggestions are provided for possible content of future stroke knowledge and prevention campaigns.

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# Poster Abstracts *continued*

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## **Assessing the Congregational Health Needs, Concerns and Priorities of an African American Health Disparities Church Network**

Carlton L. Boyd, MPH; Moses V. Goldmon, EdD; Melissa Green, MPH; Shelly-Ann Meade, MS; Daniel L. Howard, PhD; Paul A. Godley, MD, PhD; Giselle Corbie-Smith, MD

**Introduction:** This poster describes the dissemination of a congregational health assessment survey (CHA) using an established African American church network, the Data Collection/Data Distribution Center (DC)2. We sought to determine the: (1) health priorities and concerns of congregants; (2) methods best suited for distributing health information; and (3) churches' readiness to participate in health disparities research and interventions.

**Methods:** After endorsement of church leadership, liaisons were trained to use the survey. Liaisons distributed 3,760 surveys to adult members of fifteen churches. Pastors and liaisons facilitated the implementation.

**Results:** 1,326 adults (37% response rate) completed the assessment. Individualized CHA reports were distributed to each participating church.

**Conclusion:** This collaborative process can be used to collect information that identifies the health concerns and priorities of African-American church leaders and members, which enable the development of church-based interventions and research that is responsive to congregational needs, increase congregant participation and build synergistic community-academic partnerships.

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## **Racial Disparities in Alcohol Use: Findings from the Exploring Health Disparities in Integrated Communities (EHDIC) study**

Natieka T. Green, Roland J. Thorpe Jr. Ph.D, Thomas A. LaVeist Ph.D, Ruth G. Fesahazion BSHS, Caryn Bell BS

**Introduction:** In the United States, non-Hispanic Whites are more likely to be current drinkers; however, African Americans suffer a greater burden of alcohol related problems. Little is known about race disparities in alcohol use among individuals who share similar social and environmental conditions.

**Methods:** We compared 1,408 individuals from the Exploring Health Disparities in Integrated Community- Southwest Baltimore (EHDIC-SWB) study with the 29,372 individuals from the 2003 National Health Interview Survey (NHIS 2003) to determine if race disparities in alcohol use were attenuated in EHDIC-SWB, which accounts for the confounding variables of race, socioeconomic status and segregation. Current drinking was defined as having consumed an alcoholic beverage in the past and still presently drinking. Among current drinkers, binge drinking was defined as having five or more drinks in one sitting at least once. Former drinking was defined as consuming an alcoholic beverage in the past but not presently. Never drinking, the control group, was defined as never having an alcoholic beverage. Using multivariable logistic regression, we obtained adjusted odds ratios for the association between race and alcohol use in both samples.

**Results:** In the NHIS 2003 sample, there was a significant difference between African Americans and non-Hispanic Whites in all three categories of alcohol use: current drinking ( $OR=0.56$ , 95% CI=0.49-0.64); former drinking ( $OR=0.84$ , 95% CI=0.72-0.99); and binge drinking ( $OR=0.68$ , 95% CI= 0.58-0.79). However in the EHDIC-SWB sample, we found no racial disparities between African Americans and non-Hispanic Whites: current drinking ( $OR=0.95$ , 95% CI=0.67-1.34); former drinking ( $OR=0.71$ ; 95% CI=0.50-1.01); and binge drinking ( $OR=1.02$ , 95% CI=0.77-1.35).

# Poster Abstracts *continued*

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**Conclusion:** We concluded that among individuals living in a low-income urban environment, race disparities in alcohol use were eliminated; suggesting that future research efforts should focus more on the socioeconomic factors and the social environment.

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## A Model for Building Community Research Capacity Through an Engaged Workshop Series

Alison Gunn, MPH; Veronica Carlisle, MPH; Brandolyn White, MPH; Dorothea Brock, MPH; Bonnie Jones, MSW, MSPH; Zoe Enga, MPH; Alicea Lieberman, BA; Monair Hamilton, PhD, MPH; Catherine Rohweder, DrPH; Sonya Sutton, MA; Gloria Cardona, MA; Alexandra Lightfoot, EdD; Tiffini Canty, MS; Wanda Hunter, MPH; Malika Roman Isler, PhD, MPH; Anissa Vines, PhD; Giselle Corbie-Smith, MD, MSc; Adrian Cox, MAEd

**Introduction:** The Community Capacity Building Workshop Series, co-sponsored by the NC TraCS Community Engagement Core and Carolina Community Network to Reduce Cancer Health Disparities, is an initiative to engage with community and clinical organizations and strengthen the relationships between researchers and community members. This skills-building educational series incorporates elements of the Principles of Engagement to build community capacity to engage in research by increasing knowledge, skills, and confidence to engage in health-related research activities.

**Methods:** Using adult learning principles, the workshop series employs an iterative process of development including community assessment, engagement, capacity-building, and evaluation. The process incorporates principles of engagement such as establishing relationships, building trust, and working with formal and informal leadership. Themes in the workshop series include Grant Writing, Research 101, Participatory Approaches to Research, Translational Research, Program Evaluation, Communicating Health Information, and Evidence Based Interventions. Evaluation included pretest, posttest, and follow up surveys examining increases in knowledge, skills and confidence to perform functions specifically related to workshop topics. The evaluation component employs process, impact and outcome measures to examine capacity-building.

**Results:** Preliminary process and impact data reveal that the series has increased knowledge, skills and confidence across a range of community, clinical, and academic entities to engage in activities related to health research. Outcome data are being collected now.

**Conclusion:** The workshop series has successfully built community capacity by increasing knowledge, skills, and confidence in research engagement. The iterative model engages community members and organizations through assessment and evaluation to continually refine the capacity-building process and engage non-academicians in the conduct of research.

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## Bayesian Maximum Entropy Spatiotemporal Analysis and Demographic Correlation of Trichloroethylene Contamination, Middlesex County, New Jersey

Mejs Hasan, Marc Serre, PhD, Gail Carter, Jackie MacDonald, PhD

**Introduction:** This poster describes a spatiotemporal analysis of trichloroethylene (TCE) in Middlesex County, New Jersey. TCE is a known animal carcinogen and a probable human carcinogen, and may be present in groundwater and residential indoor air. Special attention is paid to whether TCE concentrations are affecting minority residents disproportionately, and to see whether minority residents are more likely to live near industries and contaminant sources.

**Methods:** The Bayesian Maximum Entropy technique is a statistical framework that analyzes spatial and temporal correlation of a variable. First, a prior probability distribution function (pdf)

# Poster Abstracts *continued*

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is created based on the correlation and mean trend of the data. The prior pdf is updated with site-specific data of contaminant strength taken from the study area, yielding the posterior pdf. The posterior pdf can estimate contaminant concentration at every point on the study area, and creates a smooth study map. Demographic data is mapped and compared. All data was taken from the New Jersey Department of Environmental Protection.

**Results:** The research found that TCE is both spatially and temporally correlated. The results suggest that TCE-contaminated sites remain highly concentrated over a long period time if no clean-up action is taken. The maps suggest that minority groups are far more likely to live in proximity to the polluted areas, but it is unclear what direct health impacts this may cause.

**Conclusion:** A reasonable next step is looking to see whether there is leakage of TCE vapors into the indoor air of homes.

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## Examining Glaucoma Diagnosis by Race in an Aging Sample

Daniel L. Howard, PhD; Mimi M. Kim, PhD

**Introduction:** Though research has examined race as an important factor in defining the scope of glaucoma in the United States, further exploration into other specific factors may help inform the design of preventive services to decrease rates of blindness due to glaucoma among minority groups. There remains an underreporting of individual and service factors that may predict glaucoma diagnosis by race, particularly service level factors.

**Methods:** This study examined glaucoma diagnosis among a sample of elderly patients from the North Carolina Established Populations for the Epidemiologic Studies of the Elderly (NC EPES) study.

**Results:** When controlling for patient health characteristics for both racial groups, having diabetes is a significant predictor for both Caucasians and African-Americans but in opposition between the two groups. Specifically, Caucasians without diabetes are more likely to have a glaucoma diagnosis. In contrast, having diabetes was a nearly significant predictor of a glaucoma diagnosis among African-American study participants.

**Conclusion:** This analysis is evidence that individual-level characteristics and the different service-level issues that may underlie specific ethnic groups may help to develop more precisely targeted interventions to improve a full range of healthcare services that are often needed by elderly patients.

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## Examining Race and Depression Among a Sample of Aging Medicaid Patients

Daniel L. Howard, PhD; Mimi M. Kim, PhD

**Introduction:** Research has shown that depression is associated with morbidity, mortality, decreased quality of life, increased medical costs, and the co-occurrence with a myriad of other diagnoses. This study explores differences between African-Americans and Caucasians in terms of major, mild, and other depression when controlling for other demographic and treatment variables.

**Methods:** This study used 2000 and 2004 Medicaid claims data from six US states. Participants were included according to the following criteria: 55 years or older; African-American or Caucasian; and at least one long term care Medicaid claim. Analyses for this study employed generalized estimating equations (GEE) to simultaneously test for trends across time for each of the domains across the three depression categories.

# Poster Abstracts *continued*

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**Results:** The three multivariate logistic models look at predicting major, minor, and other depression. When looking at the results of the multivariable model for major and minor depression, older African-American men who are not Medicare recipients are less likely to have a diagnosis of major or minor depression. But older African-American men who are not Medicare recipients are more likely to have a diagnosis of other depression.

**Conclusion:** With such variability in severity of diagnosis comes the challenge of service providers to provide appropriate and patient-specific care for aging adults who face a myriad of psychosocial and physical challenges. Considering the unique needs of individuals with varying levels of depression can help to tailor interventions to more effectively target the needs of aging individuals who are challenged in coping with their mental health needs.

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## Social Capital and Behavior Change in Rural Nicaragua

Allison Ingalls, MPHc

**Introduction:** Maternal and child nutrition continue to plague the health and well-being of the poor in Nicaragua. CARE's Window of Opportunity Program is a global initiative to promote, protect and support optimal infant and young child feeding and related maternal nutrition practices. This study sought to identify how social capital can be used to inform a behavior change communication (BCC) strategy related to maternal and child health (MCH).

**Methods:** Seventeen in-depth interviews (IDIs) and two focus group discussions (FGDs) were conducted in the departments of Matagalpa and Jinotega with pregnant and lactating women and community health workers (CHWs). Interview data were coded by a team of researchers for inter-coder reliability. First coding was conducted to determine the initial themes in the data and second coding confirmed patterns.

**Results:** Findings revealed that religious organizations are an important source of social capital. Participation in groups is a way to improve the community. Machismo is a barrier to the participation of women. Radio and word-of-mouth are used for health communication. Location of health facilities and ease of access are both barriers for women to receive reproductive health care. CHWs are a key link in the Nicaraguan health system. Target communities are relatively close-knit.

**Conclusion:** This study provides implications of social capital for more sustainable MCH programs in Nicaragua. Collaboration with existing structural social capital institutions may provide MCH behavior change by strengthening the health communication network. CHWs can act as change agents to build social capital in these hard-to-reach communities.

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## Process Evaluation of a Church-based Lay Health Advisor Training on Cardiovascular Disease

Mohamed F. Jalloh, BSPH; James A. Shaw; Harry Poole II; Larry Gunn; James Shaw; Alvin Shaw; Keon Gilbert, DrPH; Eugenia Eng, DrPH; Moses V. Goldmon, EdD; Eddie Eubanks; Leonard Williams; Jerry Gregory, RN; Shola Dada; Sarah Lieff

**Background:** African American men, especially in rural communities, share a disproportionate burden of cardiovascular disease (CVD) compared to their White counterparts. The disparities in CVD can further be explained by gender and race-specific learned behaviors. The Are We Our Brother's Keeper Project (BK) is based in rural African American churches employing a lay health advisor (LHA) model to understand the expression and exchange of social support between LHAs and men, focused on improving behaviors to manage and control CVD within African American rural churches.

# Poster Abstracts *continued*

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**Methods:** The BK Project trained 20 African American men from four churches to serve as Navigators (LHAs). A process evaluation was conducted to assess the extent with which the training was implemented as planned, and to measure the quality of its delivery. Data collection methods included 40 participant observations, quantitative pre and post-test knowledge questionnaire, trainer debriefs and in-depth interviews with all Navigators.

**Results:** Evaluation results showed that the training was delivered with over a 90% adherence rate, and was subsequently effective in preparing the Navigators to serve as LHAs in faith-based rural communities. The qualitative findings also revealed that the use of biblical scriptures and theological principles added value in helping Navigators understand training materials. In addition, visual aides helped Navigators conceptualize health disparities, nutritional guidelines and public health ethics.

**Conclusion:** Key recommendations have been made for necessary revisions that will further enhance the quality of lay health training in faith-based, rural communities. Results also suggest that the LHA-model is an effective strategy to engage other men in health promotion activities by integrating culturally-tailored concepts of mind, body and spirit.

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## Evaluation of a HIV Prevention Program for Women Attending HBCUs

Danielle Laborde, PhD; LaVerne Reid, PhD

**Introduction:** There is a need to evaluate evidence-based approaches to address HIV risks among college-aged African American women. We have implemented an adaptation of the SISTA program to this audience for the past 5 years and measured the immediate outcomes following the last three 6-week cycles.

**Methods:** Pre and post session knowledge, behavior, and attitude tests were developed in with a national program evaluation team and approved by the institution's IRB. We computed knowledge questionnaire reliability using Kruder-Richardson Alpha coefficient. We assessed knowledge gains using paired t-tests for differences in pre/post mean knowledge scores for women completing the program between September 2008 and December 2009.

**Results:** Slightly more than half of the 90 women participating in the program completed both pre and post tests (56%). The majority was first year students (91%), under 21 years of age (83%) and lived on campus (84%). Although we found that there was a significant increase in HIV knowledge scores for each cohort and overall ( $P<0.001$  for paired t-tests), examination of item-specific results indicate that important gender-specific knowledge remains a challenge (male to female transmission, effects of contraceptive use, and HIV screening during routine gynecological exams). No significant changes were found in reported risk behaviors.

**Conclusion:** Our analysis of outcome data indicates women gained knowledge from participating in the program but follow up post-tests are needed to determine whether this knowledge will foster meaningful changes in risk behavior. We have identified gender-specific knowledge that should be reinforced in the future.

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## Access to Primary and Preventive Care among Foreign-Born Adults in Canada and the United States

Lydie A. Lebrun, MPH

**Introduction:** The objective of this study was to conduct cross-country comparisons and assess the impact of foreign birth on access to primary and preventive care in Canada and the U.S.

# Poster Abstracts *continued*

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**Methods:** Data came from the Joint Canada-United States Survey of Health. Analyses were limited to non-elderly adults (n=6620). Design-based descriptive and comparative analyses were conducted, and logistic regression models were employed to assess the impact of country of residence and immigrant status on access to care, adjusting for need, demographic factors, socioeconomic status, and insurance coverage.

**Results:** In Canada, immigrants fared worse than non-immigrants on some access indicators, but not others; in adjusted analyses, the disparities remained significant for having a regular doctor and timely Pap tests. In the U.S., immigrants fared worse on all measures except for Pap tests; after accounting for covariates, disparities remained significant for having a regular doctor and consultations with a health professional. Immigrants in Canada for the most part had better access to care than immigrants in the U.S. Most of these differences were explained by differences in socioeconomic status and insurance coverage across the two countries. However, immigrants in the U.S. were much more likely to have a timely Pap test than immigrants in Canada, even after adjusting for potential confounders.

**Conclusion:** In both countries, foreign-born populations had worse access to care than their native-born counterparts for some indicators but not others. However, few differences in access to primary and preventive care were found when direct cross-country comparisons were made between immigrants in Canada versus the U.S. after accounting for sociodemographic differences.

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## Oral Health Literacy Rates among WIC Caregivers

Lee JY, DDS, MPH, PhD; Baker D, MBA; Divaris K, DDS; Vann Jr WF, DMD, MS, PhD

**Introduction:** According to the 1992 National Adult Literacy Survey, 25% of US adults are functionally illiterate. Because health information is frequently provided at above the tenth grade level, health messages are not reaching low literacy patients, jeopardizing their health status. Although much is known about medical health literacy, there are no studies that have systematically studied oral health literacy. This research examines the oral health literacy among participants in a large comprehensive public health program: Women, Infant and Children (WIC).

**Methods:** A non-randomized cross-sectional IRB approved study design was used to determine Oral Health Literacy rates among WIC caregivers. Nine sites in seven North Carolina counties were selected for this investigation. Two trained interviewers recruited child-caregiver dyads enrolled in WIC. The survey instrument consisted of nine components.

**Results:** Over a 12 month period 1339 subjects were enrolled and interviews completed. These subjects were 7% Hispanic, 34% White non-Hispanic, 40% African American, and 19% American Indian. The mean overall health literacy level was 15.1 (0=lowest literacy; 30=highest literacy). The WIC health literacy rates varied by county from 47% to 58% on the REALD-30 Dental Health Literacy Assessment and from 45% to 63% on the Newest Vital Sign Health Literacy Assessment.

**Conclusion:** More research and interventions must be done to reduce the risks and increase the oral health literacy of this population.

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# Poster Abstracts *continued*

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## Lifetime Asthma among Hispanics in North Carolina

Winston Liao, MPH; Harry Herrick, MSPH

**Introduction:** Variations in asthma prevalence and associated health factors have been observed between racial/ethnic groups. However, these findings are infrequently reported. This descriptive study focuses on these health-related variables among Hispanics in North Carolina with respect to asthma prevalence, health status, healthcare coverage, access to healthcare provider, and selected at-risk behaviors.

**Methods:** We analyzed asthma and other health-related data from the 2005-2008 North Carolina Behavioral Risk Factor Surveillance System for four adult (18+ years) subpopulations: Hispanics, Native Americans, non-Hispanic African Americans, and non-Hispanic whites. Four-year data were examined for the first two groups, while 2008 data only were used for the latter two groups.

**Results:** Among those who ever had asthma, Hispanics reported the second lowest percentage (33.3%) of fair/poor responses about their general health status (lowest was among whites – 29.8%). Differences for other health status measures (physical health, mental health, health impairment) were also observed. Fewer Hispanics than the other three racial/ethnic groups had healthcare coverage and access to a healthcare provider. They were similar to African Americans and whites (70.0%, 69.9%, 69.4%, respectively) regarding no leisure time, physical activity or exercise in the past 30 days. Hispanics had the lowest rates of overweight/obesity and current smoking than the other three groups.

**Conclusion:** Hispanics in North Carolina exhibit a unique asthma profile when compared to other racial/ethnic groups.

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## Demographic, Psychosocial, and Health Factors are Related to Diet and Physical Activity in African American Women

Laura Linnan, ScD, CHES; Cherise B. Harrington, PhD, MPH

**Introduction:** Obesity is a serious public health threat, and African American women are a subgroup at high risk for obesity and negative health effects that result.

**Methods:** 1123 African American (AA) women were enrolled in the North Carolina BEAUTY and Health project at baseline. We examined factors associated with both total daily percentage calories from fat (below/above the recommended 30% daily recommended for healthy eating) and moderate physical activity (yes/no on getting at least 30 minutes of regular PA at least five days of the week). Then, we modeled the relationship between percent calories from fat, PA, demographics and psychosocial factors on body mass index (BMI) to examine independent predictors of overweight.

**Results:** Among AA women in this sample, 67.6% were overweight/obese, 35.9% reported getting moderate, regular PA, and 86.1% consumed more than 30% of their total calories per day from fat.

Regular moderate physical activity was associated with eating at least five fruits and vegetables/day ( $\chi^2 = 26.96$ ,  $p < .001$ ), avoidance of foods high in fat ( $\chi^2 = 66.23$ ,  $p < .001$ ) and eating less than 30% total calories from fat ( $\chi^2 = 33.99$ ,  $p < .001$ ). Higher percent calorie from fat intake was associated with older age ( $F(1,927) = 32.01$ ,  $p < .001$ ), less education ( $\chi^2 = 6.40$ ,  $p < .05$ ), lower income ( $\chi^2 = 9.05$ ,  $p < .05$ ), more financial difficulties ( $\chi^2 = 12.59$ ,  $p < .001$ ), eating less than five fruits and vegetables daily ( $\chi^2 = 11.47$ ,  $p < .01$ ), less avoidance of foods high in fat ( $\chi^2 = 97.39$ ,  $p < .001$ ) and regular physical activity ( $\chi^2 = 33.99$ ,  $p < .001$ ). Multivariate results revealed that, when controlling for all psychosocial, demographic and health factors in the model,

# Poster Abstracts *continued*

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older age (OR: 1.05, CI: 1.03-1.06), poor/fair self-reported health (OR: .561, CI: .32-.98), eating less than 5 servings of fruits/vegetables per day (OR: .60, CI: .40-.89), and eating more than 30% total calories from fat (OR: 2.010, CI: 1.21-3.32) were statistically significant independent predictors of overweight, but moderate physical activity was not.

**Conclusion:** These results confirm expected relationships between dietary intake and overweight among AA women, but did not find an expected direct relationship between PA and overweight. Implications for intervention planning to address obesity among AA women and future research will be discussed.

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## Engaging Communities in the Reduction of Cancer Disparities through a Community Grants Program

Crystal Meyer, MPH; Monica Hadley, BA; Randall Teal, MA; Veronica Carlisle, MPH; Anissa Vines, PhD

**Introduction:** The reduction of cancer health disparities requires innovative educational and research approaches that actively engage communities. With increasing demands for researchers to use the community-based research approach, the mechanisms employed for engaging communities must combine the strengths of the community with the research expertise of academia.

**Methods:** The Carolina Community Network, based at the University of North Carolina at Chapel Hill, has developed a Community Grants Program (CGP) that seeks to engage community organizations as partners in the development of collaborative research projects and educational activities to increase awareness of cancer prevention, treatment and survivorship among adult African Americans.

**Results:** The CGP's structure includes a community focused request for applications, regional information sessions, a formal review process and fiscal and reporting requirements. The CGP annually awards grants to community organizations and has helped in increasing the community's knowledge of the university research process (e.g. Budgets, Human Subjects Review).

**Conclusion:** This structure has enabled community organizations to develop and implement cancer focused activities designed to meet the needs of their communities, utilize resources available through a regional cancer network infrastructure and build a foundation on which large-scale community-academic partnerships have been developed.

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## Age Variation and Extent of Sexual-Risk Taking Among Kenyan Women: Does Residence (Urban or Rural) Matter?

Elija O. Onsomu, MS, MPH, PhD(c), CHES; James K. Kimani, MA, PhD; DaKysha Moore, MS, PhD; A. Benta Abuya, MA, PhD(c); S. Jared Keengwe, MS, PhD

**Introduction:** To determine the association between sexual-risk taking and age among women in urban and rural residences.

**Methods:** Retrospective cross-sectional data, Kenya Demographic and Health Survey-2003 were used. Three datasets (male-female-HIV) were merged together. Data were weighted for stratum and primary sampling units attaining linearized standard errors "robustness." A sample of 5,678 was retained in the design-based analysis. The main outcome variable was sexual-risk taking coded as "0" for low-risk and "1" for high-risk respectively. The main exposure (age) was a categorical variable. Forward stepwise and manual variable selection methods were used for selecting confounders in the final model. Parametric testing using Univariate and Multivariate logistic regression were performed. STATA version-10.1 was utilized for all analyses with statistical significance set at  $p < 0.05$ .

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**Results:** 17% of women between ages 15-19 years in urban regions had high sexual-risk taking behavior compared to 23% of those in rural regions and same age category. Women between ages 25-29 years in urban regions were at 52% lower odds of having high sexual-risk taking behavior (95% CI 0.30-1.88, p<0.01) compared to those between ages 15-19 years. Furthermore, those in the same age category and from rural regions were at 31% lower odds of having high sexual-risk taking behavior (95% CI 0.24-0.39, p<0.001) compared to those between ages 15-19 years.

**Conclusion:** Relatively, women from rural regions are engaging in high sexual-risk taking behaviors compared to those in urban regions. There is need to increase public health interventions in rural regions among women between ages 20-44 years.

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## **Community-Based Participatory Research (CBPR) Approach to Understanding and Addressing Disparities in Breastfeeding for African American Women**

Tamar Ringel-Kulka, MD, MPH; Sue McLaurin, MEd, PT; Elizabeth Jensen, MPH Candidate; Elizabeth Woods, MPH

**Introduction:** Healthy People 2010 calls for movement toward increased breastfeeding. To achieve these goals, the disparities in breastfeeding between whites and African-Americans must be addressed. Through an NIH community-based participatory research grant, academic and community-based partners conducted focus groups aiming to assess barriers, facilitators and potential mediating interventions for breastfeeding in the African-American community in Durham County, NC.

**Methods:** Eight focus groups were conducted with African-Americans; five with mothers (two with mothers of high educational achievement and three with lower educational achievement), two with fathers and one with grandmothers. Researchers transcribed and coded each focus group using Atlas ti. (5.2). Summaries of the results were analyzed to identify key patterns and themes.

**Results:** Lack of support for breastfeeding and the perception of differential treatment from healthcare providers in breastfeeding service delivery emerged as major barriers for all mothers groups, regardless of education. Lack of support for breastfeeding was also mentioned in the fathers' and grandmothers' groups. All groups identified the importance of having access to accurate breastfeeding information from healthcare providers.

All groups identified culturally relevant support, either through peer-to-peer support or facilitated groups, as potential mediating interventions. All groups discussed the need for culturally relevant social marketing approaches. Women with lower educational achievement identified the need for workplace support.

**Conclusion:** Lack of support for breastfeeding mothers has been consistently identified in the literature as a barrier for breastfeeding across racial and ethnic groups. However, these groups also identified barriers that may be disproportionately experienced by African-Americans in North Carolina.

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## **Healthy Women Healthy Wake: Mobilizing to Reach the Underserved**

Seronda A. Robinson, PhD; Sonya Reid, BS, RHEd; Sarah Plentl, MS, RD, LDN; Denise Belle, MPH; Barbara Roole, JD, MPA; La Verne Reid, PhD, MPH

**Introduction:** Access to health care services in rural and other underserved communities is a major health care problem impacting health disparities. Additionally, there is often a lack of support following diagnosis and treatment, particularly in these communities. The primary goal of the "Healthy Women, Healthy Wake" (HWHW) Project is to reduce the death rate from breast cancer for uninsured African-American and Latina women living in Wake County by increasing access to screenings and follow-up support, increasing community awareness and advocacy, and building capacity in agency partners.

**Methods:** Through established relationships with local medical providers along with the Rex Mobile Mammography Unit and Rex Breast Care Center over 400 women received services. Lay Health Advocates (LHAs) were trained to provide breast health education and outreach across the county.

**Results:** Four breast cancers were diagnosed and referred for secured care, potentially saving Wake County over \$250,000 in medical costs. The first ever Wake County Latina Breast Cancer Support Group was created and the Breast Cancer Action Network (BCAN) was established. BCAN is a collaboration of health professionals and organizational representatives who convene to address the breast health needs of Wake County's most underserved populations.

**Conclusion:** This project funded by a grant from the Health and Wellness Trust Fund and supported by a North Carolina Central University Technical Assistance Team mobilized screening units and LHAs to provide uninsured women the opportunity to receive mammography services and follow-up support. These efforts directly addressed breast cancer disparities and the Healthy People 2010 goal of reducing breast cancer death rates.

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## **Ethnic and Racial Differences in Baseline Knowledge of Stroke Information Sources in a Stroke Belt Community**

Holly C. Sienkiewicz, MA; Donna J. Biederman, RN, MN; Daniel L. Bibeau, PhD; Chere M. Chase, MD; LaPronda I. Spann, MS; Robert Romanchuk; Robert E. Aronson, DrPH; Mark R. Schulz, PhD; Angela Tiberia Galka, MPH

**Introduction:** In a region with a high incidence of stroke in addition to high Hispanic migration rates, little is known about the ways in which Hispanics learn about stroke, if they are cognizant of places that provide stroke prevention services, and where they have seen or heard advertisements and/or notices on how to prevent stroke from occurring.

**Methods:** A randomized stratified sampling technique was used to contact individuals (n= 1904) in central North Carolina by telephone to assess baseline knowledge of stroke information sources. Minority populations were intentionally over sampled for this study.

**Results:** Almost one-quarter (24.2%) of all Hispanics sampled were unaware of where to learn about risk factors and warning signs for stroke compared with approximately 10% of both non-Hispanic African Americans and non-Hispanic Caucasians. Approximately 30% of Hispanic respondents did not know where to go to receive stroke prevention services in their area. Television and radio advertisements were cited as the media sources of stroke prevention with the most affirmative responses among Hispanics in the area surveyed.

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**Conclusion:** Overall, Hispanics were largely unaware of where to learn about risk factors and warning signs of stroke and where to go to receive stroke prevention services. In effort to decrease morbidity and mortality as a result of stroke in Hispanics, culturally appropriate avenues of outreach for stroke information and prevention services will be discussed for the Hispanic population in central North Carolina.

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## Derechos sin Fronteras — Rights without Borders

Florence M. Simán, MPH; Gina Uresti, BA; Laura Villa, BA

**Introduction:** Latino youth in North Carolina suffer disproportionate rates of unplanned pregnancies, sexually transmitted infections and HIV. Several factors, including but not limited to poverty, discrimination, cultural and religious norms and immigration status increase Latino youth's risk of engaging in behaviors that result in negative health outcomes. Few programs in NC work with Latino youth and even fewer focus on addressing comprehensive sex education with this population. To respond to this reality and to requests from Latino youth, El Pueblo, Inc. and Ipas partnered to develop a linguistically and culturally-appropriate comprehensive sex education program for Latino youth.

**Methods:** An existing curriculum to work with Latinos in NC developed by Ipas and El Pueblo, Inc. was adapted to work with Latino youth. This curriculum included modules regarding: sexual and reproductive rights; anatomy; sex and gender; sexual orientation; unplanned pregnancies and options; HIV and STI prevention; body image; eating disorders and healthy relationships. Latino youth learned these topics through weekly meetings and participated in monthly retreats and conferences where they also learned about peer-to-peer education, advocacy, media and communications.

**Results:** 17 North Carolina Latino youth between the ages of 12–21 have been trained in sexual and reproductive health. Participants expressed that profound personal changes occurred as a result of this program, including: changes in knowledge, and attitudes; an increased self-confidence; and a reduction in their engagement in risky behaviors.

**Conclusion:** Even though providing sexual and reproductive health information to Latino youth may be controversial, this program has been successful in building trust and fostering strong relationships with Latino families to reduce the existing barriers to addressing these issues.

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## Marketmakeovers.org: A Digital Video-based Guide to Corner Store Conversion

Arianna Taboada

**Introduction:** Current research shows that food deserts are disproportionately impacting low-income neighborhoods and communities of color. The root causes of such environment are complex and require equally complex, and creative solutions. This is shown through a case study of Marketmakeovers.org, a dynamic online video-based resource about the process of making over small corner stores to carry healthier food choices. This project features the video work of South Los Angeles Healthy Eating Active Community Initiative (HEAC), local high school students and Public Matters, LLC.

**Methods:** Marketmakeovers.org is a community-wide intervention whose theoretical underpinnings are rooted not only in public health promotion, but in the arts and education as well. In depth interviews, visual narrative analysis and ethnography are used to investigate how to harness the power of the Internet for public health efforts and apply community-based participatory research (CBPR) principles to the arts.

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**Results:** The initial findings show that digital, artist-led interventions, when designed in partnership with public health agencies, are effective in creating local policy change. Additional findings indicate that youth participants better understand the multiple factors that impact community health outcomes, as well as their ability to participate in policy change.

**Conclusion:** Audience will come away with information specific to: the context and demographics of South Los Angeles and the HEAC Initiative, the role of artists in community-based participatory research, and how to use media to critically engage youth and impact policy-makers.

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## An Exploration of Cultural and Contextual Factors that Influence Adolescent Relationship Development and Sexual Decision Making in African American girls in Metro Atlanta

Devin N. Thomas, MPH

**Introduction:** Adolescents are the fastest growing population diagnosed with Sexually Transmitted Infections (STI) (Bachanas, et. al, 2002). African Americans between the ages of 15 and 19 accounted for 46% of all new cases of Chlamydia (CDC, 2006). We must better understand adolescent behavior, through understanding factors that influence behavior. Existing literature does not consider socio-cultural influences (Collins, 2004) or their combined impact on the development of heterosexual adolescent relationships and subsequent sexual decision making. The objectives of this study were to determine how heterosexual adolescent romantic relationships are established and how sexual activity is initiated, and to explore factors that influence heterosexual adolescent relationship development and sexual decision making in adolescent girls.

**Methods:** The study design was qualitative with a quantitative component; five 90- minute focus groups with six to eight Black females, and a confidential 25-item survey (N= 30). The study sample was selected from Black adolescent females from the Boys and Girls Club of Metro Atlanta (BGCMA).

**Results:** Heterosexual adolescent romantic relationships develop through peer networks and modeling. Sexual activity is assumed to also be initiated through modeling. Factors that influence these relationships include parents, self-esteem peers, media, violence, and incarceration.

**Conclusion:** To create sustainable change in the trend in STI and HIV acquisition in Black adolescent girls, there is a need to develop interventions that take into account the aforementioned influential factors. Consistent with previous research, (Miller et al, 2001), the study indicates that the substantial impact of parents on child behavior. The results also indicate the need for peer network- based interventions.

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## The Mother-Daughter Bond: A Key to Promoting Physical Activity in Adolescent Girls

Wanda M. Thompson, RN, MSN, WHNP-BC; Tracy R. Nichols, PhD

**Introduction:** The mother-daughter bond may be an essential key in addressing health risk behaviors, such as sedentary behavior, in adolescent girls. Physical activity is an essential component for a healthy life, with implications for the prevention of chronic diseases and obesity. Despite this fact physical activity, it is on the decline, especially among adolescent girls. Only 31.5% of 9th grade girls meet recommended levels of physical activity, and by 12th grade the rate is even lower at 20.6%.

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**Methods:** Baseline data from a health promotion program was used to explore factors in mother-daughter relationships that can promote physical activity among adolescent girls. The daughter participants (N=30) were predominately black girls (78.6 %) mean age 13.13. Relationship satisfaction, physical activity communication, beliefs and expectations of physical activity within the family were explored by computing Pearson correlations for both mothers and daughters.

**Results:** Positive associations were noted between daughters' comfort of communicating about exercise and relationship satisfaction with their mothers ( $r = .648$ ,  $p = .001$ ). Daughters' relationship satisfaction were positively associated with the belief that exercise is important ( $r = .477$ ,  $p = .008$ ). Positive association were found between exercise communication and the belief that exercise is important for both mothers ( $r = .571$ ,  $p = .002$ ) and daughters ( $r = .407$ ,  $p = .028$ ).

**Conclusion:** The results support other findings that the mother-daughter relationship is an important factor in the promotion of physical activity, especially among black adolescent girls. Physical activity interventions that foster and enhance mother-daughter bonds may be an effective strategy for promoting physical activity among adolescent girls.

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## Expanding Urban Minority Middle School Student Interest in Health Professional Careers

Tarik D. Walker, MD, MPH; John R. Meurer, MD, MBA; Laura Cassidy, PhD; M. Kathleen Murphy, MSN, RN

**Introduction:** Latinos and African-Americans (AA) in the US are grossly underrepresented throughout the healthcare professions (HPs). There is a paucity of data about the effectiveness of educational intervention among school children in the underserved context and therefore, the aim of the present study was to demonstrate that an interactive school-based educational intervention for Latino and AA middle-school students increases student's interest and pursuit of careers in the health professions.

**Methods:** In the 2009 academic year, 445 predominantly African American (AA) and Latino students in a prospective study completed pre-/post-test surveys. Health professionals of color met with students to discuss their career aspirations and to engage students in demonstrations and job-related interactions related to their health career.

**Results:** 64.1% (285) of the students were AA and 35.9% (160) Latino. 32.1% of AA and 49.5% of Latino students reported seeing a physician of color for their regular medical care; and 18.8% of AA students and 15.8% of Latino students reported not seeing a medical provider. 69% of AA student and 63% of Latino students had a strong interest in either math or science; 79% of AA students and 82% of Latinos students had a strong interest in attending college; and 91% of AA students and 88% of Latino students were interested in careers that help people.

**Conclusion:** Single-lecture technique seems to be adequate in improving the knowledge of children in the short-term. This baseline information demonstrates an important opportunity to educate and guide students of color to pursue health careers.

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## Improving Clinical Trial Access in Underrepresented Populations

Cindy Wilks, BA

**Introduction:** This project seeks to improve clinical trial access, literacy, enrollment, retention, and acceptance among underrepresented populations in the Tri-County region (Harnett, Johnston, and Sampson counties) and Wilson County. These communities tend to experience barriers to participation in HIV clinical trials such as transportation, distrust of medical system, language barriers, and lack of support services. Through community outreach and support services, the UNC AIDS Clinical Trials Unit (ACTU) aims to reduce the impact of these barriers on participation in HIV clinical research.

**Methods:** The project consists of three main areas: 1) improving clinical trial literacy and acceptability 2) increasing access to HIV clinical trials 3) supporting enrollment and retention of participants. The promotion of clinical trial literacy and acceptability will be carried out by building relationships with community based organizations, providers, and different community groups and fairs. A bilingual HIV clinical trial hotline will be used to improve clinical trial access and retention. Information sessions on different clinical trials will be provided for health care professionals in the targeted communities

**Conclusion:** It is important to have proportionate representation of different racial/ethnic groups in medical research in order to develop proper treatments. UNC ACTU aims to reduce HIV stigmatization, clinical research mistrust, and provide support services to increase clinical trial acceptance and participation.

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