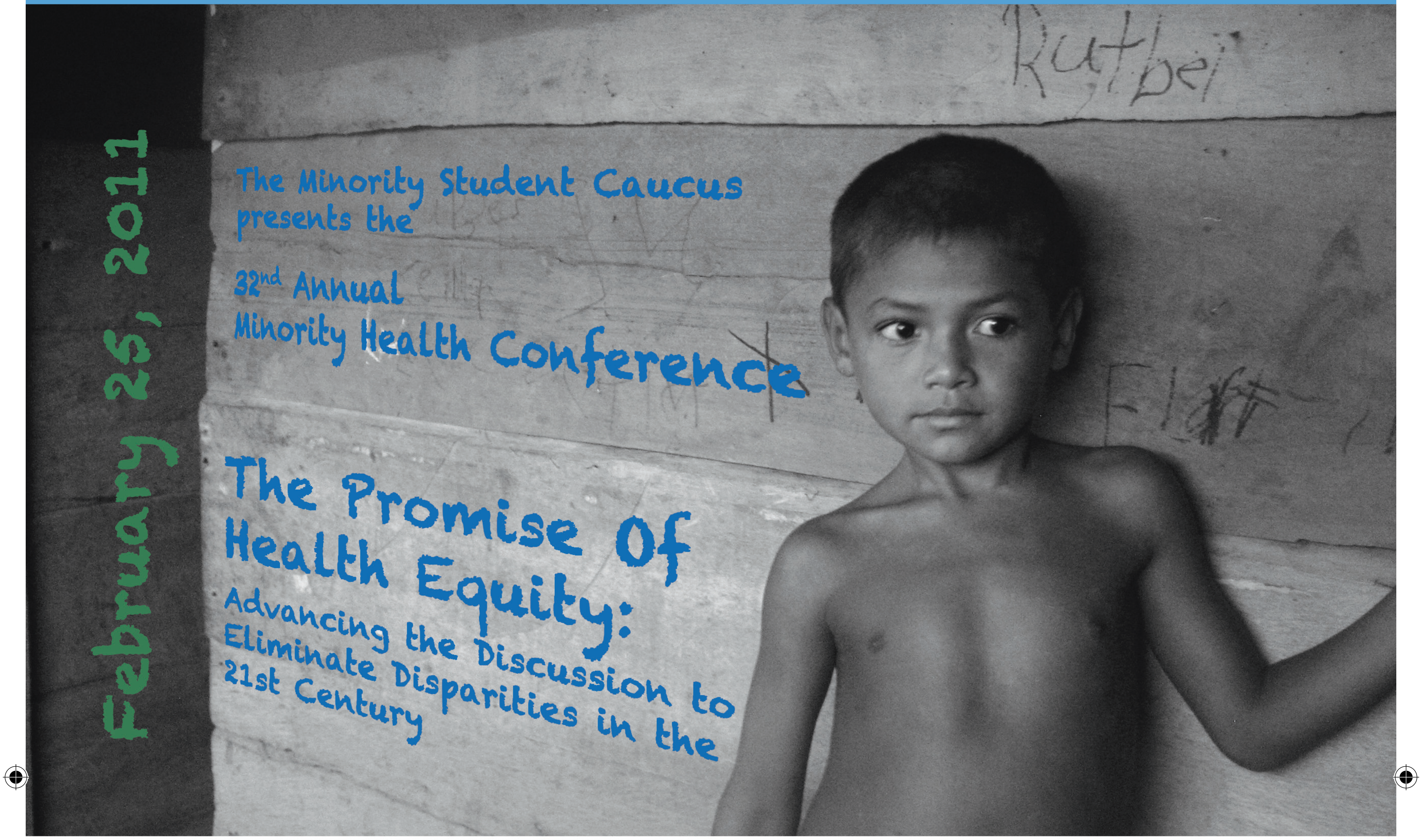
February 25, 2011



The Minority Student Caucus
presents the

32nd Annual
Minority Health Conference

The Promise Of Health Equity:
Advancing the Discussion to Eliminate Disparities in the 21st Century

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CONFERENCE PROGRAM

William and Ida Friday Center for Continuing Education

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

Find us during the conference: *Minority Health Conference at Chapel Hill*
MHC_UNC or #MHC2011

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GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH

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Minority Health Project
North Carolina Institute for Public Health

THE MINORITY STUDENT CAUCUS PRESENTS

32ND ANNUAL MINORITY HEALTH CONFERENCE

THE PROMISE OF HEALTH EQUITY:

Advancing the Discussion to
Eliminate Disparities in the 21st Century

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2010-2011 Minority Health Conference Staff

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**Committee Chair/Co-Chair*

[#] *Minority Student Caucus Co-Chair*

Welcome to the 32nd Annual Minority Health Conference!

On behalf of the Minority Student Caucus, the Minority Health Conference Planning Committee, and the UNC Gillings School of Global Public Health, we would like to welcome you to the 32nd Annual Minority Health Conference.

We are honored to continue the tradition, begun in 1977, of producing an annual Minority Health Conference. This event has become the largest and longest-running student-led health conference in the country. This conference provides a platform for students, faculty, researchers, public health and human service professionals, and community leaders to tackle the issues that are of concern to minority populations (e.g., people of color, sexual and gender minorities, socio-economically disadvantaged, aging populations, and many others) with the hopes of improving the health status of those communities.

The theme of this year's conference, "The Promise of Health Equity: Advancing the Discussion to Eliminate Disparities in the 21st Century," challenges us to reach beyond the statistics which have made it clear that health disparities continue to be prevalent. With the data as our fuel, we hope the focus of health disparities research will continue to center itself on implementing effective policies and interventions to eliminate inequities. This is a call to action across disciplines, including public health, medicine, social work, psychology, anthropology, political science, communication, business, and others, because it will take a transdisciplinary approach in order to advance the health status of minority populations.

We would like to extend a special welcome to our partner conferences. Student groups at George Washington University, Tulane University, the University of California, Los Angeles, and the University of Illinois at Chicago have organized parallel regional minority health conferences and will be showing the William T. Small, Jr. Keynote Lecture via an online broadcast. Their involvement is an important step towards engaging in a nation-wide dialogue about minority health issues.

Today's events would not have been possible without dozens of committed students. Their devotion to a successful conference is evident in the time, energy, and quality of work that they produced over the past few months and we would like to recognize their tremendous effort in organizing this conference.

Finally, we would like to express our deepest appreciation to our faculty and staff advisors, Dean Felicia Mebane, Dr. Victor Schoenbach, Ms. Kathy Sprinkle, Mr. Stephen Couch, and Ms. Chandra Caldwell. Their support and guidance throughout the planning process were invaluable.

We are excited you have chosen to share this experience with all of us by attending this year's conference. We hope you will enjoy the day's events and that you will join us again next year!

Best wishes,

Kristin Black

Kristin Z. Black
Conference Co-chair
MPH Candidate
Maternal & Child Health

Paul Gilber

Paul Gilbert, MSPH
Conference Co-chair
PhD Student
Health Behavior & Health Education

Conference at a Glance

TIME	EVENT	ROOM
8:00 am	Registration/Continental Breakfast	Central Atrium
9:00 am	Introductions & Welcome	Grumman Auditorium
9:30 am	13th Annual William T. Small, Jr. Keynote Lecture	Grumman Auditorium
10:45 am	Exhibits and Poster Session	Central Atrium
11:00 am	Morning Concurrent Sessions	
	A1. LGBT Health Disparities: Finally Recognized, So What's Next?	*Dogwood*
	A2. The Health of Aging Americans: New Perspectives on Health Disparities and Social Inequities Research	*Mountain Laurel*
	A3. Rural Health: HOPE Project	*Redbud*
	A4. Native American Health: Diabetes among the American Indian Population	*Bellflower*
	A5. Occupational Health and Safety: One Size Does Not Fit All!	*Windflower*
12:15 pm	Lunch	Trillium Room
	Exhibits and Poster Session	Central Atrium
1:30 pm	Afternoon Concurrent Sessions	
	B1. The National HIV/AIDS Strategy: What Does It Mean for the Future of HIV Prevention?	*Dogwood*
	B2. The Effects of Racism and Discrimination on Health	*Redbud*
	B3. Environmental Health	*Mountain Laurel*
	B4. Eliminating Food Deserts: Bringing Local Produce to Communities and Encouraging Healthy Behaviors in North Carolina	*Windflower*
	B5. Mental Health among the Latino Population	*Bellflower*
	B6. Image Theatre Workshop (high school students only)	*Azalea*
2:45 pm	Exhibits and Poster Session	Central Atrium
3:00 pm	Afternoon Interactive Sessions	
	HIV Policy in National, State and Local Context	*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

twitter™

The Minority Health Conference is on Twitter!

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The Development of Indigenous Knowledge in Public Health: Epistemological Diversity as an Essential Component of Health Equity

By Bonnie M. Duran, DrPH

SUMMARY

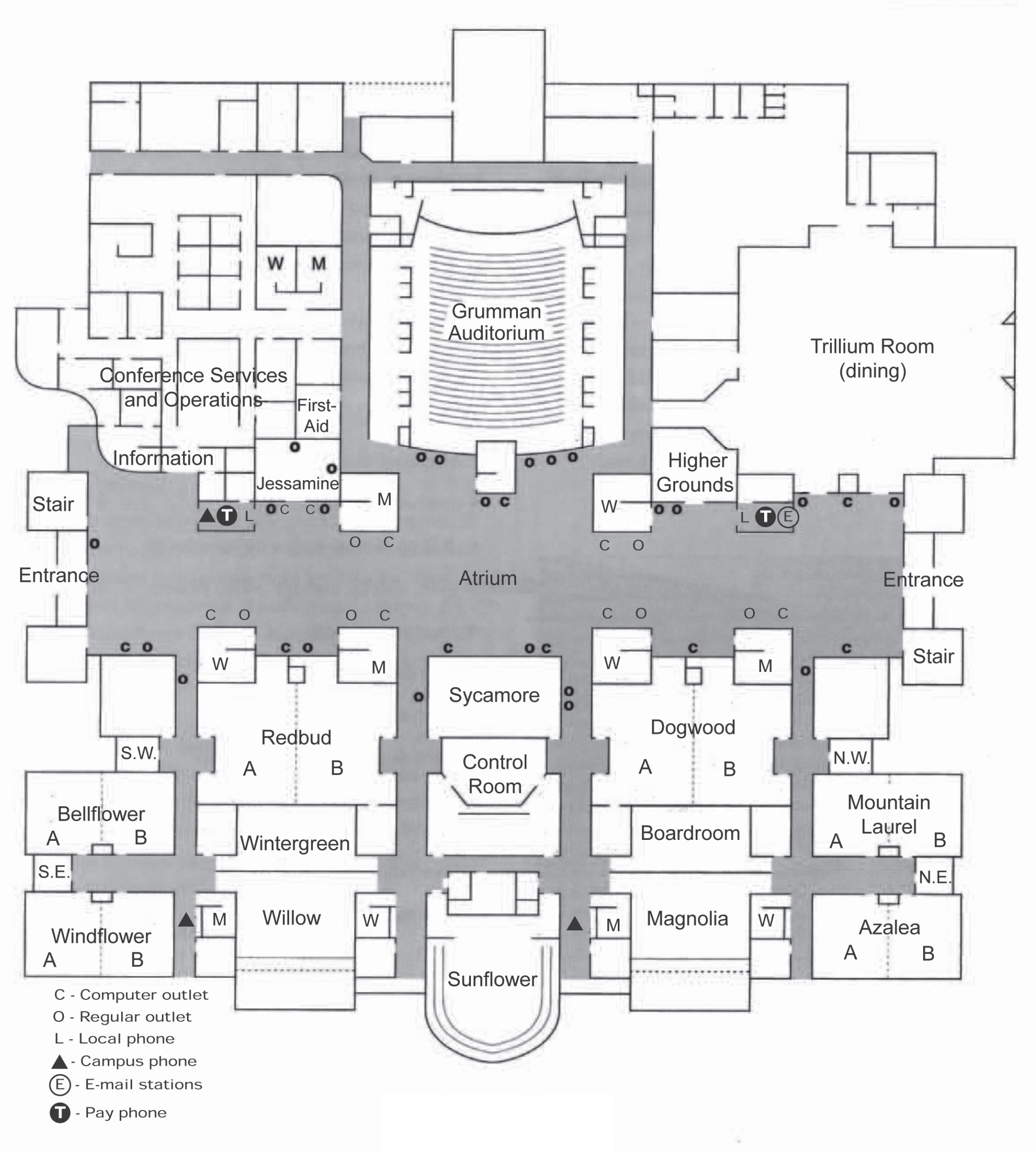
This presentation discusses some major challenges to a monolithic approach to western knowledge development in public health spaces; and conversely, celebrates the roots and promoters of indigenous public health knowledge and practice. Examples of knowledge development in eco-systems of decolonized university space will be highlighted, as well as
ways for students of color to survive and thrive in mainstream university settings.

Bonnie M. Duran, DrPH

Bonnie M. Duran, DrPH, is an Associate Professor in the Department of Health Services at the University of Washington School of Public Health, as well as a Director of the Center for Indigenous Health Research. She has over 27 years of experience working in public health research, education and practice with a focus on Native Americans and other communities of color. In the past 15 years, Dr. Duran conducted primary and secondary analysis studies of mental disorder prevalence, victimization, and treatment seeking/barriers to care among Native American women attending Indian Health Service (IHS) facilities and men and women from the largest rural reservation communities in the U.S. Dr. Duran has partnered with IHS and tribes in mental health services and HIV research. Another aspect of her empirical work is the development of indigenous theory and community-based participatory research methods. Her overall goals are to work with communities to design treatment and prevention efforts that are effective, empowering, sustainable, and that have maximum public health impact.

Floor Plan

The William and Ida Friday Center for Continuing Education



Session Locations

	BELLFLOWER	DOGWOOD	MOUNTAIN LAUREL	REDBUD	WINDFLOWER
11:00 am	Native American Health	LGBT Health Disparities	The Health of Aging Americans	Rural Health	Occupational Health & Safety
1:30 pm	Mental Health among the Latino Population	The National HIV/ AIDS Strategy	Environmental Health	The Effects of Racism & Discrimination on Health	Eliminating Food Deserts
3:00 pm		HIV Policy			

Agenda

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

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

Terri C. Houston, MA
Interim Chief Diversity Officer and Executive Director
Office of Diversity and Multicultural Affairs
University of North Carolina at Chapel Hill

Barbara K. Rimer, DrPH
Dean and Alumni Distinguished Professor
Gillings School of Global Public Health
University of North Carolina at Chapel Hill

Moderator: Kristin Z. Black
Masters Candidate, Maternal & Child Health

9:30 am **12th Annual William T. Small, Jr. Keynote Lecture** *Grumman Auditorium*

Bonnie M. Duran, DrPH
Associate Professor, Health Sciences
Director, Center for Indigenous Health Research
University of Washington School of Public Health

Moderator: Paul Gilbert, MSPH
Doctoral Student, Health Behavior & Health Education

10:45 am **Exhibits and Poster Session**

11:00 am **Morning Concurrent Sessions**

Session A1: LGBT Health Disparities: Finally Recognized, So What's Next? *Dogwood*

LGBT health has long remained invisible in the arena of health disparities. Despite a body of evidence, major surveillance instruments continue to avoid measuring LGBT identity. Now major changes are afoot at the federal policy level that promise a new level of recognition to this topic. But what does that really mean? And what do we do next to keep moving forward locally? One of the foremost national LGBT health policy advocates will explain the landscape, recent changes, and how this all translates into opportunities.

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

Moderator: Derrick Matthews
Doctoral Student, Health Behavior and Health Education
UNC Gillings School of Global Public Health

11:00 am **Morning Concurrent Sessions**

Session A2: The Health of Aging Americans: *Mountain Laurel*
New Perspectives on Health Disparities and Social Inequities Research

This session will present two perspectives:

(1) Prior research on health disparities often overlooks the heterogeneity that exists among the non-Hispanic white population. For example, non-Hispanic whites include individuals from Europe, North Africa or the Middle East. Little research has been conducted on individuals from the Middle East (hereafter referred to as Arab Americans). This presentation will examine the association between nativity status (US- and foreign-born) for Arab Americans and non-Hispanic whites using 2001-2008 American Community Survey data for individuals 65 years of age or older.

(2) Innovative community-based models are urgently needed to target effective risk prevention and health promotion among urban older adults. The Health Indicators Project (HIP) is a three-year initiative that uses a public health framework to develop valid, reliable, and representative evidence for public policy makers and practitioners to help guide the design of targeted programs to reduce disparities and improve health and quality of life among older adults. In Years 1 and 2, a comprehensive survey was developed and conducted with a representative sample of older adults (n = 1,870) from a stratified sample of 56 senior centers citywide. Face-to-face interviews were conducted in five languages using standardized individual and neighborhood-level instruments. Descriptive data identify targeted areas for program implementation to reduce health disparities. In Year 3, we adapted, implemented and evaluated evidence-based interventions addressing diabetes and depression among ethnically and racially diverse senior center participants. In addition, we developed an evidence-based toolkit, as a practical guide for innovative practice development in senior centers. This presentation will demonstrate a translational approach to inform research, practice, and policy. Continuing today, this pioneering government-academic partnership provides a rigorous methodological approach to help guide the design and implementation of evidence-based interventions and policies that enhance and empower healthy aging and risk prevention among older adults in urban settings.

Presenters:
Florence J. Dallo, PhD
Assistant Professor of Wellness,
Health Promotion and Injury Prevention
Oakland University School of Health Sciences

Nina S. Parikh, PhD, MPH
Deputy Director of Research,
Brookdale Center for Healthy Aging & Longevity
Hunter College, City University of New York

Moderator: Alison Mendoza
Masters Candidate, Health Behavior and Health Education
UNC Gillings School of Global Public Health

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

Session A3: Rural Health: HOPE Project *Redbud*

Disparities in health status, health care quality and access to health services exist between people living in rural areas and those living in urban areas, and among multiracial/multicultural individuals within rural areas. In this session on rural health, Dr. Marci K. Campbell, along with community stakeholders, will introduce the audience to unique challenges of rural health through the HOPE (Health, Opportunities, Partnerships, Empowerment) Projects, a series of interventions that address economic and social determinants of health among low income women in rural counties in North Carolina. By emphasizing microenterprise development, financial literacy, loan circles, and obesity prevention, the HOPE projects are helping African American and Indian women live healthier lives.

Presenters:
Marci Campbell, PhD, MPH, RD
Professor, Department of Nutrition
UNC Gillings School of Global Public Health

April Locklear Oxendine, MAEd
Community Coordinator,
HOPE Accounts for Women

Moderator: Che Smith
Doctoral Student, Biostatistics
UNC Gillings School of Global Public Health

Session A4: Native American Health: *Bellflower*
Diabetes among the American Indian Population

Diabetes is a growing epidemic in the United States with over 23.6 million Americans having been diagnosed with the disease. Among these statistics, American Indians have disproportionately higher rates of diabetes as compared to the general U.S. population. Dr. Ronny A. Bell, Director of the Maya Angelou Center for Health Equity, will take a closer look at the physical and psychosocial consequences of diabetes and the impact of the disease within the Native American community both in North Carolina and throughout the Southeast.

Presenter: Ronny A. Bell, PhD
Professor, Division of Public Health Sciences, Department of Epidemiology & Prevention
Wake Forest University School of Medicine

Moderator: Phylicia Bediako
Bachelors Student, Health Policy and Management
UNC Gillings School of Global Public Health

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

Session A5: Occupational Health and Safety: One Size Does Not Fit All! *Windflower*

From a 2008 survey of private sector employees, approximately 62 million nationwide included about 30 million women and 21 million minorities. A large percentage of the minority population does have access to private healthcare. Therefore, it is imperative that the occupational health and safety professionals be aware of the health issues that are prevalent in specific ethnicities in their workforce to minimize development of health issues and provide disease management to improve the health of workers already affected by disease. This presentation will look at the specific health issues of workers of different racial backgrounds and how occupational health can provide healthcare for these employees and their families.

Presenter: Kathleen Buckheit, BSN, MPH, COHN-S/CM/SM
Director of Continuing Education, North Carolina Occupational Safety and Health Education and Research Center
Adjunct Faculty, Occupational Health Nursing Program
University of North Carolina at Chapel Hill

Moderator: Tandrea Hilliard
Doctoral Student, Health Policy and Management
UNC Gillings School of Global Public Health

12:15 pm **Lunch** *Trillium Room*

Exhibits and Poster Session *Central Atrium*

Session B1: The National HIV/AIDS Strategy: What Does It Mean For The Future Of HIV Prevention? *Dogwood*

In July 2010, the Obama administration released the first comprehensive National HIV/AIDS Strategy (NHAS) for the United States. This document lays out a plan to coordinate efforts across the federal government to make the U.S. a "…place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination." Gregorio Millett, Senior Policy Advisor for the White House's Office of National AIDS Policy and a key architect of the NHAS, will detail the development and implementation plan for the NHAS, as well as its specific implications for future HIV prevention efforts among racial and sexual minority communities.

Presenter: Gregorio Millett, MPH
Senior Policy Advisor
White House Office of National AIDS Policy

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

1:30 pm **Afternoon Concurrent Sessions**

Session B2: The Effects of Racism and Discrimination on Health *Redbud*

The scope of public health has been broadened with the continuing emphasis on the social determinants of health. This presentation will focus on the link between social issues and health, as it describes the mechanisms underlying the relationship between racism, racial discrimination, and health. The presentation will examine evidence from research conducted on: (a) the role of physiological systems in changes in health associated with racism; and (b) racial and ethnic protective factors, such as racial identity and cultural orientation, that buffer the effects of racism and discrimination on health.

Presenter: Enrique Neblett, PhD
Assistant Professor of Psychology
University of North Carolina at Chapel Hill

Moderator: Alison Mendoza
Masters Candidate, Health Behavior and Health Education
UNC Gillings School of Global Public Health

Session B3: Environmental Health *Mountain Laurel*

Dr. Sacoby Wilson will discuss environmental justice issues and environmental health disparities in North Charleston, South Carolina. He will provide details on a community-university environmental justice and health partnership between the Low Country Alliance for Model Communities and the University of South Carolina. This partnership works to address health disparities and environmental justice issues using the community-based participatory research (CBPR) framework.

Presenter: Sacoby Wilson, MS, PhD
Research Assistant Professor, Institute for Families in Society
University of South Carolina

Moderator: Ayodele Gomih
Doctoral Student, Epidemiology
UNC Gillings School of Global Public Health

Session B4: Eliminating Food Deserts: Bringing Local Produce to Communities and Encouraging Healthy Behaviors in North Carolina **Windflower**

Inner city communities are often void of venues and commercial establishments that offer nutritionally balanced produce, meals and products, leading to an increase in health disparities and poor health outcomes for community residents. Given the scarcity of nutritious options in these locales, they have been conventionally labeled as “food deserts”. To address this issue, the Corner Store Initiative looks to partner with local, small businesses nested in these communities to find innovative and sustainable methods of providing access to fresh fruits and vegetables for community residents. The project is led by Camillia Easley, a fellow for the CDC Public Health Prevention Service (PHPS) Program, who will speak about the efforts to duplicate in Durham, NC the Corner Store Initiative’s prior success in post-Katrina New Orleans using effective collaboration with community partners and tailored community education.

Presenter: Camillia M. Easley, MPH
Fellow, CDC Public Health Prevention Service (PHPS) Program
Chronic Disease and Injury (CDI) Section, North Carolina Division of Public Health

Moderator: Jordan Perry
Masters Candidate, Health Behavior and Health Education
UNC Gillings School of Global Public Health

Agenda *continued*

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

Session B5: Mental Health among the Latino Population *Bellflower*

Mental health is an integral component of wellness, spanning many conditions with a wide variety of impairments, both physical and psychological. In addition to being intertwined with physical health, mental health issues can often be difficult to identify. National studies among U.S. minority populations indicate a complex interplay between cultural background, or diverse life experiences, and mental health. Within the Latino community, both newly immigrated and established, members face unique stressors, such as acculturation pressures, cultural adjustment and discrimination. In order to provide more targeted outreach and treatment, cultural competency must be a core part of health care. This session will discuss mental health service, utilization and needs within the steadily growing Latino population, both in North Carolina and in the U.S.

Presenter: Linda Beeber, PhD, RN, CS
Professor
UNC School of Nursing

Moderator: Nicole Taylor
Public Health Leadership
UNC Gillings School of Global Public Health

Session B6: Image Theatre Workshop *Azalea*
(high school students only)

Presenter: Amy Burtaine
Program Director, Interactive Theatre Carolina
University of North Carolina at Chapel Hill

Moderator: Arcenia Lampkins
Masters Candidate, Health Behavior and Health Education
UNC Gillings School of Global Public Health

Agenda *continued*

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

3:00 pm **Afternoon Interactive Session** *Dogwood*

HIV Policy in National, State and Local Contexts
The release of the National HIV/AIDS Strategy in July 2010 was a milestone in the fight against HIV in the United States. Join an interactive panel discussion featuring key leaders in HIV prevention from the national, state, and local perspectives. A panel of HIV experts, including Dr. Peter Leone, Professor in the UNC School of Medicine and Medical Director for the North Carolina HIV/STD Prevention and Care Branch, and John Paul Womble, Executive Director of the Alliance of AIDS Services-Carolina will discuss the implications of this landmark document for HIV prevention efforts both nationally and here in North Carolina.

Presenters:
Lisa Hazirjian
Director
NC AIDS Action Network

Peter Leone, MD
Professor of Medicine, UNC School of Medicine
Adjunct Professor of Epidemiology, UNC Gillings School of Global Public Health

John Paul Womble
Executive Director
The Alliance of AIDS Services Carolina

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

4:30 pm **Conference Adjourns**

Speaker Biographies

Linda Beeber, RN, PhD, CS

Dr. Linda Beeber is a professor at the UNC-Chapel Hill School of Nursing. She has taught and/or practiced psychiatric nursing for over 35 years. She is an active member of the North Carolina Nurses Association (NCNA) Council of Psychiatric Mental Health Nurses in Advanced Practice and the American Psychiatric Nurses Association serving as the Chair of their Research Council, on the search committee for the Journal editor and on the Educational Council. Dr. Beeber's past and current research focuses include depression in a variety of patient populations, including mothers of infants and toddlers and Spanish-speaking only Latina mothers. Using research and formal theory development, Dr. Beeber has helped to identify ways in which nursing practice can be a powerful force in the treatment of mental health disorders and confirms the importance of therapeutic interpersonal relationship between the nurse and his/her client. Dr. Beeber's work has drawn attention to nursing's contributions in an area traditionally dominated by child development, social science and medicine. In 2003, she was the winner of the American Psychiatric Nurse Association's Excellence in Research Award. In 2005, Dr. Beeber received the NCNA Nurse Research of the Year Award. She has also been the recipient of Howard University's Emerging Star in Health Disparities Research. Dr. Beeber received her nursing degree from Virginia Commonwealth University and her PhD in Nursing from the University of Rochester.

Ronny A. Bell, PhD, MS

Dr. Ronny A. Bell is a professor in the Division of Public Health Sciences, Department of Epidemiology and Prevention, at Wake Forest University School of Medicine, with training in nutrition and epidemiology. Dr. Bell's primary research interests are chronic disease prevalence, risk factors, and prevention, with particular emphasis on ethnic minority populations. Dr. Bell is Director of the Maya Angelou Center for Health Equity at Wake Forest. Dr. Bell is a charter member of the North Carolina American Indian Health Board. He also serves as a member of the American Indian Alaska Native Workgroup for the National Diabetes Education Program.

Dr. Bell is a native of Robeson County and an enrolled member of the Lumbee Indian tribe. Dr. Bell received his undergraduate degree in Public Health Nutrition from the University of North Carolina at Chapel Hill, his Master's degree in Epidemiology from the Wake Forest University School of Medicine, and his doctorate degree in Nutrition from the University of North Carolina at Greensboro.

Kathleen Buckheit, BSN, MPH, COHN-S/CM/SM

Since 2003, Kathleen Buckheit is the Director of Continuing Education and Outreach for the NC Occupational Safety and Health Education and Research Center at the University of North Carolina at Chapel Hill, Gillings School of Global Public Health. She has also adjunct faculty in the Occupational Health Nursing Program at UNC-Chapel Hill since 1996. Prior to UNC, she worked for the NC Division of Public Health as the State Occupational Health Nurse Consultant. She has also worked for NC State University in the Ergonomics Resource Center and began as an Occupational Health Nurse at IBM in RTP, NC after many years in ICU and Emergency Departments. Her educational background includes: Master of Public Health degree in Public Health Nursing, Occupational Health Nursing Program from UNC, Bachelor of Science in Nursing degree from Western Connecticut State College in Danbury, and Diploma in Nursing from Mt. Sinai Hospital School of Nursing in New York City. She teaches and presents topics on a variety of health and safety issues and directs the development of educational programs in all disciplines of occupational health and safety. She is a Certified Occupational Health Nurse Specialist, Case Manager, and Safety Manager.

Amy Burtaine

Amy Burtaine is the current Program Director of Interactive Theatre Carolina at UNC-Chapel Hill. Amy has over 15 years of experience in applied and community-based theatre and specializes in theatre for social change. She has worked nationally and internationally in theatre and education projects, including training with Augusto Boal's Theatre of the Oppressed in Brazil. Before coming to North Carolina in the fall of 2010, Ms. Burtaine taught as adjunct faculty at the University of Colorado at Boulder and worked as an actor/facilitator for Kaiser Permanente's Educational Theatre Programs in Denver, Colorado.

Marci Campbell, PhD, MPH, RD

Dr. Marci Campbell is a professor in the Department of Nutrition at the UNC Gillings School of Global Public Health whose research focuses on nutrition behavior change for health promotion and disease prevention. She investigates health communication strategies aimed at reducing risk factors for cancer and chronic diseases in minority and under-served communities. Approaches include testing effectiveness and cost-effectiveness of computer-generated, individually tailored interventions on diet, physical activity, and cancer screening behaviors for health promotion and disease prevention in diverse populations; impact of multi-level interventions including individual, social, organization and environmental approaches to address social and economic determinants and encourage healthy behaviors; and dissemination research using evidence-based interventions for obesity prevention and health promotion on a population-wide level. Dr. Campbell is the principal investigator for HOPE Works, the core research project of the Center for Health Promotion and Disease Prevention.

Dr. Campbell earned her MPH in Nutrition and a PhD in Health Behavior and Health Education from UNC-Chapel Hill. She is a member of the Society for Behavioral Medicine and is also the program leader for prevention and control at the UNC Lineberger Comprehensive Cancer Center.

Florence J. Dallo, PhD

Dr. Florence J. Dallo is currently an Assistant Professor of Wellness, Health Promotion and Injury Prevention in the School of Health Sciences at Oakland University. As a Chaldean (Iraqi Catholic) immigrant growing up in a racially and ethnically diverse community, she was curious why some individuals led healthy lives, while others did not. For her Master's in Public Health thesis, she interviewed 130 Chaldean-American women in Detroit to better understand the link between acculturation and blood pressure. After that experience, Dallo knew her passion was to promote health and prevent disease in minority communities. After obtaining her PhD and completing a two-year Kellogg Health Disparities Post-Doctoral Fellowship, she began as an Assistant Professor at the University of Texas, School of Public Health in Dallas. During her three years in Dallas, and while teaching and mentoring students, she published several manuscripts, many related to the health of Arab and Chaldean Americans. In 2006, she received a grant from the Robert Wood Johnson Foundation to analyze national data focusing on quality of health care among immigrants. In July 2009, Dallo received a grant from the Michigan Center for Urban African American Aging Research to analyze American Community Survey data to better understand the disability status of Arab, Hispanic and Asian Americans 65 years of age or older.

Camillia M. Easley, MPH

Camillia Easley is a fellow for the CDC Public Health Prevention Service (PHPS) Program, who is currently assigned to the Chronic Disease and Injury (CDI) Section of the North Carolina Division of Public Health. She works with the various branches under the CDI Section on projects with a focus on Health Disparities/Health Equity among underserved populations in North Carolina. Ms. Easley is currently overseeing the NC Healthy Stores initiative and the pilot in Northeast Central Durham. The NC Healthy Stores initiative would like to increase access and availability of fresh produce and healthy foods to underserved communities in North Carolina.

Before relocating to North Carolina, Ms. Easley worked for the Office of Health Disparities (OHD) at the National Center for HIV/AIDS, Viral Hepatitis, STDs and TB Prevention (NCHHSTP) and the Emerging Investigations and Analytic Methods Branch (EIAMB) at the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Ms. Easley completed her undergraduate studies at the University of Michigan-Ann Arbor in Pre-Health/African American Studies and her MPH in Health Education and Communication at Tulane University School of Public Health and Tropical Medicine. During her time at Tulane, she developed a passion for community-based research and a "hands-on" approach to public health while working in post-Katrina New Orleans.

Speaker Biographies *continued*

Peter Leone, MD

Dr. Peter Leone is Professor of Medicine and Adjunct Professor of Epidemiology at the University of North Carolina at Chapel Hill. He serves as Medical Director for STD and HIV Prevention and Control for the North Carolina Department of Health and Human Services. Dr. Leone is also the Medical Director for the North Carolina STAT Program, a unique program to identify and trace acute HIV infections in North Carolina. He is a Principal Investigator for the CDC funded STOP grant. Dr. Leone served as the Medical Director for Wake County Human Services STD and HIV clinics for 12 years prior to taking his state position.

Active in many professional organizations, Dr. Leone is a member of the National Coalition of STD Directors and served as their Board Chair in 2009-2010 and is the Chair Elect for 2011. He has also served on the editorial board for the journal, Sexually Transmitted Diseases and is on the board for the American Sexually Transmitted Diseases Association (ASTDA). In 2010, he blogged for the New York Times on Genital Herpes and STDs and was a meet-the-expert guest columnist on three occasions. He received the Humanism in Medicine Award from the University of North Carolina in 2001, was presented with the ASHA Presidential Award for Excellence in Innovative Service at the 2002 National STD Prevention Conference. In 2008, he received the Marty Prairie Award. This award, presented by the North Carolina Department of Health and Human Services HIV/STD Prevention and Care Branch, is given to individuals or organizations whose work with HIV and other sexually transmitted diseases "exhibits distinguished, bold and innovative community service and/or advocacy that positively impacts North Carolina."

Dr. Leone received his medical degree from Northeastern Ohio University College of Medicine, Rootstown, and completed his medical residency at the Akron City Hospital and Infectious Diseases fellowship at Wake Forest University.

April Locklear Oxendine, MAEd

April Locklear Oxendine is a Community Coordinator for HOPE Accounts for Women in Robeson County and a member of the Lumbee Tribe. She has a MAEd in Health Education from East Carolina University.

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Gregorio Millett, MPH

Gregorio Millett is a detailee from the U.S. Centers for Disease Control and Prevention (CDC), serving as the Senior Policy Advisor in the White House Office of National AIDS Policy. In this role, he coordinates the Office's policy and research activities, including HIV prevention policy. He was also the staff lead for the HIV interagency working group that was tasked with developing the National HIV/AIDS Strategy and a principal writer for the Strategy. Mr. Millett also serves as the U.S. government lead for the 2012 International AIDS Conference that will be held in Washington, DC. Prior to his position with ONAP, Mr. Millett was a Senior Behavioral Scientist in the Division of HIV/AIDS Prevention (DHAP) at CDC in Atlanta. In that capacity, he authored numerous peer-reviewed papers that explored racial/ethnic disparities in HIV among men who have sex with men that have been published in top-tier peer-review journals, including JAMA, AIDS, Journal of Acquired Immune Deficiency Syndromes, and American Journal of Public Health. Mr. Millett has a Bachelor of Arts degree from Dartmouth College and a Master of Public Health degree in Health Behavior and Health Education from the University of North Carolina at Chapel Hill.

Enrique Neblett, PhD

Enrique W. Neblett, Jr. is an Assistant Professor of Psychology at the University of North Carolina at Chapel Hill and a provisional Licensed Psychologist in the state of North Carolina. He received his Bachelor of Science degree in psychology from Brown University (1996), his Master of Science degree in psychology from The Pennsylvania State University (2001), and his doctorate in psychology (clinical) from The University of Michigan (2006). Dr. Neblett's research examines the relation between racism-related stress and health in African American and ethnic minority youth, with a focus on racial and ethnic protective factors and mechanisms that promote health. A new line of research currently funded by the National Science Foundation (NSF) examines psychophysiological mechanisms that may account for the hypothesized link between racism and racial health disparities. His work has been presented at several national conferences and published in journals such as The Journal of Counseling Psychology, The Journal of Black Psychology, The Journal of Research on Adolescence, and The Journal of Youth and Adolescence. In addition to his UNC affiliations, Dr. Neblett is a member of the American Psychological Association, the Society for the Psychological Study of Ethnic Minority Issues, the Association for Psychological Science, the Society for Research in Child Development, and the Society for Research in Adolescence. In 2010, he received the UNC Psychology Club Faculty Research Mentor Award, for "outstanding mentorship to undergraduate students conducting research in psychology." Dr. Neblett is also a former recipient of the NSF Postdoctoral Research Fellowship, a two-year research and training award that was funded by NSF to examine racial identity, coping with racism, and cardiovascular physiological responses to racism-related stress.

Speaker Biographies *continued*

Nina S. Parikh, PhD, MPH

Dr. Nina S. Parikh is the Deputy Director of Research at the Brookdale Center for Healthy Aging & Longevity of Hunter College, City University of New York. A continuing theme of Dr. Parikh's research involves the examination of social, cultural, and economic factors that influence the health and health care of underserved populations, including ethnic/racial groups, immigrants, the uninsured, those with inadequate health literacy, and the elderly. Her current research focuses on the complex social and cultural factors influencing healthy aging among diverse urban populations; the effects of the built and social environment on health; and the health status of community-based older adults. Prior to coming to Hunter, Dr. Parikh was involved in several projects, including an investigation of access and utilization patterns of emergency department patients, a multi-phase, multi-site evaluation of an HIV prevention intervention, and a prevalence study examining low health literacy among public hospital patients. Her work has received grant support from the Robert Wood Johnson Foundation, The Commonwealth Fund, Agency for Healthcare Research and Quality, and the NYC Department for the Aging. Dr. Parikh received her PhD in Sociomedical Sciences from Columbia University, and a MPH in Health Policy and Management from Emory University.

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 policymakers 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.

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Sacoby M. Wilson, PhD, MS

Dr. Sacoby Wilson is a Research Assistant Professor at the Institute for Families in Society, University of South Carolina with joint appointments in the Department of Epidemiology and Biostatistics and the College of Social Work. He is also a visiting professor at the Maryland Institute of Environmental Health at the University of Maryland. Dr. Wilson is an environmental health scientist with over ten years of experience working in community-university partnerships on environmental health and justice issues. He has been working with the West End Revitalization Association (WERA), a community-based environmental justice organization in Mebane, NC since 2000.

Dr. Wilson also works with the Lowcountry Alliance for Model Communities (LAMC), a community-based organization, working on environmental justice and revitalization issues in North Charleston, SC. He recently received a $1.2 million dollar NIEHS research grant in partnership with LAMC to examine pollution and health issues in North Charleston, SC, and build community capacity to address these issues. Dr. Wilson and other members of the collaborative partnership between LAMC, City of North Charleston, the SC State Ports Authority, and other stakeholders received a 2009 Environmental Justice Achievement Award from the Environmental Protection Agency.

Dr. Wilson is currently Chair of the Environment Section of the American Public Health Association, a senior fellow in the Environmental Leadership Program, and Acting Chair of the Alpha Goes Green Initiative, Alpha Phi Alpha Fraternity, Inc. He received both his MS and PhD in Environmental Health from UNC-Chapel Hill and his BS degree from Alabama Agricultural and Mechanical University. Dr. Wilson is a two-time EPA STAR fellow, two-time NASA Space Scholar, and former Udall and Thurgood Marshall Scholar.

John Paul Womble

John Paul is a native son of the Old North State, as well as being the child of a Baptist minister and a politician, which goes a long way towards explaining his personality and tenacity. He attended Campbell University and North Carolina State University, studying both history and political science. After testing positive for HIV in his early twenties, Mr. Womble left North Carolina and moved to Chicago where he served as the Director of Clinical Social Services at Mt. Sinai Hospital. He returned home to North Carolina ten years ago, and is now the Executive Director of The Alliance of AIDS Services Carolina. Mr. Womble is a member of the Board of Directors for The NC AIDS Action Network, The Southern AIDS Coalition and has served in the past on the Board of The National Association of People with AIDS.

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Poster Abstracts

Building an American Indian Healthy Eating Initiative in North Carolina

Leticia Mone’t Brandon on behalf of the American Indian Healthy Eating Project

Introduction: Building partnerships was an essential ingredient to developing environmental and policy strategies to improve access to healthy eating within North Carolina (NC) Tribal
Communities.

Methods: Using community-based participatory research, our partnership building process began with the NC Commission of Indian Affairs (CIA)—a state entity established by law to deal fairly and effectively with Indian Affairs, amongst other statutory duties. To build collaborations with each of NC’s Tribes, the CIA suggested using Talking Circles. Informed by American Indian tradition, we developed a modified Talking Circle format to facilitate collective discussion and build collaborations with Tribal leaders.

Results: Seven Tribes in NC invited us to host a modified Talking Circle; in total, 33 Tribal leaders participated in the discussions. This technique was effective at building seven distinct partnerships to explore healthy eating within American Indian communities and one collective NC American Indian Healthy Eating Initiative. Common themes described during the discussions include concerns about childhood obesity within Tribal youth, facilitators and barriers of purchasing and preparing affordable, healthy meals, and the role of the family, church, and Tribal community in moving forward healthy eating initatives. Community liasions (n=3) garnered additional community insights and support through one-on-one interviews with community and spiritual leaders (n=13), health professionals (n=8), Indian educators (n=10), and food sector professionals (n=5). Nine of these key informants also discussed their perspectives on healthy eating as parents, totaling 13 parent participants.

Conclusion: Collectively, the key informants provided invaluable perspectives on how to utilize Native traditions and Tribal leaders to improve access to healthy eating within NC American Indian Tribal communities. Lessons learned, formally and informally, from Tribal leaders and key informants continue to shape the partnership building process and guide planning and policies with the greatest potential to improve healthy eating within American Indian communities.

Testing the usability of a computer-mediated decision aid for colorectal cancer screening for Latinos with limited English proficiency

Brenda Cepeda, MSIS; Rebecca Clay, BS; Dan Reuland, MD, MPH; Linda Ko, PhD, MPH; Michael Pignone, MD, MPH

Introduction: Latinos have the lowest colorectal cancer (CRC) screening rates among the major racial/ethnic groups. English-language decision aids (DAs) have been effective in increasing CRC screening. We produced a prototype Spanish-language computer-based DA aimed at promoting CRC screening in a Latino population. We investigated the usability of the DA’s interface by Latino patients and whether they perceived the content of the DA to be understandable and relevant.

Methods: We conducted usability tests in Latino participants (n=18) who spoke English "less than very well," were 50-75 years old, had no family history of CRC, and were not up-to-date with CRC screening. We used the "Think-Aloud" method and semi-structured interviews to evaluate the user interface and assess participants' understanding and perceived relevance of the DA.

Results: Nearly all (n=17, 95%) of the participants declined to use the mouse to navigate the DA because of unfamiliarity or discomfort using computers. Participants suggested minor interface improvements such as bigger screen size and diagrams. Regarding content, all participants (100%) reported understanding the information in the DA at a level of "a lot" or "completely." All 18 (100%) participants reported perceiving that the DA was designed for them at a level of "a lot" or "completely."

Conclusion: Computer-based interventions that require patients to use a mouse may present usability challenges for older Spanish-speaking Latinos in this region. Participants perceived this DA to be understandable and personally relevant. Future testing will examine the effect of this DA on CRC screening-related knowledge, intentions, and behavior in this target population.

Capacity Building Lessons from the Community Empowerment Network Project

Sheryl L. Coley, MPH; Robert E. Aronson, DrPH

Introduction: Numerous interventions have targeted the reduction of health risk factors in African-American communities through churches. Guilford County Department of Public Health currently works with African-American church leaders in Southeast Greensboro to establish six wellness centers for targeting heart disease risk factors. A mixed-method capacity assessment was completed in 2010 to determine the match of the wellness centers' resources and services to the health programming desires of the priority population.

Methods: "Windshield surveys" were conducted in twelve neighborhoods surrounding participating churches for the purpose of finding potential community resources and outreach opportunities for the centers. Fourteen interviews were conducted with health ministry coordinators of the wellness centers, pastors and Southeast Greensboro neighborhood association leaders. Focus groups and surveys were completed with over 150 Southeast Greensboro residents and church program participants.

Results: Various neighborhood entities exist that can benefit faith-based health programs in providing access to venues, publicity and other programming resources. Findings convey that the utilization of these resources coupled with neighborhood outreach could increase visibility and access to the centers for targeted community residents.

Conclusion: Assessing the needs and resource capacity of targeted communities are critical first steps in planning for health programs. Location alone does not guarantee the reach of faith-based institutions to surrounding neighborhoods of target populations. Health program coordinators should not view communities as "needy," and should incorporate community resources to the extent possible. Recognizing and building on communities' strengths could increase the resources available for health interventions and can lead to true community empowerment.

Access and food source use are associated with healthy and unhealthy food purchasing behaviors among low-income African American adults in Baltimore City

Heather D'Angelo, MHS; Sonali Suratkar, MHS; Hee-Jung Song, PhD; Elizabeth Stauffer, MHS, DPT; Joel Gittelsohn, PhD

Introduction: While previous research has shown limited healthy food availability in low-income urban neighborhoods, the association between food source use and food purchasing patterns has not yet been examined. We explored food purchasing patterns in the context of food source use and food source access factors in low-income areas of Baltimore City.

Methods: A cross-sectional survey of 175 low-income African American adult main household food shoppers and preparers was conducted in low-income neighborhoods of East and West Baltimore City.

Results: Supermarkets were named by 74.9% and corner stores by 18.3% of respondents as the most frequently used food source. Walking was the main form of transportation used by 57% of all respondents, 97% of corner store shoppers, and 49% of supermarket shoppers. Multiple linear regression models adjusting for age, sex, household size, socioeconomic status, transportation, and neighborhood of residence showed corner store use was associated with increased frequency of purchasing unhealthy foods (p=.005). Driving to the food source was associated with increased frequency of purchasing healthy foods (p=.012), after adjusting for the same demographic variables and corner store use.

Conclusion: The high number of corner stores compared to supermarkets in low-income neighborhoods makes them an easily accessible and frequently used food source for many people. Interventions to increase the availability and promotion of healthy foods in highly accessed corner stores in low-income neighborhoods are needed. Increased access to transportation may also lead to the use of food sources beyond the corner store, and increased healthy food purchasing.

Development of a Wisconsin Department of Health Services website addressing lesbian, gay, bisexual and transgender (LGBT) health disparities

Rachel Marie Dooley, BA

Background: Following improvements in the ability to collect population-level data on LGBT health, researchers have been able to conclude that LGBT individuals experience adverse health outcomes in comparison to their non-LGBT counterparts. However, few state health departments have central offices through which to disseminate LGBT health data, and many health promotion programs do not successfully reach LGBT people. During the summer of 2010, I collaborated with the Wisconsin Department of Health Services (DHS) and the University of Wisconsin, Madison, to develop a website to increase public knowledge about the state's LGBT health disparities and resources.

Process: Creating the Wisconsin Department of Health Services LGBT health website was a multi-phase process. First, employees of the Wisconsin AIDS/HIV program gained approval for the project from state public health officials. Next, I developed the website's structure and content and sought feedback from DHS employees, Wisconsin LGBT community centers, and the Wisconsin HIV/AIDS Statewide Action Planning Committee. I incorporated feedback into the website design and then initialized an institutional review process to gain authorization for deployment.

Challenges and Implications: Reflective of the politicized nature of LGBT issues, the Wisconsin public had a broad range of reactions to the website; at one point, community feedback resulted in it being removed from public view. However, the site is currently live and is the first state website in the country to comprehensively address LGBT health. The process through which the website was created may prove valuable to other organizations as they initiate efforts to address LGBT health concerns.

Community Advisory Workgroups: A Novel Approach to Responding to Regional Latino Health Priorities

Krystle Graveline, MHA Candidate 2012; Brandolyn White, MPH, CHES; Chanetta Washington, MPH ;
Malika Roman Isler, PhD, MPH; Alison Gunn, MPH; Gloria Cardona, MA; Dan Reuland, MD, MPH;
Betsy Sleath, PhD; Giselle Corbie-Smith, MD, MSc

Introduction: The tremendous increase in the Latino population in North Carolina, from 1.2% to 7.4% of the total population from 1990-20091, poses new health care challenges for the state. The North Carolina Translational and Clinical Sciences Institute, Community Engagement Core (NC TraCS CEC) is piloting the Expanding Networks for Latinos through Community Engagement (ENLaCE) project to identify specific health concerns of the Latino community. By creating local community advisory workgroups, ENLaCE aims to address Latino health priorities through collaborative research informed by key stakeholders from regional community, clinical, and academic organizations.

Methods: The NC TraCS CEC, in collaboration with Wake and Greensboro Area Health Education Centers (AHEC), has created two regional advisory workgroups. Local clinicians, researchers, and leaders in the Latino community were recruited to participate. Workgroup meetings, led by the community members, were structured to allow all stakeholders to voice the most pressing Latino health needs, consider solutions, and identify areas of potential synergy among programs, evaluation, and research.

Results: Through collaborative partnerships, the workgroups have been able to inform research priorities that are relevant to the community. Workgroup members are currently identifying potential funding opportunities for health literacy and health communication research projects.

Conclusion: The ENLaCE model of community advisory workgroups represents a novel method for improving Latino health by determining local needs, identifying potential synergies among regional community, clinical, and academic organizations, and developing strategies to address those needs. The regional networks are becoming primed to conduct translational research with NC's Latino populations.

References: 1. US Census Bureau (2000).

Circles of Care: African American Perspectives on the Support Team Model for Serious Illness

Melissa A. Green, MPH; Michelle Hayes, BA; Stacie Peacock, MHA; Tonya Armstrong, PhD, MTS;
Sharon Elliott-Bynum, PhD; Mary Pointer, BSN; Racquel Daley-Placide, MD; Laura C. Hanson, MD, MPH

Introduction: Patients living with cancer and their families need supportive care and cancer-specific treatments to manage pain, meet practical needs, access information and alleviate emotional distress. The Circles of Care project extends the support team model to enhance supportive care for African Americans with serious illness like cancer. Using semi-structured interviews with stakeholders, we evaluated the feasibility and acceptability of this model.

Methods: Trained interviewers completed semi-structured interviews with 50 individuals involved with support teams. Their sampling included African Americans with cancer or other illness, support team volunteers, medical providers and pastors. Investigators used iterative consensus coding to identify themes of non-medical support required during the cancer journey, benefits of the support team model, and facilitators and barriers to its acceptance. All interviews were recorded, transcribed, double coded, and analyzed using ATLAS.ti.

Results: We presented themes describing facilitators and barriers to the support team model for African Americans. Analysis of the interviews suggested that actively engaged support teams were feasible and well accepted by stakeholders. Teams provided practical, emotional and spiritual support to the individuals with serious illness. Stakeholders viewed support teams as influencing quality of life through enhanced sense of normalcy, patient-provider communication, and connection with a support system.

Conclusion: The support team model is feasible and acceptable, and can play a supplementary role to medical care African Americans with cancer receive. Additional research of this model may prove promising in improving communication, care decision making, and quality of life while living with serious illness.

Building Bridges to Effective Chronic Kidney Disease Management: A Mixed-Methods Needs Assessment of Primary Care Physicians and Minority Nephrology Patients in Eastern North Carolina

Tandrea S. Hilliard, MPH; Jeffrey Bethel, PhD; Mary J. Barchman, MD

Introduction: This study aimed to assess and identify chronic kidney disease (CKD) management-related needs (i.e., gaps in management and barriers to services) among primary care physicians (PCPs) and minority nephrology patients in Eastern North Carolina (ENC).

Methods: A mixed-methods needs assessment was conducted among two target populations in ENC: PCPs and minority nephrology patients. A random sample of 200 PCPs practicing in ENC was invited to complete a mailed, semi-structured questionnaire assessing demographics, knowledge of CKD management variables, and physician-identified needs for improvement. Minority nephrology patients were recruited to participate in a one-time, qualitative interview assessing demographics and barriers to care.

Results: The response rate for the PCP questionnaire was 16.5% (n=33). The majority of PCP respondents (45.5%) answered exactly 3 out of 5 structured test questions correctly.

Qualitative analysis of physician-identified needs for improving CKD management resulted in the following themes: desire for increased CKD knowledge and understanding, request for CKD management quick reference tools, need for local nephrology health services, need for better patient compliance, need for aggressive treatment of CKD co-morbidities, and need for affordable medications. Predominant barriers to care among the 12 patients interviewed were: (1) inability to afford and obtain necessary medications, (2) gaps in Medicaid and Medicare coverage, and (3) inconsistency in providers seen at primary care practices.

Conclusion: Our study highlighted some very important needs among PCPs and minority nephrology patients in ENC. Additional research, to directly assess gaps in CKD management among various geographic areas, specialties, and provider types in North Carolina, is strongly recommended.

Differences in colorectal cancer screening and clinical communication by language of preference among Hispanics

Monica Perez Jolles, MA; Linda K. Ko, MPH, PhD; Dan Reuland, MD, MPH

Introduction: Colorectal cancer (CRC) screening rates are lower for Hispanics compared to other racial/ethnic groups. Language barriers may contribute to this disparity. We examined data from a national survey to determine whether patterns of CRC screening and screening communication with providers differed by ethnicity and language among Hispanics surveyed-in-Spanish (H-Spanish), Hispanics surveyed-in-English (H-English), and non-Hispanic Whites (NHW).

Methods: Data included 1,893 individuals, ages 50-80, from the 2007 Health Information National Trends Survey. Using NHW as reference group, we determined odds ratios for CRC screening (ever and up-to-date), screening communications with a provider in the past 5 years, and recommended tests [fecal occult blood testing (FOBT) or lower endoscopy (LE)] for H-Spanish and for H-English. Regression models adjusted for socio-demographic factors.

Results: Compared with NHW, H-Spanish were less likely to ever have FOBT (AOR = 0.22; 95% CI = 0.59-0.84) or LE (AOR= 0.42; 95% CI = 0.17-1.03) and be up-to-date with FOBT (AOR = 0.03; 95% CI = 0.02-0.07). H-Spanish also showed trends toward lower odds of being up-to-date with LE (AOR=0.59; 95% CI=0.24-1.45) or having discussed screening with a provider (AOR = 0.56; 95% CI = 0.24-1.28). H-Spanish reported greater odds of recommendation for FOBT (AOR = 9.38; 95% CI = 2.19-40.12), but lower odds of LE (AOR = 0.11; 95% CI = 0.03-0.49). H-English showed no significant differences from NHW in these variables.

Conclusion: Differences in CRC screening and test recommendations were associated with language rather than ethnic categories. Efforts to overcome screening disparities should include addressing language barriers.

Coping with cancer diagnosis and treatment: A qualitative comparison of African-American and white cancer survivors in North Carolina

Leanne Kaye, MPH, RD; Carmina Valle, MPH; Marci Campbell, PhD, MPH

Introduction: The purpose of this qualitative analysis was to understand what skills cancer survivors used to cope with their cancer diagnosis and treatment and to describe how coping may have differed between whites and African-Americans (AA).

Methods: Self-administered surveys were completed by adult survivors in North Carolina over a two year period (2008-10). Descriptive questions asked survivors how they coped with cancer, what helped them cope at the time of diagnosis/ during treatment/ after treatment, and what advice they would give other newly diagnosed patients. Key themes were identified by content analyses of participant comments. Matrix analyses were used to compare responses within and across racial groups.

Results: A total of 293 surveys were included in the final analysis (24% AA (21% male, 75% active treatment), 76% white (34% male, 73% active treatment)). Five themes emerged around topics of knowledge, affect, social support and religiosity. Social support emerged as a common factor in helping white survivors cope with a cancer diagnosis, whereas AA respondents reported religiosity as important. Both AA and whites reported that social support was central to coping at the time of diagnosis, as well as during and after treatment. Religiosity and knowledge at the time of diagnosis were also important for AA. Finally, survivors reported most often that the best advice for coping would be to create/engage social support systems, be spiritual, openly discuss diagnosis, and remain positive.

Conclusion: The results of this study are important in informing future programs and services to support coping among survivors.

Physical Activity Results of a Church-based Tailored Intervention among Older African Americans

Lucia Andrea Leone, PhD

Introduction: ACTS of Wellness was a randomized controlled trial developed to promote colorectal cancer screening and physical activity (PA) among urban African-American church members.

Methods: Churches were recruited from North Carolina (n=12) and Michigan (n=7). Church members ages 50+ (n=955) completed self-administered baseline and post-intervention surveys. Intervention participants received 3 tailored newsletters addressing screening and PA over 6 months. Churches were encouraged (not required) to offer programming related to PA or screening. Control churches received Body & Soul, a program promoting fruits and vegetables. MET-hours/week of moderate-vigorous physical activity (MVPA) was calculated based on frequency and duration of selected activities (MET score>3). Multivariate analyses examined changes in MVPA controlling for church cluster, gender, marital status, weight group and baseline values.

Results: Baseline MET-hours/week of MVPA was 7.8 for intervention (n=374) and 8.7 for control (n=338). The intervention showed no significant differences (p=0.10) in changes in MVPA (-0.73 MET-hours/week) compared to the control (-0.01 MET-hours/week). Among intervention participants, MVPA increased more for those who participated in church exercise programs (+1.7 MET-hours/week). Interestingly, 62% of Body & Soul participants recalled PA events at their church; those participants also increased their MVPA (+1.1 MET-hours/week). There was no improvement (p=0.25) for those who recalled receiving newsletters (n=326, -0.36 MET-hours/week) compared to those who didn't (n=48, -1.73 MET-hours/week).

Conclusion: Findings reinforce research indicating that more structured PA opportunities are necessary to promote change in MVPA, and that tailored messages alone are not likely to impact MVPA among older adults.

Examining Asthma Issues among African Americans in North Carolina

Winston Liao, MPH

Introduction: The North Carolina Asthma Program has identified six population groups at highest risk for poorly controlled asthma: African Americans, Native Americans, children under the age of 5, women, persons 65 and older, and persons living in households with an income below $15,000. Asthma among African Americans continues to be an important public health issue in NC, especially in view of its increase over the past 10 years.

Methods: Data from the 2000-2009 North Carolina Behavioral Risk Factor Surveillance System were used to examined asthma prevalence, management behaviors, and outcomes among African Americans and white adults. Time trends and descriptive findings are presented.

Results: Compared to whites, African Americans have higher lifetime and current asthma prevalence rates (2009: African Americans: 15.6%/9.6%; whites, 12.9%/7.9%); this difference has remained over time. A 10-year trend analysis shows that the rates increased more for African Americans than for whites. From 2000-2009, the rates were 1.6 and 2.6 times higher among African Americans for lifetime and current asthma, respectively. Differences are also seen between these two groups for emergency department visits, doctor visits, days unable to work, symptoms of asthma, difficulty sleeping, and asthma inhaler use.

Conclusion: Differences between African Americans and whites are notable regarding asthma management behaviors and outcomes. The findings indicate the possibility that African Americans may be impacted more by asthma, resulting in higher usage of rescue medication and acute healthcare services. Two (intervention and outreach) programs are offered as examples for addressing asthma among African Americans in North Carolina.

HOPE Accounts for Women

Rachel Page; Katie Barnes; Salli Benedict, MPH; Marci Campbell, PhD, MPH, RN; April Locklear; Amy Ries, PhD; Shannon Williams; Francine Wimberly

Introduction: HOPE Accounts for Women is an innovative intervention that addresses obesity among low-income African American and Native American women in North Carolina. Obesity and poor health exist within poverty, education, employment, and other determinants, which influence hope and empowerment to make life changes. Our proposal includes a long history of health promotion interventions with women in eastern NC and from direct community contribution.

Methods: HOPE Accounts for Women uses community based participatory research that will eventually enroll 215 women for the intervention and 215 for the comparison group. In HOPE Accounts for Women, community women are trained to lead HOPE Accounts Circles of 8-12 low-income, overweight women. The circles meet twice a month for seven months. During the first month, Circles provide participants with financial training. Then, each participant opens an Individual Development Account (IDA), matched savings accounts for low-income individuals that are traditionally used for microenterprise, furthering education, or home ownership.

Results: Currently in progress, HOPE Accounts has recruited 160+ women and is still in implementation stage. This poster will share our developed materials (training curriculum, website, personal journals) and describe the project's implementation and recruitment practices.

Conclusion: HOPE Circles provide social support, teach strategies for weight management, and address financial literacy and strategies for moving out of poverty. This unique approach addresses the foundation of poor health through wealth and provides a holistic response to a national epidemic of obesity. Findings from HOPE Accounts for Women will be used to motivate financial policies for rural minority North Carolinian women.

Effect of Arthritis Self-Management Program on Community-Dwelling Korean Older Adults with Arthritis

Aeyoung So, PhD, MPH, RN; Kyung-Sook Lee, PhD, RN; Jennie C. De Gagne, PhD, MSN, MS, RN-BC; Jungsook Choi, PhD, RN; Eun-Hee Lee, PhD, RN

Introduction: In Korea, rural arthritis patients may experience poorer health outcomes than those living in urban areas. The purpose of this study was to evaluate the effect of an arthritis self-management program (ASMP) on self-report measures and physiologic measures among older adults with arthritis living in rural Korea.

Methods: 126 patients diagnosed with OA were recruited from nine Primary Health Care Posts in Korea. At the first meeting, they completed the baseline assessment including (a) demographic characteristics, (b) self-report measures of pain, fatigue, and disability, and (c) physiologic measures of range of motion (ROM) and muscle strength. The experimental group (n=65) received a 6-week ASMP, and the control group (n=36) received usual care. Subjects completed the post-test evaluation on the 7th week.

Results: At the completion of 6 weeks of ASMP, the experimental group reported significant improvement regarding fatigue and physical activities than did the control group. They also showed improvements in flexion, hyperextension, abduction of the shoulder joint, grasp both hands at back, extension of knee joint, dorsiflexion and plantar flexion of ankle joint, and hand-grip muscle strength as compared to their counterpart. However, there was no significant decrease in intensity of pain and the number of pain sites.

Conclusion: The findings indicated that the ASMP improved fatigue symptoms, disability of activities in daily living, and ROM and muscle strength. The ASMP is an effective method to increase the use of self-management techniques that impact on mobility, a crucial factor for rural residents.

An Intervention to Improve Mental Health among Latinas: Preliminary Results of ALMA

Anh N. Tran, PhD, MPH; Georgina Perez, MSW, P-LCSW; Kristine Pelletier-Garcia; Rachel Page; Connie Blumenthal, MPH; Melissa Green, MPH; Stephanie Triantafillou, MPH; Giselle Corbie-Smith, MD, MSc; Michelle J. Lyn, MBA, MHA

Introduction: Many recently immigrated Latinas face social isolation and limited access to community resources. They are often at increased risk for depression and poor mental health. Amigas Latinas Motivando el Alma (ALMA), a collaborative pilot project between UNC-Chapel Hill and Duke University, aims to prevent depression and anxiety among Latinas through training of promotoras (lay health advisors). The intervention focused on implementing ALMA's curriculum and its subsequent impact on participants' (a) mental health symptoms and resources knowledge; (b) perceived stress and depressive symptoms levels; and (c) coping responses and attitudes about seeking mental health treatment.

Methods: Over 50 Latina promotoras, identified as "natural community helpers" and recruited from three North Carolina counties, participated in a 6-10-week theory-based training. Training sessions explored Latinas' experiences using an interactive format and included skill building on coping strategies. Promotoras selected up to three compañeras (friends) with whom to share the concepts learned throughout the training. Program evaluation efforts included promotoras and compañeras completing pre- and post-training surveys.

Results: Preliminary evaluation findings suggest that ALMA positively influenced emotional health for Latinas. Promotoras are able to share the ALMA concepts with their peers. Additionally, post-intervention, promotoras and compañeras' knowledge of mental health symptoms and resources increased; levels of perceived stress and depressive symptoms decreased; and attitudes about seeking help for depression were more positive.

Conclusion: The pilot results support the lay health advisor model as a promising pre-clinical intervention method to engage Latinas in using positive coping strategies and community resources that support well-being.

Sustainable Self-Determination: The Potential Impact of Traditional Knowledge in the Reduction of Health Disparities Among the Eastern Band of Cherokee Indians (EBCI)

Christopher Tsavatewa, MPH; Lisa Lefler, PhD; Heidi Altman, PhD; Roseanna Belt, MA

Introduction: As Tribal communities continue to address health disparities that have manifested from generations of colonialism, the Center for Native Health champions efforts of self-determination by using a language-based model that brings traditional knowledge to bear on old problems.

Objectives: This poster session will: (1) profile the focus areas of the Center for Native Health; (2) highlight projects underway that encourage the application of Cherokee language and Traditional knowledge to address critical community issues; and (3) outline the organizational strategies of working with community elders/speakers, tribal agencies, governments, and university partners whereby health disparities are reduced through engagement in the preservation and respectful application of traditional knowledge. Current Center projects focus on (a) the lack of Native youth entering health careers; and (b) the need to re-establish Indigenous midwifery and women's medicine as part of Tribal healthcare options for EBCI women.

MESA: A Novel Approach using Promotoras for the Alleviation of Stress and Depression in Women Living in Rural Mexico

Laura Ziemer; Heather Edelbute; Sheryl Zimmerman, PhD; Karl Shieh; Sandra Clark, MD

Introduction: The migration of working-aged men in search of economic opportunity from Mexico to the U.S. created a *mujeres abandonadas* ("abandoned women") phenomenon. As the men leave their communities, they leave women, children, and the elderly with fewer support systems. In Guanajuato, depression rates are as high as 50% among women. An intervention, MESA (*Mujeres En Solidaridad Apoyándose*), was piloted in Mexico in summer 2010, which uses lay health advisors, or *promotoras*.

Methods: Three women volunteered to become promotoras. They trained for five days and learned to recognize the symptoms of stress, depression and anxiety. They gave positive support to those displaying these symptoms. They initiated support groups in their communities over five weeks and assessed participants for depression before and after the support group using the Center for Epidemiologic Studies Depression Scale (CES-D). Interviews were also conducted with the participants.

Results: Overall, the mean CES-D score for the group decreased significantly from pre- to post-intervention (p=.0729). 47% experienced a reduction in depression symptoms, with 16% decreasing in symptoms from a depressed level (≥16) to not depressed (<16). 31% exhibited less than a two-point change in symptom, and 21% exhibited increased depressive symptoms. Interviews indicated that all of the women felt that the support group was helpful.

Conclusion: Initial results with a small number of women suggest that the MESA program is an effective way to reach and help women in rural Mexico who suffer from stress and depression.

An Examination of Disparities in Acute Stroke Care among African Americans in North Carolina

Leah L. Zullig, MPH; Tandrea Hilliard, MPH; Christopher Beadles, MD; Shellie Ellis, MA;
Peggye Dilworth-Anderson, MA, PhD

Introduction: There are documented racial disparities in the time to seek and receive stroke care. Previous studies indicate African Americans are less likely to recognize symptoms, call 9-1-1, and reach a hospital within the recommended two-hour timeframe necessary for guideline-concordant stroke care.

Methods: Utilizing a social ecological framework, we performed qualitative interviews (n=9) to examine disparities in acute stroke care. Semi-structured interviews with five African American participants in NC communities elicited interviewees' awareness of stroke signs and symptoms, shared experiences concerning stroke, patterns of self-care, and care seeking behavior. The team analyzed and transcribed interviews utilizing ATLAS.ti. We identified concepts that emerged across interviews for further exploration with key informants. Subsequent ethnographic interviews with a paramedic and three pastors provided a comprehensive view of issues surrounding stroke symptoms and care-seeking.

Results: Key themes emerging from community interviews (n=9) included: fear of stroke, delays in care seeking secondary to self-management, and misinformation regarding stroke symptoms. Community interviewees cited symptoms of cardiopulmonary distress rather than stroke symptoms. Cultural phrases included: "lose a lot of brain," "falling out," and "take all my air away from me." Health care providers and pastors did not recognize a majority of these cultural terms.

Conclusion: Our findings suggest that African-American community members may not recognize the signs and symptoms of stroke. In addition, community members may express stroke experiences using language unfamiliar to providers. Educational interventions targeted towards community members and health care providers may improve awareness, care-seeking, and communication concerning stroke among African Americans in NC.

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.

Poster Abstracts *continued*

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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