34th Annual

# Minority Health CONFERENCE

## Constructing the Foundation for Health Equity

## February 22, 2013

Conference Program
Presented by the Minority Student Caucus
The William and Ida Friday Center for Continuing Education
University of North Carolina at Chapel Hill, North Carolina

MSC
MINORITY STUDENT CAUCUS

# THE MINORITY STUDENT CAUCUS PRESENTS

## 34th ANNUAL MINORITY HEALTH CONFERENCE

# Constructing The Foundation For Health Equity

## Table of Contents

2012-2013 Minority Health Conference Staff ........ 4
Welcome ........ 6
Conference at a Glance ........ 7
15th Annual William T. Small, Jr. Keynote Lecture Abstract
Morning Keynote Speaker Biography: Brian D. Smedley, PhD ........ 8
2nd Annual Victor J. Schoenbach Health Disparities Keynote Lecture Abstract
Afternoon Keynote Speaker Biography: Leandris Liburd, PhD, MPH, MA ........ 9
Floor Plan of the Friday Center & Session Locations ........ 10
Agenda with Session Descriptions ........ 11
Speaker Biographies ........ 19
Exhibitors ........ 23
Poster Abstracts ........ 25
Notes ........ 48
Sponsors ........ 51

# 2012-2013 Minority Health Conference Staff

## PLANNING COMMITTEE

**CONFERENCE CO-CHAIRS**

| | |
|---|---|
| Adrienne Gill | Health Behavior |
| Chassidy Hanley | Health Behavior |

**Conference Coordinator**

| | |
|---|---|
| Allison Glasser | Health Behavior |

**Broadcast Committee**

| | |
|---|---|
| Stephanie Baker | Health Behavior |
| Daphne Delgado* | Health Behavior |
| Diane Francis | Journalism and Mass Communication |
| Cameron Hartofelis* | Maternal and Child Health |
| Hannah Lawson | Journalism and Mass Communication |
| Macon Lowman | Maternal and Child Health |
| Kellie Walters | Health Behavior |

**Evaluation Committee**

| | |
|---|---|
| Laura Baker* | Health Behavior |
| Jimmy Jean-Baptiste | Health Behavior |
| Jessica Boten | Health Behavior |
| Jen Delcourt | Health Behavior |
| Diane Detrizio | Health Behavior |
| Briana Fisler | Health Policy and Management |
| Elizabeth Hayward | Health Behavior |
| Deanna LaMotte* | Health Behavior |
| Melissa Mayer | Health Behavior |
| Megan Nelson | Health Behavior |
| Chelly Richards | Health Behavior |

**Exhibitors Committee**

| | |
|---|---|
| Justin Bailey | Health Behavior |
| Jasmine Bullard | Health Policy and Management |
| Alexis Dennis | Health Behavior |
| Nakeva Redmond* | Health Behavior |
| Betty Rupp* | Health Behavior |
| Laura Wagner | Health Behavior |

**Fundraising Committee**

| | |
|---|---|
| Aubrey Delaney | Health Behavior |
| Grace Friedberger* | Health Behavior |
| Kate Garand | Maternal and Child Health |
| Marquessa Gray | College of Arts & Sciences |
| Huyen Nguyen | Health Policy and Management |
| Tamara Taggart* | Health Behavior |
| Khadija Turay | Maternal and Child Health |

**Posters Committee**

| | |
|---|---|
| Candra Baizan | School of Law |
| Adrienne Binder | Health Behavior |
| Amy Huber | Epidemiology |
| My-Linh Luong* | Health Behavior |
| Colleen Lynd | College of Arts & Sciences |
| Jason Mose | Health Policy and Management |
| Lexie Perreras* | Health Behavior |

**Publicity Committee**

| | |
|---|---|
| N'Yaisha Aziz | College of Arts & Sciences |
| Lara Balian | Health Behavior |
| Sequaia Bivens | College of Arts & Sciences |
| Schara Brooks | College of Arts & Sciences |
| Shannon Clancy | Health Behavior |
| Alexis Monet Davis* | Journalism and Mass Communication |
| Jocelyn Jia | College of Arts & Sciences |
| Susan Kirtz* | Health Behavior |
| Erin Lebow-Skelley | Health Behavior |
| Trey Mangum | College of Arts & Sciences |
| Breonna McDuffie | College of Arts & Sciences |
| Kristina Redd | College of Arts & Sciences |
| Natalie Rich | Health Behavior |
| Kelsey Williams | College of Arts & Sciences |

**Speakers Committee**

| | |
|---|---|
| Brian Adams | Health Behavior |
| Jennifer Casanova* | Environmental Sciences and Engineering |
| Rebecca Chavez | Health Behavior |
| Gihani Dissanayake | College of Arts & Sciences |
| Kristina Felder | Health Behavior |
| Tandrea Hilliard | Health Policy and Management |
| Frances Nguyen | Health Behavior |
| Sheila Patel | Health Policy and Management |
| Sekou Sidibe* | Health Behavior |

**VOLUNTEERS**

| | |
|---|---|
| Kei Alegria-flores | Health Policy and Management |
| Herleesha Anderson | Epidemiology |
| Cindy Boulton | School of Pharmacy |
| Meredith Carter | Economics |
| Meagan Davis | Health Behavior |
| Shona Hang | Health Policy and Management |
| Claire Hélène-Mershon | Health Behavior |
| Charla Hodges | Health Behavior |
| Lee Hong | School of Medicine |
| Jayme Hostetter | School of Pharmacy |
| Amanda Houpt* | Health Behavior |
| Chaunetta Jones | Health Behavior |
| Ariana Katz | Health Behavior |
| Maryka Lier | Health Behavior |
| Ashley Marshall | Health Behavior |
| Tenesa McCaskill-Gainey | School of Nursing |
| Casey McCormick | Health Behavior |
| LaShonya McNeil | Public Health Leadership Program |
| Sarah Mye | Health Behavior |
| Ada Nwadugbo | Health Behavior |
| Amy Patel | Health Behavior |
| Melissa Pember | Health Behavior |
| Cara Person | Health Behavior |
| Kristina Redd | College of Arts & Sciences |
| Mieka Sanderson | Health Behavior |
| Trang Tran | Health Behavior |
| Daniel Watford | Public Health Leadership Program |
| Cristina Yen | Dentistry |

**Graphic Designer**

| | |
|---|---|
| Susan Kirtz | Health Behavior |

**Public Relations Coordinator**

| | |
|---|---|
| Alexis Monet Davis | Journalism and Mass Communication |

# 2012-2013 Minority Health Conference Staff

## ADVISORS

**UNC Gllings School of Global Public Health Advisors**

| | |
|---|---|
| Stephen Couch | Office of External Affairs |
| Chandra Caldwell | Staff Advisor, Minority Student Caucus |
| Linda Kastleman | Public Communications Specialist |
| Oj McGhee | Broadcast Coordinator |
| David Pesci | Director of Communications |
| Sherry Rhodes | Director of Student Affairs |
| Victor Schoenbach | Minority Health Project |
| Charletta Sims Evans | Assistant Dean of Student Affairs |

**North Carolina Institute of Public Health Advisors**

| | |
|---|---|
| Debbie Atkinson | Information Processing Coordinator |
| Kathy Cheek | Business Manager |
| Becky Hart | Webmaster |
| Janet Place | Director, Office of Continuing Education |
| Anna Schenck | Director, NCIPH |
| Cherelle Whitfield | MHC Program Coordinator |

*Committee Chair/Co-Chair

# Welcome to the 34th Annual Minority Health Conference!

On behalf of the Minority Student Caucus, the Minority Health Conference Planning Committee, and the Gillings School of Global Public Health at Chapel Hill, we welcome you to the 34th Annual Minority Health Conference. It is our honor to continue this tradition, begun in 1977, of producing the annual Minority Health Conference. This event has become the largest and longest-running student-led health conference in the country. The conference provides a platform for students, faculty, researchers, public health and human service professionals, and community leaders to tackle issues facing minority populations (e.g., people of color, sexual and gender minorities, those who are socioeconomically disadvantaged, people living with a disability, aging populations, and many others) with the goal of improving the health of all.

The theme for this year's conference, "Constructing the Foundation for Health Equity," was inspired by a Martin Luther King Jr. quote, "True compassion is more than flinging a coin to a beggar; it comes to see that an edifice which produces beggars needs restructuring." Our theme embodies Dr. King's words by highlighting the need to examine how factors that are built into our surroundings, such as laws and policies, access to resources, and physical structures in the environment, can all either help or hinder health equity. We have brought together researchers and practitioners with diverse experiences and perspectives to facilitate a discussion of how the social, political, and physical environment can and should be a part of our efforts to eliminate health disparities.

We would like to extend a special welcome to our partner conferences that share the William T. Small Jr. Keynote Lecture via an online broadcast. Again this year, student groups at the University of Illinois at Chicago, George Washington University, and Harvard University have organized regional conferences or local events in coordination with our conference. Their involvement continues to expand the national discourse about minority health issues.

We have been privileged to work with an energetic and dedicated planning committee this year, and would like to thank them for the time and effort they have put into making this conference a success. Their creativity and many contributions to this conference are testaments to the great quality of work that students can produce.

We thank our sponsors for the support and generosity of their contributions and donations, and express our deepest appreciation to our faculty and staff advisors and supporters: Dean Barbara K. Rimer, Assistant Dean of Student Affairs Charletta Sims Evans, Dr. Victor Schoenbach, Ms. Chandra Caldwell, Mr. O.J. McGhee, Mr. Stephen Couch, Ms. Cherelle Whitfield, Ms. Becky Hart, Ms. Kathy Cheek, and Ms. Janet Place for their support, guidance, and active assistance throughout the planning process.

We are so grateful that you are participating in this year's conference. We hope the conference provides you with new ideas and strategies for improving minority health and eradicating health disparities. Enjoy the day's events and we hope to see you again next year!

Warmest regards,

**Adrienne Gill**
Conference Co-chair
MPH Candidate
Health Behavior

**Chassidy Hanley**
Conference Co-chair
MPH Candidate
Health Behavior

# Conference at a Glance

| TIME | EVENT | ROOM |
|---|---|---|
| 8:00am | Registration/Continental Breakfast | **Central Atrium** |
| 9:00am | Introductions & Welcome | **Grumman Auditorium** |
| 9:30am | 15th Annual William T. Small, Jr. Keynote Lecture, Brian Smedley, PhD | **Grumman Auditorium** |
| 10:45am | Exhibits and Poster Sessions | **Willow and Magnolia** |
| 11:00am | Morning Concurrent Sessions | |
| | A1. Postcards from the Frontline: Why You Should Care That The Criminal Justice System is Broken | **Windflower** |
| | A2. The Struggle for Equity in the realm of the HIV/AIDS Pandemic | **Redbud** |
| | A3. Migration, Human Rights, and Health | **Dogwood** |
| | A4. The Road to Health Equity for Sexual and Gender Minorities: Advocacy, Science, and Policy | **Sunflower** |
| | A5. Food Economy | **Bellflower** |
| 12:00pm | Exhibits and Poster Sessions | **Willow and Magnolia** |
| 12:30pm | Lunch | **Trillium Room** |
| 1:30pm | Afternoon Welcome, Dean Barbara K. Rimer, DrPH | **Grumman Auditorium** |
| 1:40pm | 2nd Annual Victor J. Schoenbach Health Disparities Keynote Lecture, Leandris Liburd, PhD, MPH, MA | **Grumman Auditorium** |
| 2:55pm | Exhibits and Poster Sessions | **Willow and Magnolia** |
| 3:25pm | Afternoon Concurrent Sessions | |
| | B1. Community Health Disparities | **Sunflower** |
| | B2. The Affordable Care Act: Reducing Disparities in Access, Cost, and Quality of Care | **Dogwood** |
| | B3. Environmental Justice and Health Equity | **Redbud** |
| 4:55pm | Conference Adjourns | |

## We want your feedback!

Please take a moment to let us know what you think. Online evaluations of the 34th Annual Minority Health Conference are available at

**http://studentorgs.unc.edu/msc**

**twitter**

The Minority Health Conference is on Twitter!

**Follow us @MHC_UNC**

# Taking Action to Achieve Health Equity: Beyond the Affordable Care Act

Presenter: Brian D. Smedley, PhD

ABSTRACT

Racial and ethnic health inequities persist from the cradle to the grave, in the form of higher rates of infant mortality, disease and disability, and premature mortality for many communities of color relative to national averages. These inequities contribute to higher health care costs, but also carry a heavy economic burden for the nation, estimated to be as much as $1.24 trillion in direct health care costs and indirect costs associated with reduced productivity and lost wages and tax revenue. The causes of these inequities are complex, but are associated with differences in socioeconomic status, environmental risks and exposures, occupational exposures, health behaviors, and access to health care. At their core, many of these factors can be traced to historic and contemporary discrimination and differences in neighborhood and work environments that are the result of residential segregation and other structural inequities. This presentation explores how neighborhood and community contexts directly and indirectly shape health and contribute to health inequities as a result of racial and ethnic residential segregation. The presentation will also feature a discussion of policy strategies that de-concentrate poverty, reduce the geographic concentration of health risks, and increase investments in health-enhancing resources in communities that suffer from disinvestment.

**Brian D. Smedley, PhD**

Vice President and Director
Health Policy Institute of the Joint Center for Political and Economic Studies
Washington, DC

**Brian D. Smedley, PhD**
Vice President and Director
Health Policy Institute of the Joint Center for Political and Economic Studies
Washington, DC

**Brian D. Smedley** is Vice President and Director of the Health Policy Institute of the Joint Center for Political and Economic Studies in Washington, DC. Formerly, Smedley was Research Director and co-founder of a communications, research and policy organization, The Opportunity Agenda (www.opportunityagenda.org), which seeks to build the national will to expand opportunity for all. Prior to helping launch The Opportunity Agenda, Smedley was a Senior Program Officer in the Division of Health Sciences Policy of the Institute of Medicine (IOM), where he served as Study Director for the IOM reports, In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce and Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, among other reports on diversity in the health professions and minority health research policy. Smedley came to the IOM from the American Psychological Association, where he worked on a wide range of social, health, and education policy topics in his capacity as Director for Public Interest Policy. Prior to working at the APA, Smedley served as a Congressional Science Fellow in the office of Rep. Robert C. Scott (D-VA), sponsored by the American Association for the Advancement of Science. Among his awards and distinctions, in 2009 Smedley received the Congressional Black Caucus Congressional Leadership in Advocacy Award; in 2004 he was honored by the Rainbow/PUSH coalition as a "Health Trailblazer" award winner; and in 2002 he was awarded the Congressional Black Caucus "Healthcare Hero" award.

# Federal Initiatives and the Foundation for Health Equity

Presenter: Leandris Liburd, PhD, MPH

ABSTRACT

Public health scholars, researchers and practitioners have long recognized the association between conditions in the social and physical environments and a wide range of health outcomes and risks. Education, income, employment opportunities, public safety, and access to the resources that promote and protect health are all factors that impact the nation's health. There is growing evidence that we cannot eliminate racial and ethnic health disparities without attending to the economic, social, educational and cultural factors that undermine health in communities of color. The 2008 release of the report of the World Health Organization's Commission on the Social Determinants of Health invigorated longstanding dialogues and debates around the world about the responsibility and necessity of public health and medicine to confront the social determinants. In this presentation, I will describe 3 federal initiatives with an explicit focus on determinants of health that construct the foundation for health equity:

- The National Partnership for Action to end Health Disparities
- The National Prevention Strategy
- Healthy People 2020 – Social Determinants of Health Topic Area

All of these initiatives have a shared vision of eliminating preventable health disparities; creating social and physical environments that promote good health for all; establishing common goals, complementary roles and ongoing constructive relationships between the health sector and other sectors that impact health; and maximizing opportunities for collaboration among Federal, state and local level partners to address the social determinants of health.

**Leandris Liburd, PhD, MPH**

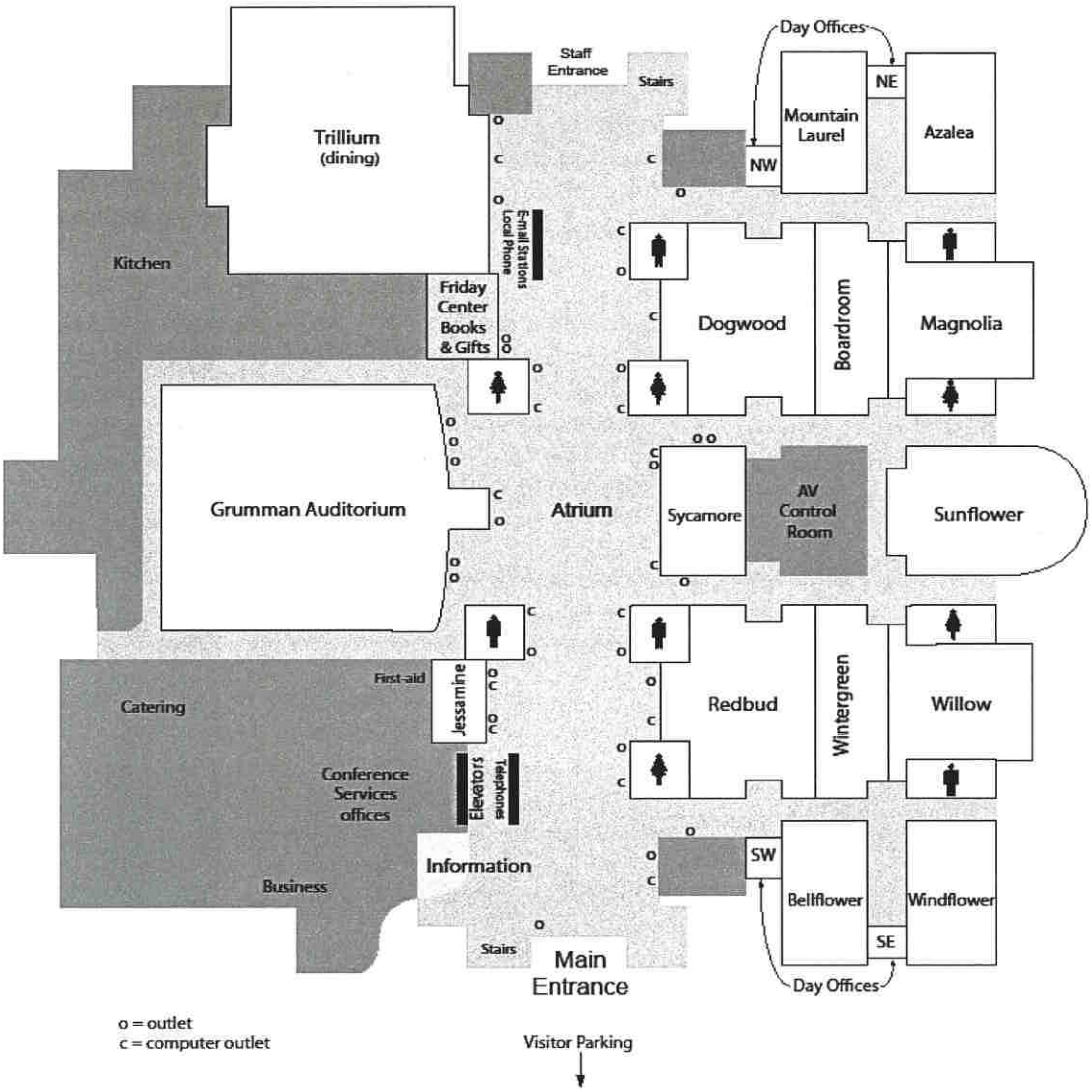
Director
Office of Minority Health and Health Equity
The Centers for Disease Control and Prevention
Atlanta, GA

**Leandris Liburd, PhD, MPH**
Director
Office of Minority Health and Health Equity
The Centers for Disease Control and Prevention
Atlanta, GA

**Leandris Liburd, PhD, MPH, MA** serves as Director of the Office of Minority Health and Health Equity at the Centers for Disease Control and Prevention (CDC) in Atlanta, GA where she provides agency leadership, direction, and accountability for CDC's policies and programs to ensure they are optimally effective in improving minority health and achieving health equity. In this capacity, Dr. Liburd also serves as the agency lead in coordinating CDC engagement with HHS, other federal agencies, national organizations, and the public on issues of health equity. Prior to joining the Office of Minority Health and Health Equity, Dr. Liburd served for 7 years as Chief of the Community Health and Equity Branch where she directed a broad range of public health programs addressing community health, the elimination of health disparities, the social determinants of health, and achieving health equity including the REACH U.S. program which is one of CDC's flagship health disparities initiatives. Dr. Liburd has written extensively on community-based public health approaches to chronic disease prevention and control, the influence of culture and gender on health beliefs and behaviors, and the elimination of health disparities. Her first edited volume titled "Diabetes and Health Disparities: Community-based approaches for racial and ethnic populations" was published by Springer Publishing Company (2010). Dr. Liburd holds a Bachelor of Arts degree from the University of Michigan at Ann Arbor, a Master of Public Health in Health Education from the University of North Carolina at Chapel Hill, a Master of Arts in Cultural Anthropology, and a Doctor of Philosophy degree in Medical Anthropology from Emory University.

# Floor Plan

**The William and Ida Friday Center for Continuing Education**



## Session Locations

| | GRUMMAN | REDBUD | DOGWOOD | SUNFLOWER | WINDFLOWER | BELLFLOWER |
|---|---|---|---|---|---|---|
| 9:00 am | Brian Smedley Keynote Lecture | Brian Smedley Keynote Lecture | | | | |
| 11:00 am | | The Struggle for Equity in the realm of the HIV/AIDS Pandemic | Migration, Human Rights, and Health | The Road to Health Equity for Sexual and Gender Minorities: Advocacy, Science, and Policy | Postcards from the Frontline: Why You Should Care That The Criminal Justice System is Broken | Food Economy |
| 1:30 pm | Leandris Liburd Keynote Lecture | Leandris Liburd Keynote Lecture | | | | |
| 3:25 pm | | Environmental Justice and Health Equity | The Affordable Car Act: Reducing Disparities in Access, Cost, and Quality of Care | Community Health Disparities | | |

# Agenda

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

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

**Gayatri Ankem**
Masters Candidate, Environmental Science and Engineering

**Kathleen Tedford**
Masters Candidate, Maternal and Child Health

**Anna Maria Siega-Riz, PhD**
Associate Dean for Academic Affairs
Gillings School of Global Public Health
University of North Carolina at Chapel Hill

**Moderators: Adrienne Gill and Chassidy Hanley**
Masters Candidates, Health Behavior

**9:30 am** **15th Annual William T. Small, Jr. Keynote Lecture** Grumman Auditorium

**Brian D. Smedley, PhD**
Co-Founder, The Opportunity Agenda
Vice President and Director, Health Policy Institute of the Joint Center for Political and Economic Studies Washington, DC

**Moderator: Andre Brown**
Doctoral Candidate, Health Behavior

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

**11:00 am** **Morning Concurrent Sessions** Windflower

**Session A1: Postcards from the Frontline: Why You Should Care That the Criminal Justice System is Broken**

I will review the legacy of race in the criminal justice system and, using cases primarily from The Duke Wrongful Convictions Clinic, illustrate ways in which race, both consciously and unconsciously, continues to be a major factor in wrongful convictions. Moreover, the dander of a wrongful conviction is not limited to the innocent person convicted, but extends to the public generally because the dangerous person who committed the crime is left on the streets. Using the Duke Lacrosse case, I also will show that, in some circumstances, all of us are at risk. Finally, I will make the point that the major obstacle to reform is indifference, on the part of the police, prosecutors, judges, and the public; to change the system, each of us has to care about how it actually works.

**Presenter: James E. Coleman, Jr., JD**
John S. Bradway Professor of Law, Duke University School of Law
Co-Director, Lawful Convictions Clinic

**Moderator: Kristina Felder**
Masters Candidate, Health Behavior

**Session A2: The Struggle for Equity in the realm of the HIV/AIDS Pandemic** Redbud

### Brothers Leading Healthy Lives: Addressing HIV Risk for Black Men in a Predominantly White University

Brothers Leading Healthy Lives is a resource for male students of color at UNCG, focusing on helping these men to live healthy and successful lives as students. The Brotherhood Retreat is an HIV prevention intervention for behaviorally heterosexual African American male college students. Using CBPR, the project team conducted formative research leading to the development and piloting of the intervention. UNCG was one of three sites that received funding from the CDC as part of the PATHH4Men study, which addressed heterosexual transmission of HIV with African American men. The approach to the research and the content and delivery of the intervention were all shaped to address the realities and perspectives of heterosexual African American male college students. This presentation will discuss what was learned about the experiences of these men at a predominantly white university, particularly as it relates to the challenges of racism, discrimination and stereotyping, and the role of sexuality in negotiating their masculinity. The curriculum and approach of the Brotherhood Retreat will be briefly described.

**Presenter: Robert E. Aronson, DrPH, MPH**
Associate Professor, Public Health Education
University of North Carolina Greensboro

### HIV and AIDS Related Health Disparities among Gay, Bisexual, and Other Men Who Have Sex with Men in the U.S.

In the United States, gay, bisexual, and other men who have sex with men (referred to as MSM) are disproportionately affected by HIV. CDC estimates that MSM represent approximately 2% of the U.S. population, but accounted for 63% of new HIV infections and 60% of HIV diagnoses among men in 2010. Additionally, MSM represent almost half (48%) of people living with HIV. This session will provide a discussion of factors associated with rates of HIV among MSM and prevention efforts for reducing HIV- related health disparities among this population.

**Presenter: Lamont Scales, MA**
Coordinator for Gay, Bisexual, and Other MSM Activities
The Office of Health Equity, Office of the Director, Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
The Centers for Disease Control and Prevention
Atlanta, GA

**Moderator: Gihani Dissanayake**
Bachelors Candidate, College of Arts & Sciences

**Session A3: Migration, Human Rights, and Health** Dogwood

This presentation will analyze the status of migrants' right to health in Latin America and the Caribbean. It will examine several countries that have recently reformed their immigration laws, among them Argentina and Mexico. The objective is to identify the primary advances, challenges and obstacles in the region with regard to the recognition and effective exercise of the right to health by migrant populations. In particular, the presentation will describe the status of irregular migrants as well as specific groups of migrants, including children, youth and women. It will also cover initiatives on migrants' rights – with a focus on health and other social rights – that countries have adopted on a regional level, specifically the Mercosur, or Southern Common Market, countries of Argentina, Brazil, Paraguay, Uruguay and Venezuela.

**Presenter: Pablo Ceriani, PhD**
Professor of Migration and Human Rights, Universidad Nacional de Lanús, Argentina
Faculty of Law, Migration Policies, Universidad de Buenos Aires, Argentina

**Moderator: Laura Villa Torres**
Doctoral Candidate, Health Behavior
Moderator: **Laura Guzman-Corrales**
Masters Candidate, Health Behavior

### Session A4: The Road to Health Equity for Sexual and Gender Minorities: Advocacy, Science, and Policy

Sunflower

Without scientifically valid data, populations cannot be counted nor their health and social situations understood. In the United States, persons who identify as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) are rarely treated as equals by our society and by the law - despite the fact that LGBTQ persons living in the United States are as diverse as the country itself. Government attention and documented needs go hand-in-hand; documented health disparities among LGBTQ people compared to heterosexual counterparts are linked to the lack of appropriate health care and other government supported benefits. Advocacy on behalf of LGBT population health is not new, but picked up steam during the Clinton Administration when advocates and scientists targeted the lack of inclusion in federally funded data collections as a major block in obtaining benefits. A carefully planned and orchestrated approach included coalition development, formation of community-government relationships, and targeted efforts to create linkages among scientists working in the field – to push for funding their studies and to provide mentorship for graduate and post-doctoral students aspiring to careers in LGBT health research and practice. During the first Obama Administration, these efforts had an impact on creation of a more open, robust, and ongoing discussion of community and government leaders, focused on inclusion of LGBTQ people throughout national programs and initiatives. This discussion will include a brief overview of related activities in the mid-late 90's, a detailed focus on coalition building and gains made from 2000-today, and a hopeful look into the future.

**Presenter: Judith Bradford, PhD**
Director, Center for Population Research in LGBT Health
Co-Chair, The Fenway Institute
Boston, MA

**Moderator: Brian Adams**
Masters Candidate, Health Behavior

### Session A5: Food Economy

Bellflower

Questions of health equity arise in all areas of food policy debate, including farm policy, environmental policy, dietary guidance and nutrition assistance programs. This presentation will describe four contemporary policy debates about equity and fairness in farm subsidies, farmworker labor markets, recommendations about particular MyPyramid food categories, and participation in WIC and the Supplemental Nutrition Assistance Program. The presentation will discuss the process by which advocacy coalitions influence food and agricultural policy. Prominent interest groups include farmers, agribusiness, food manufacturers, food retailers and restaurants, and public interest organizations focused on preventing hunger and promoting health. The broader process of making food policy in the United States has implications for people with a particular public interest objective such as health equity.

**Presenter: Parke Wilde, PhD**
Food Economist
Friedman School of Nutrition Policy
Tufts University

**Moderator: Frances Nguyen**
Masters Candidate, Health Behavior

**12:00 pm** **Exhibits and Poster Session**

**12:30 pm** **Lunch** Trillium Room

**1:30 pm** **Afternoon Welcome** Grumman Auditorium

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

**1:40 pm** **2nd Annual Victor J. Schoenbach Health Disparities Keynote Lecture** Grumman Auditorium

Leandris Liburd, PhD, MPH, MA
Director, Office of Minority Health and Health Equity
The Centers for Disease Control and Prevention
Atlanta, GA

**Moderator: Kathryn Bawden**
Masters Candidate, Health Behavior

**2:55 pm** **Exhibits and Poster Session**

**3:25 pm** **Afternoon Concurrent Panel Sessions**

**Session B1: Community Health Disparities** Sunflower

**Inequality and the Financing of Health Services in Low Income Countries**

Disparities across countries in spending on health care are large. Poorer countries face almost insurmountable problems financing health care. This presentation will present data on health spending and income, suggest the major cause of the spending disparities, discuss possible sources of needed funds, list short-term and long-term approaches to alleviating the finance problem in poor countries, and conclude with a short summarization.

**Presenter: John S. Akin, PhD**
Austin H. Carr Distinguished Professor and former Chair
Department of Economics
University of North Carolina at Chapel Hill

**Healthy Native North Carolinians**

Community-led solutions addressing health disparities in North Carolina's American Indian population will be highlighted through Healthy, Native North Carolinians (HNNC). HNNC is a state-wide initiative supporting 7 tribes and 3 urban Indian organizations in North Carolina to develop, implement, and evaluate community changes around healthy eating and active living. Launched in fall 2011, each participating tribe and urban Indian organization has identified community changes to address their unique, community-specific needs and interests in healthy eating and/or active living, ranging from community gardens, a walk/run trail on tribal grounds, and efforts to integrate healthy eating and active living messages and activities into tribal meetings and Pow Wows. Support for HNNC is provided by Kate. B. Reynolds Charitable Trust. University partners include the UNC American Indian Center, the UNC Center for Health Promotion and Disease Prevention, and Wake Forest University.

**Presenter: Randi R. Byrd**
Project Director, Healthy Native North Carolinians
Program Assistant, American Indian Center
University of North Carolina at Chapel Hill

PACE (Program of All-inclusive Care for the Elderly) is a model of care that offers preventive services and a continuum of care to seniors wishing to age in place. PACE targets largely poor and minority individuals with limited access to health services. Through care planning and integrated service delivery, PACE often realizes improved health and functional status outcomes beyond that which might otherwise have been experienced. PACE works to reduce the need for hospitalization and nursing home placement, and shortens lengths of stay in these settings. Participants receive supportive care through their attendance at the adult day care center; increases in participants' cognitive scores and decreases in depression scores frequently result from their participation in the program. In light of healthcare reform, PACE is expanding rapidly nationally, and particularly, in North Carolina. PACE segues well with the Affordable Care Act (ACA) in its focus on coordination of care, provider accountability for outcomes, and provision of a medical home. The model has similar goals to those of Accountable Care Organizations. With the potential for NC Medicaid Income eligibility to be expanded under the ACA, PACE could even serve more NC residents in the coming years.

**Presenter: Marianne Ratcliffe, MHA**
Executive Director, Piedmont Health SeniorCare

**Moderator: Tandrea Hilliard**
Doctoral Candidate, Health Policy and Management

**Session B2: The Affordable Care Act: Reducing Disparities in Access, Cost, and Quality of Care** Dogwood

A person with a disability is capable of being healthy. However, for many people with disabilities, inaccessible environments, discriminatory attitudes, government policies and community norms often present more of a barrier to health, wellness, and quality of life than their primary disabling condition. Consequently, there is an even greater need to focus on access to health care and health promotion for people with disabilities, since a minor illness could compromise a person's functional ability and possibly lead to an earlier decline in health and dependency on others for care. The Affordable Care Act provides opportunities to address both acute care and long term services and supports necessary to improve the health and wellbeing of people with disabilities.

Critical issues are the inclusion of comprehensive habilitative and rehabilitative services and devices in the essential health benefits package; the need for accessible medical equipment, such as examination tables and chairs, weight scales, mammography equipment, and other equipment used for diagnostic purposes; and the importance of improved data collection to inform policy, resource allocation and advocacy. The ability to access comprehensive and affordable health insurance will support people with disabilities to be healthy and maintain the ability to function in the community of their choice.

**Presenter: Karen Luken**
Disability and Health Consultant
NC Office on Disability and Health
FPG Child Development Institute

**How the Affordable Care Act Can Help Reduce Health Disparities**

This session will include information about how the Affordable Care Act can address health disparities. As a group, racial and ethnic minorities and low income people are disproportionately more likely to lack health insurance coverage than are whites or higher income people. The ACA expands health insurance coverage to more of the uninsured, although many people are likely to remain uninsured. In addition, the ACA includes other provisions aimed at reducing health disparities.

**Presenter: Pam Silberman, JD, DrPH**
President and CEO, North Carolina Institute of Medicine
Associate Director for Policy Analysis, Cecil G. Sheps Center for Health Services Research
Clinical Professor, Health Policy and Management, Gillings School of Global Public Health
University of North Carolina at Chapel Hill

**Going for Broke – the Affordable Care Act and Health Care Costs**

There are two big buckets in which most health care affordability issues fall – the affordability of health insurance coverage and the affordability of health care costs. The Affordable Care Act does a great deal to impact the former but very little to impact the latter. Premium tax credits are available to a relatively wide income range, lowering the cost of purchasing insurance coverage to many individuals. Cost-sharing reductions are available to lower income individuals, effectively lowering the portion of medical costs paid by these individuals. Since the enormous costs of receiving medical care have become a major impediment for many attempting to receive care, lowering the cost impact to the individual can increase access to care greatly. However, the Affordable Care Act is not as effective in bending the medical cost curve. As North Carolina's largest insurer, BCBSNC has a vested interest in controlling and even bending the cost curve. This presentation will address the ACA's roll in affordability and how BCBSNC is picking up where the ACA leaves off.

**Presenter: Mary Willoughby, MPA**
Strategic Advisor, Blue Cross and Blue Shield of North Carolina

**Moderator: Sheila Patel**
Bachelors Candidate, Health Policy and Management

**Session B3: Environmental Justice and Health Equity** Redbud

**Migrant Farmworker Housing: Environmental Justice and Health Equity**

Inadequate housing results in environmental exposures that increase illness and decrease health equity. This presentation describes the housing quality of migrant farmworkers in North Carolina. In 2010, a community-based participatory research collaboration of academic and community investigators associated with the Farmworker Advocacy Network collected data from 371 migrant farmworkers residing in 186 farmworker camps across 16 North Carolina counties. Data were used to construct measures of farmworker health, perceived housing quality, violations of housing regulations, environmental exposures, and biomarkers of toxicant exposure. Results from three components of the project are presented. First, all migrant farmworker camps have violations of housing safety regulations, with the number of violations ranging from 4 to 22 of 39 regulations (mean of 11.3). Second, migrant farmworker housing, even if it adheres to regulations, does not provide basic levels of safety, security, or privacy. Finally, farmworkers are exposed to a large number of pesticides in their living quarters, with high concentrations of individual organophosphorous and pyrethroid insecticides detected in farmworker bedrooms. The residential environmental exposures that these farmworkers experience increase their risk for illness and injury. Continuing efforts are needed to improve housing policy and achieve environmental and occupational justice for farmworkers.

**Presenter: Thomas A. Arcury, PhD**
Professor and Vice Chair for Research, Department of Family and Community Medicine
Director, Center for Worker Health
Wake Forest School of Medicine
Winston-Salem, NC

**Exclusion, Equity and Environmental Justice**

The institutional barriers that prevent true community inclusion do not exist independently of one another in low wealth African American neighborhoods. The intersecting harms of racial residential segregation manifest themselves in five primary ways: 1) lack of basic infrastructure and beneficial economic development ; 2) segregationist school district boundaries, school siting, attendance zones and student assignment; 3) environmental hazards or socially disfavored land uses; 4)inadequate or substandard housing; and 5) restrictions on civic engagement and political participation. A successful legal and community based advocacy agenda focused on addressing these systemic issues must concentrate on the connections between them.

In many cases, the connections are obvious and overt. Communities of color that lack basic infrastructure—public water and sewer, paved roads, streetlights, sidewalks, trash pick-up—are not communities in which positive or beneficial economic growth takes place. Businesses aren't located in these neighborhoods. Neither are schools, or parks, or other government amenities. Instead, these communities become prime targets for unwanted or hazardous land uses—landfills, waste transfer stations, sewage plants. Often these neighborhoods host multiple adverse uses, creating a downward spiral and exponentially increasing the environmental and health risks, which are exacerbated by the lack of water and sewer.

**Presenter: Elizabeth Haddix, JD, BA**
Senior Staff Attorney
UNC School of Law
Center for Civil Rights

This presentation will examine the environmental injustices and adverse health effects posed by concentrated or confined animal feeding operations best known as (CAFOs). I will talk about practices in economically disadvantaged rural areas of eastern North Carolina and some of the impacts on low income communities of color which have ten times more CAFOs than wealthier, white communities, even after adjusting for how rural they are. I will discuss how research combines community engagement with sophisticated epidemiology, to empower people in their efforts to improve public health for themselves, their neighbors, and how it is used to advocate for change at the local, state, and federal level.

**Presenter: Naeema Muhammad**
Community Organizer, North Carolina Environmental Justice Network (NCEJN)
Founding Member, Black Workers for Justice (BWFJ), NC

**Moderator: Jennifer Cassanova**
Masters Candidate, Environmental Science and Engineering

**4:55 pm** **Conference Adjourns**

# Speaker Biographies

**John S. Akin, PhD**

John S. Akin, Austin H. Carr Distinguished Professor and past Chair of the Economics Department at the University of North Carolina at Chapel Hill, is a specialist in Health Economics, with a focus on developing country analysis. From 1985 to 1987 Dr. Akin, with two co-authors, developed the World Bank's official policy paper on financing health services in developing countries. While his health financing research (including an extensive set of journal articles on that and related topics) is the work for which he is best known, Dr. Akin has also published extensively on demand for health insurance and health services, and on the relative efficiency of various approaches to the production of health and health services. He also has been one of the primary designers of several important health surveys, including the longitudinal China Health and Nutrition Survey, a joint effort of the Carolina Population Center and the Chinese Center for Disease Control and Prevention.

**Thomas Arcury, PhD**

Thomas A. Arcury, Ph.D., is Professor and Vice Chair for Research in the Department of Family and Community Medicine, and Director of the Center for Worker Health, Wake Forest School of Medicine. Arcury is a medical anthropologist and public health scientist with a research program focused on improving the health of rural and minority populations. Since 1996, he has collaborated in a program of community-based participatory research with immigrant farmworkers, poultry processing workers, and construction workers focused on occupational and environmental health and justice. He has authored numerous refereed articles, and he is the co-editor of a volume on the health, safety, and justice of farmworkers in the eastern United States. He has participated in the development of diverse educational materials intended to return research results to immigrant worker communities. He has also used research results to affect policy change.

**Robert E. Aronson, DrPH, MPH**

Robert E. Aronson, DrPH, MPH. Associate Professor, Public Health Education, University of North Carolina Greensboro.

Bob received the Master of Public Health degree from the Department of Health Education at UNC (1986), and the Doctor of Public Health degree from the Department of International Health at Johns Hopkins (1997). As an educator, his focus is on training masters and doctoral level community health educators and community-based researchers, particularly as it relates to community health assessment, community health interventions, ethics in community-based research, cultural competence/cultural humility, and formative, ethnographic and participatory research leading to the development of culturally and contextually informed interventions. For the past 27 years, Bob has focused his professional work in African American and Latino communities, with a majority of this experience in urban neighborhoods and underserved rural communities. His work for more than a decade focuses on African American male college students, issues of adjustment to college and academic success, constructs of masculinity, manhood and fatherhood, and their relationships to risk factors for HIV/AIDS, STD's, and other health problems. He has been working with young men at UNCG, NCA&T and NCCU.

Bob is a founding member of the Greensboro Health Disparities Collaborative, and a member of the board of the Partnership Project, an anti-racism organization in Guilford County.

**Judith Bradford, PhD**

Dr. Bradford is Co-Chair of The Fenway Institute at Fenway Health in Boston and Director of the Center for Population Research in Lesbian, Gay, Bisexual, and Transgender (LGBT) Health, funded by the Eunice Kennedy Shriver National Institute for Child Health and Human Development (NICHD). As Associate Director/Director of the Virginia Commonwealth University's Survey and Evaluation Research Laboratory for 23 years, she built divisions for social and health policy surveys and community-based research, also chairing the Health Policy concentration in the VCU Center for Public Policy. Dr. Bradford has participated in LGBT health research since 1984, serving as Research Director for the National Lesbian Health Care Survey, and in 1986 developed a partnership with the Virginia Department of Health to monitor the response to HIV of public health systems, with specific attention to underserved population groups. She served as a member of the scientific panel for the 1999 "Institute of Medicine's report on "Lesbian Health: Current Assessment and Directions for the Future", was a founding member of the National Coalition of LGBT Health, and board member of the Gay and Lesbian Medical Association. Dr. Bradford was a committee member for the IOM 2011 report, "The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding."

# Speaker Biographies

**Randi R. Byrd**

Randi R. Byrd is the Program Assistant for the American Indian Center at UNC Chapel Hill and currently serves as Project Director for Healthy Native North Carolinians (HNNC), a grant project supported by the Kate B. Reynolds Charitable Trust. The HNNC grant is designed to create sustainable community changes around healthy eating and active living and to build capacity within tribes and urban Indian organizations. Previously, Ms. Byrd served as a Community Liaison for the American Indian Healthy Eating Project, supported by the Robert Wood Johnson Foundation. During her tenure at the American Indian Center, Ms. Byrd has provided technical assistance and collaboration with 8 tribes and 4 urban Indian organizations in North Carolina, in a variety of capacities including health and wellness, community asset building, grant administration training, economic development, cultural preservation, and education. In 2011, she facilitated the tribally-led development of an online K-12 Curriculum Guide for Teaching about American Indians in North Carolina, in partnership with Learn NC in the UNC School of Education. Ms. Byrd continues to serve as mentor for students with a particular interest in giving back to their communities through education and service.

**Pablo Ceriani, JD, PhD**

Pablo Ceriani is a lawyer and PhD in Argentina. He is a professor of Migration and Human Rights at the Universidad Nacional de Lanús (Master on Human Rights), at the University of Buenos Aires (Faculty of Law), and at the Universidad Nacional Tres de Febrero (Master on International Migration Policies). He coordinates the program on Migration & Asylum at the Human Rights Center of the Universidad Nacional de Lanús.

**James E. Coleman, Jr., JD**

Professor Coleman's experience includes a judicial clerkship for the U.S. District Court for the Eastern District of Michigan, a year in private practice in New York, and fifteen years in private practice in Washington, D.C., the last twelve as a partner in a large law firm. In private practice, he specialized in federal court and administrative litigation; he also represented criminal defendants in capital collateral proceedings. He has had a range of government experience. In 1976, he joined the Legal Services Corporation, where he served for two years as an assistant general counsel. In 1978, he conducted an investigation of two members of Congress as chief counsel for the U.S. House of Representatives' Committee on Standards of Official Conduct. In 1980, he served as a deputy general counsel for the U.S. Department of Education. On sabbatical from his law firm, he was a visitor at Duke Law School for the fall semester of 1989, where he taught a seminar on capital punishment. He joined the faculty full-time in 1991 and taught criminal law, research and writing, and a seminar on capital punishment. He returned to private practice in 1993, but continued to teach a seminar on capital punishment as a senior visiting lecturer. He rejoined the faculty full-time in 1996. He teaches criminal law, legal ethics, negotiation and mediation, capital punishment, and wrongful convictions. He is an active member of the American Bar Association. He has been chair of the ABA Section of Individual Rights and Responsibilities (1999-2000) and of the ABA Death Penalty Moratorium Implementation Project (2001 - 2006)

Professor Coleman served as the Law School's Senior Associate Dean for Academic Affairs from 2002-2005.

**Elizabeth Haddix, JD**

Elizabeth Haddix joined the UNC Center for Civil Rights in 2010. After earning her B.A. from Duke University in 1992, Elizabeth Haddix taught Spanish at Southwest Edgecombe High School near Pine Tops, NC. She earned her J.D. from the University of North Carolina School of Law in 1998, and was awarded a fellowship from the National Association for Public Interest Law, which she used to represent low-income workers as a staff attorney at the North Carolina Justice Center. Haddix then entered private practice with the employment and civil rights firm of Edelstein & Payne in Raleigh, NC, and continued to represent workers as support attorney to UE Local 150, the NC Public Service Workers Union, whose principal challenge continues to be winning public employee collective bargaining rights for North Carolina workers. Since 2005, Haddix has had a solo law practice serving low-income workers across the state, many of whom speak only Spanish, Haddix's second language. Haddix specialized in employment discrimination claims under both state and federal law.

**Karen Luken**

For more than ten years I have worked with the North Carolina Office on Disability and Health to build the state's capacity to improve the health of people with disabilities across the lifespan.

I am fortunate to have the opportunity to work on a variety of health and disability initiatives, including women's health research, prevention of violence against people with disabilities, community design and active living, and chronic disease among people with disabilities.

Prior to my work at NCODH, I was the Associate Director of the Center for Recreation and Disability Studies in the Dept. of Recreation and Leisure Studies at UNC-CH, managing demonstration projects and teaching recreation therapy majors.
I have published articles on community design and active living, creating inclusive environments for people with disabilities, cardiovascular disease and adult with disabilities, and cancer screening for women with disabilities.

**Naeema Muhammad**
Naeema Muhammad is a community organizer for the Concerned Citizens of Tillery (CCT) and the North Carolina Environmental Justice Network (NCEJN), where she has worked since 2001.

She has worked on two NIEHS funded grants, one of which was a Community Health and Environmental Reawakening (CHER) in which she served as a community organizer working with communities dealing with waste from industrial hog operations. In this position she worked with Dr. Steve Wing, UNC-CH School of Public Health and was supervised by Gary R. Grant, Executive Director of the Concerned Citizens of Tillery. She has co-authored publications with Dr. Wing regarding community based participatory research (most recently in the New Solutions Health Journal). Naeema also worked on the Community Health Effects of Industrial Hog Operations (CHEIHO) project in which she has served as a community organizer, environmental justice educator, interviewer, and participant in qualitative data analysis. She also worked with Dr. McDonald and Ms. Lowman to plan and interpret qualitative interviews.

Naeema is also a founding member of BWFJ (Black Workers for Justice) in NC, a community-based organization that addresses workers' rights issues at the workplace since 1981.

**Marianne Ratcliffe, MHA**
Marianne Ratcliffe joined Piedmont Health Services, Inc. in November 2006 to head the development of Piedmont Health SeniorCare (PHSC), a Program of All Inclusive Care for the Elderly (PACE) supported by funding from Center for Medicare and Medicaid Services' Rural Pace Provider Grant. PHSC offers a community-based alternative to nursing home institutionalization for nursing-home eligible residents of Alamance, Caswell, and northern Orange counties currently (with the expansion to include southern Orange, Chatham, and Lee counties in 2013). The program provides complete care to participants including: comprehensive medical care and prescriptions, rehabilitative therapies, home care, social support and family respite. Prior to assuming the Executive Directorship of PHSC, Ms. Ratcliffe worked in the North Carolina philanthropy sector on public health and vulnerable populations programming, serving as a program officer for both the Kate B. Reynolds Charitable Trust and the Blue Cross and Blue Shield of North Carolina Foundation. At the Trust, she received a Hull Leadership Fellowship. Ms. Ratcliffe holds an MHA from the department of Health Policy and Administration at UNC Chapel Hill's School of Public Health.

**Lamont Scales**
Mr. Scales received a Bachelor of Art degree in Psychology in 2004 from Temple University and a Master of Art degree in Professional Community Counseling in 2009 from Argosy University.

Mr. Scales serve as the Coordinator for Gay, Bisexual, and Other MSM Activities within the Office of Health Equity, Office of the Director, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Centers for Disease Control and Prevention in Atlanta, Georgia.

DHAP's Office of Health Equity coordinates and monitors the Division's activities related to reducing health inequities among populations most disproportionately affected by HIV and AIDS based on the available surveillance data.

Mr. Scales has extensive experience and training in HIV prevention among MSM, including program management, project coordination, communication, facilitation, and professional counseling.

Additionally, Mr. Scales has held numerous positions as a Mental Health Therapist, in the Atlanta and Philadelphia areas, and he is a National Certified Counselor. Mr. Scales' area of focus was the LGBT community and those living with HIV/AIDS. Mr. Scales is a co-author on a number of peer reviewed publications and presentations pertaining to MSM.

# Speaker Biographies

**Pam Silberman, JD, DrPH**

Pam Silberman, JD, DrPH, is the president and CEO of the North Carolina Institute of Medicine (NCIOM). The NCIOM convenes diverse task forces to study important health issues facing the state. Dr. Silberman is currently working on task forces to: develop a rural health action plan, increase the use of preventive dental services for Medicaid-eligible children, and reduce early childhood obesity. She also helped staff different workgroups to study the Affordable Care Act. In the past, her work has focused on prevention, the uninsured, health care safety net, health professional workforce, mental health and substance abuse, military health, long-term care, child health, dental care access, Latino health, and quality. She is co-publisher of the NCMJ. Dr. Silberman also serves as the associate director for policy analysis at the Cecil G. Sheps Center for Health Services Research and clinical professor in the Department of Health Policy and Management in the Gillings School of Global Public Health at the University of North Carolina.

Dr. Silberman graduated with a doctorate in public health from the UNC School of Public Health in 1997 and a law degree from UNC in 1981. She received her bachelor's degree in political science and psychology from the University of Illinois, Urbana in 1977.

**Parke Wilde, PhD**

Parke Wilde is a food economist at the Friedman School of Nutrition Science and Policy at Tufts University. Previously, he worked for USDA's Economic Research Service. He received his Ph.D. in agricultural economics from Cornell University. At Tufts, Parke teaches graduate-level courses in statistics and U.S. food policy. His research addresses food security and hunger measurement, the economics of food assistance programs, and federal dietary guidance policy. He is a member of the Institute of Medicine's Food Forum and a member of the research committee advising AGree, a national food policy initiative. Parke has a book forthcoming from Routledge/Earthscan in 2013, titled Food Policy in the United States: An Introduction.

**Mary Willoughby, MPA**

Mary Willoughby received a B.A. from the University of North Carolina at Chapel Hill and a Masters of Public Administration from NC State University. After graduating from Carolina, she spent two years working the North Carolina Washington Office working on Education Policy before returning to North Carolina. She started at Blue Cross and Blue Shield of NC more than 2.5 years ago in the Health Policy Office. At Blue Cross and Blue Shield of NC, she works to understand policies and new regulations pertaining to the Affordable Care Act, disseminates information, as well as influences policy decisions.

# 2013 Conference Exhibitors

**Center for Global Initiatives**
University of North Carolina at Chapel Hill
301 Pittsboro Street, Suite 3002
Campus Box 5145
Chapel Hill, NC 27599-5145
919-962-3094
cgi@unc.edu

**UNC Center for AIDS Research**
Gillings School of Global Health
313 Rosenau, CB# 7440
Chapel Hill, NC 27510
919-843-2532
cfarsbcdirectory@med.unc.edu

**The Leukemia & Lymphoma Society**
401 Harrison Oaks Blvd., Suite 200
Cary, NC 27513
919-367-4100

**March of Dimes NC Preconception Health Campaign**
6504 Falls of Neuse Rd., Suite 100
Raleigh, NC 27615
919-781-2481

**Seniors' Health Insurance Information Program (SHIIP)**
11 S. Boylan Ave.
Raleigh, NC 27603
Kenneth.wilkins@ncdoi.gov

**North Carolina Occupational Safety and Health Education and Research Center (NC OSHERC)**
1700 Martin Luther King Jr. Blvd.
Chapel Hill, NC 27514
919-962-2101

**Carolina Donor Services**
3621 Lyckan Parkway
Durham, NC 27707
www.carolinadonorservices.org
919-489-8404

**UNC Public Health Leadership Certificate Programs**
4111 McGavran-Greenberg Hall
Gillings School of Global Public Health
Chapel Hill, NC 27599-7469

**National Health Service Corps**
5600 Fishers Lane
Room 13-92
Rockville, MD 20857
nhsc.hrsa.gov/index.html

**Maya Angelou Center for Health Equity**
Wake Forest School of Medicine
Medical Center Boulevard
Winston-Salem, NC 27157
336-713-7600
MACHE@wakehealth.edu

**North Carolina Translational & Clinical Sciences Institute (NC TraCS)**
160 N. Medical Drive
Brinkhous-Bullitt Building, 2nd Floor, CB 7064
Chapel Hill, NC 27599-7064
919-966-6022
Toll-free: 1-866-705-4931
nctracs@unc.edu
http://tracs.unc.edu/

**UNC School of Nursing**
Carrington Hall, CB #7460
Chapel Hill, NC 27599-7460
nursing@unc.edu
(919) 966-4260

**Global Health Fellows Program II / Public Health Institute**
555 12th Street, #1050
Oakland, CA 94607
ghfpinternship@ghfp.net

**Wake County Human Services - Health Promotion**
10 Sunnybrook Road
Raleigh, NC 27610
919-212-8376

**Wake County Human Services – Immunization Services**
10 Sunnybrook Road
Raleigh, NC 27610
919-212-7000
wakegov.com

# 2013 Conference Exhibitors

**Community Nutrition Partnership**
180 Providence Rd., Suite 4
Chapel Hill, NC 27414
919-294-9455
info@cnpnc.org
www.cnpnc.org

**Counter Tobacco**
200 N. Greensboro St. Suite D-13
Carrboro, NC 27510
www.countertobacco.org
info@countertobacco.org

**UNC CELAH (Center for Latino Health/Latino Clinics)**
101 Manning Drive,
Chapel Hill, NC 27514
919-966-4131

**UNC School of Social Work**
325 Pittsboro St., CB #3550
Chapel Hill, NC 27599-3550
919-962-1225
ssw@unc.edu

**UNC Gillings School of Global Public Health**
Office of Student Affairs
263 Rosenau Hall, CB 7400
Chapel Hill, NC 27599
919-966-2499
osa-sph@unc.edu

**UNC Ethnicity, Culture and Health Outcomes (ECHO)**
265 Rosenau Hall, CB 7435
Chapel Hill, NC 27599
919-843-3539

**Wake County Human Services - HIV/STD Community**
Outreach
10 Sunnybrook Road
Raleigh, NC 27610

**UNC Center for Health Promotion & Disease Prevention**
1700 Martin Luther King Blvd.
CB# 7426
Chapel Hill, NC  27599-7426
919-966-6080
hpdp@unc.edu

**Center for Health and Healing, Inc.**
200 Meredith Drive, Suite 103
Durham, NC 27713

**Project CONNECT**
Sheps Center for Health Services, CB# 7590
UNC Chapel Hill
Chapel Hill, NC  27599-7590
www.connect.unc.edu
1-866-849-1579

**twitter**

Learned something interesting in a session? Share it with us! Tag your tweets with #MHC2013 Follow our updates #MHCUNC

MSC
MINORITY STUDENT CAUCUS

---

The 34th Annual Minority Health Conference would like to recognize the following additional exhibitors:

**Peace Corps**
University of North Carolina at Chapel Hill
226 Hanes Hall, CB#5140
Chapel Hill, NC 27599
Phone: 919.843.9533
E-mail: peacecorps@unc.edu
Facebook: Peace Corps at UNC-Chapel Hill

**UNC Gillings School of Global Public Health: The Zumbathon Charity Event**
413 Dark Forest Drive
Chapel Hill, NC 27516

**UNC Graduate and Professional Student Federation**
E-mail: gpsf@unc.edu
unc.edu/gpsf

**Community Health Coalition**
Founder/CEO: Elaine Hart Brothers, MD
407 Crutchfield Street,
Post Office Box 15176
Durham, NC 27704
919-470-8680
www.chealthc.org

**APHA Student Assembly**
800 I Street NW
Washington, DC 20001-3710
202-777-2742
www.apha.org/membergroups/students

---

We would also like to thank the following sponsors for their generous contributions to the 34th Annual Minority Health Conference:

**BLUE ($499 OR LESS)**
Stephen Couch

**WE WANT YOUR FEEDBACK!**

Please take a moment to let us know what you think and fill out the online evaluation you receive via email.

## Using a Mixed Methods Approach to Examine the Association of Racial Residential Segregation and Fruit and Vegetable Consumption among Older African Americans

Willow Lounge

Janelle Armstrong-Brown, MPH PhD, Institute on Aging, University of North Carolina at Chapel Hill
Eugenia Eng, MPH, DrPH, Department of Health Behavior and Health Education, University of North Carolina, School of Public Health CB #7440, Chapel Hill, NC 27599
Catherine Zimmer, PhD, Odum Institute for Research in Social Science, University of North Carolina, 04 Manning Hall, CB#3355, Chapel Hill, NC 27599-3355
Wizdom Powell Hammond, PhD, MPH, Department of Health Behavior and Health Education, University of North Carolina, School of Public Health CB #7440, Chapel Hill, NC 27599.
J. Michael Bowling, PhD, Department of Health Behavior and Health Education, University of North Carolina, School of Public Health CB #7440, Chapel Hill, NC 27599.
Malcolm Cutchin, PhD, Occupational Science and Occupational Therapy, Department of Allied Health Science, School of Medicine, University of North Carolina at Chapel Hill
Marci K. Campbell, PhD, MPH, RD, Department of Nutrition, University of North Carolina at Chapel Hill, Gillings School of Global Public Health

**Background:** Neighborhood availability of supermarkets has been linked to a healthier diet while living in close proximity to fast food restaurants and convenience stores has been found to be associated with a poorer diet. The inequitable distribution of food resources in predominantly African American neighborhoods may negatively impact the fruit and vegetable (fv) consumption of African Americans.

**Methods:** Participants were 472 older African Americans, aged 52-99 years, living in urban counties of NC who were assessed by questionnaire, geographic information systems, and semi-structured interviews. Multilevel regression analyses were conducted to determine bivariate relationships among variables. In order to better understand the findings from the quantitative data, interviews were conducted with 12 participants from predominantly African American neighborhoods.

**Results:** Participants living in predominantly African American neighborhoods were more likely to live within 3 miles to more convenience stores than participants living in integrated neighborhoods (Ð =.494, $p<.01$). No other significant associations were observed. Interviewed participants were more likely to purchase food items at supermarkets located outside of their neighborhoods because of better food variety and food quality, more reasonable prices, and store ambience. The qualitative interviews revealed that participants living in predominantly African American neighborhoods did not find the supermarkets in their neighborhoods to be comparable to those outside of their neighborhoods.

**Conclusion:** The impact of food store availability may have been more pronounced in this study by examining overall diet as opposed to fv consumption alone. Future intervention research should consider multilevel strategies in improving fv consumption among older African Americans.

## Perceptions and Psychosocial Correlates of Bullying Among Lumbee Indian Youth: The Lumbee Rite of Passage Project

Magnolia Lounge

Ronny Bell, PhD, MS, Wake Forest School of Medicine, Winston-Salem NC
Elizabeth Arnold, PhD, Wake Forest School of Medicine, Winston-Salem NC
Alfred Bryant, PhD, University of North Carolina at Pembroke, Pembroke, NC
Andrea Anderson, MS, Wake Forest School of Medicine, Winston-Salem NC
Shannon Golden, MA, Wake Forest School of Medicine, Winston-Salem NC
Sarah Langdon, MPH, CHES, Wake Forest School of Medicine, Winston-Salem NC
Rhonda Faircloth, Wake Forest School of Medicine, Winston-Salem NC

**Introduction:** Bullying is recognized as a major contributor to poor psychosocial health among youth. However, little is known about this behavior in American Indian youth, who are at high risk for suicide and suicidal behavior.
**Methods:** Data come from an NIMH-funded community-based participatory, mixed methods study designed to understand the mental health perceptions and needs of Lumbee Indian youth in Robeson County, North Carolina. Phase 1 included a qualitative study with focus groups among Lumbee Indian youth ages 12 – 18 and in-depth interviews with community gatekeepers. Phase 2 involved assessing the impact of a tribally-run cultural enrichment program on psychosocial health among Lumbee youth ages 11 – 18.
**Results:** Qualitative data indicated that youth recognized bullying and fighting as very common in their community, and that bullying can lead to depression and suicide. Youth also expressed feeling powerless to overcome being bullied. Phase 2 baseline data (n = 80) showed that youth who reported being bullied (11.5%) had significantly lower self-esteem (measured using the Rosenberg Self-Esteem scale) and more depressive symptoms (measured using the Centers for Epidemiologic Studies – Depression Youth scale). These data indicate that bullying is common among Lumbee youth and contributes to poor psychosocial health in this population. Further research is needed to more fully understand this behavior to develop interventions to address this public health problem.

## Disparities in access: the spatial distribution of resources in Durham-Chapel Hill, NC

Willow Lounge

Kathleen Bush, PhD, ASPH/EPA Environmental Health Fellow, Office of Research and Development, US Environmental Protection Agency
Tara McAlexander, MPH, ASPH/EPA Environmental Health Fellow, Office of Research and Development, US Environmental Protection Agency
Katherine King, PhD, ORISE Postdoctoral Researcher, Office of Research and Development, US Environmental Protection Agency
Laura Jackson, PhD, Office of Research and Development, US Environmental Protection Agency
Rochelle Araujo, PhD, Office of Research and Development, US Environmental Protection Agency

**Introduction:** Proximity to resources in the urban built and natural environment is linked to improved mental and physical health and well-being. Given the spatial distribution of socio-demographic attributes within the Durham-Chapel Hill, NC area, access to resources may vary by social context. Socio-demographic disparities in proximity and access to resources may partially explain health disparities across distinct socio-demographic groups.
**Methods:** This study examined social disparities in neighborhood walkability, food outlets, and natural amenities potentially linked to human health. Socio-demographic data were obtained from the 2010 U.S. Census. Walkability was evaluated through land-use mix and street intersection densities. The location of food outlets was geocoded. Access to natural amenities was based on block-group percentages of tree cover, total green space, and proximity to parks based on land cover data from EPA's EnviroAtlas at 1m resolution and geocoded locations of parks. Correlation coefficients were calculated between block group socio-demographic characteristics and availability of resources, adjusted for spatial autocorrelation. Statistical associations between socio-demographic attributes and healthful resource proximity and access were evaluated using advanced statistical methods adjusted for spatial autocorrelation.
**Results:** Preliminary observations suggest significant spatial autocorrelation among neighborhood socio-demographic variables. Observations further suggest traditionally marginalized populations and low SES block groups have reduced access to resources that promote health and well-being.
**Conclusions:** Identifying neighborhoods with limited access to important amenities can help prioritize community interventions to improve neighborhood vitality and population health.

**This project abstract was supported by Cooperative Agreement Number X3-83388101 from the U.S. Environmental Protection Agency and the Association of Schools of Public Health. The findings and conclusions of this project abstract do not necessarily represent the official views of EPA or ASPH.**

## Collaboratively identifying barriers and strategies for disseminating the HOPE Program

Magnolia Lounge

Lori Carter-Edwards, PhD, Deputy Director, UNC Center for Health Promotion Disease Prevention
Katie Barnes, BRE, UNC Center for Health Promotion Disease Prevention
La-Shell Johnson, MA, UNC Center for Health Promotion Disease Prevention
Kate Blackman, BA, UNC Center for Health Promotion Disease Prevention
Barbara Harris, M.Ed
Darlene Leysath, BA, Cornerstone LLC
Andrea Locklear, UNC Center for Health Promotion Disease Prevention
Tabatha Brewer, Coharie Intra-Tribal Center

The Seeds of HOPE (Health, Opportunities, Partnerships, and Empowerment) Project Team, comprised of community partners and researchers, are working together to disseminate HOPE Works, a community-based health promotion and social and economic empowerment program for overweight and obese rural, low-income minority women. Circle Leaders (CLs), women recruited from the rural communities that we serve, receive health promotion training to recruit women from their social networks as circle participants. These circles are used as vehicles to promote health through goal setting, social support and information sharing. Initial strategies by the Seeds of HOPE Project Team involved recruitment of organizations for program dissemination. Bi-weekly meetings were held with community members and the Seeds of HOPE Project Team to identify community organizations for recruitment. Using recruitment logs and conversations with organizational contacts, the Project Team discussed and collaboratively identified a set of real-world, practical barriers to organizational participation: inability to meet organization inclusion criteria (i.e., not enough women in the organization to participate); seasonality of organizational recruitment; program fit with organization agendas; perceived duplication of existing organization services; program support agreement between organization leadership and persons identified to be Circle Leaders; and impact of project staffing and transition on recruitment retention momentum. Using CBPR processes, through lessons learned, the Project Team and the Community Action Council discussed/approved the expansion to two additional strategies for dissemination. Processes for identifying these barriers, the two additional strategies for dissemination, and lessons learned are described.

## The Effects of Video-Telemedicine on Biomarkers in Rural-Dwelling Korean Older Adults with Chronic Illnesses

Magnolia Lounge

Jennie C. De Gagne, PhD, RN-BC, CNE, Assistant Professor, Byrdine F. Lewis School of Nursing and Health Professions, Georgia State University, Atlanta, Georgia, USA
Aeyoung So, PhD, MPH, RN, Professor, Department of Nursing, Gangneung-Wonju National University, Wonju-Si, South Korea
YoungOak Kim, CHP, RN, Community Health Practitioner, Sosah Primary Health Care Post, Hoengseong-gun, South Korea
Sunah Park, PhD, RN, Visiting Scholar, School of Nursing, University of North Carolina, Chapel Hill, North Carolina, USA

**Introduction:** Primary Health Care Posts (PHCPs) provide health services to residents living in underserved areas of South Korea. Some of the PHCPs in rural areas have adopted a video-telemedicine system to monitor and manage the progress of older adults with chronic illnesses. The purpose of this study was to examine the effects of the video-telemedicine system on physical health status among rural-dwelling Korean older adults with hypertension or diabetes.

**Methods:** A pre-post single group design was used to compare blood pressure and laboratory test results (HbA1c/TChol/TG/HDL/LDL) before and after implementing the video-telemedicine system. Using a paired t-test, medical records of 86 subjects with hypertension or diabetes were analyzed from the Sosah PHCP.

**Results:** The mean of the systolic blood pressure decreased by 20 mmHg ($t = 8.12$, $p < .001$) and the diastolic blood pressure by 8 mmHg ($t = 6.05$, $p < .001$). HbA1c levels were reduced by 19.5% after the implementation ($t = 5.98$, $p < .001$). There were significant decreases in total cholesterol ($t = 5.48$, $p < .001$) and in triglycerides ($t = 4.03$, $p < .001$). The mean of HDL increased by 8 mg/dl ($t = -6.05$, $p < .001$) while LDL decreased by 32 mg/dl ($t = 21.78$, $p < .001$).

**Conclusion:** Video-telemedicine is an effective system to manage physical symptoms of hypertension and diabetes in Korean older adults living in a rural area. Self-management programs integrated into the video-telemedicine system would better support rural older adults who have high rates of chronic illnesses and little access to healthcare resources.

## Clinical Collaboration(s): Epistemological Differences in Dietary and Lifestyle Interventions and Management on the South Side of Chicago, 1960-1980

Willow Lounge

Ari J. Epstein, AB, Department of History, Biological Sciences Collegiate Division, University of Chicago

**Introduction:** From 1960 to 1980, physicians from conventional and non-conventional medicine discussed methods of reforming chronic disease management models. They attempted to increase patient adherence to dietary and lifestyle interventions and reduce the incidence of epidemics like obesity and diabetes. However, they implemented different interventions among urban African Americans based upon disparate conceptions of health and disease.The conventional medical establishment framed the knowledge of and barriers to chronic disease management and education by characterologically omitting African Americans from the data. This poor methodology constrained the research questions the establishment asked and healthcare they ultimately provided because it dismissed African Americans' self-legitimized healthcare alternatives, such as community-derived models and non-conventional practitioners, to fill that healthcare void. In locales like Chicago's South Side, naturopathic physician, community activist, and entrepreneur Dr. Alvenia Fulton (1907-1999) represented an alternative set of healthcare practitioners documenting and responding to the obesity epidemic. By collaborating with her patients to learn their spiritual and emotional needs, Fulton produced individualized dietary and lifestyle interventions.

**Methods:** The author synthesizes national and Chicago-based medical sources from 1960 to 1980, including official health initiative records, patient and practitioner oral histories, and periodicals documenting non-conventional physician practices. This review of formal and informal databases introduces a unique and useful frame to construct social histories from medicine and encourage additional scholarship that consults these underutilized archives and figures.

**Conclusions/Implications:** Although non-conventional physicians like Dr. Fulton gained positive clinical outcomes in the African American population, the conventional medical establishment only acted upon knowledge derived from biomedicine and data. This prevented the establishment from implementing collaborative healthcare in Chicago until studies after 1980 produced statistically significant data to support reform. Ultimately, the epistemological differences between the two fields reveal a missed opportunity for culturally competent and individualized public health programming at the beginning of the diabetes and obesity epidemics. Even more, those differences demonstrate the need for additional social science and healthcare policy research on collaboration between both fields to improve dietary and lifestyle intervention models.

## Understanding urban low income minority families' food shopping behaviors to better promote fruit and vegetable consumption and use of alternative food sources

Willow Lounge

Caitlin A. Fish, BA, Clinical Studies Coordinator, Department of Epidemiology and Prevention, Division of Public Health Sciences, Wake Forest School of Medicine
Jonisha Shepherd, BA, BS, MD Candidate, Wake Forest School of Medicine
Sara A. Quandt, PhD, Professor, Department of Epidemiology and Prevention, Division of Public Health Sciences, Wake Forest School of Medicine

**Introduction:** Urban low income minority families often reside in neighborhoods with few chain supermarkets or alternative food sources (e.g., farmers markets, produce stands, community gardens), making fresh produce difficult and expensive to obtain. This study used qualitative data to identify (1) factors influencing fruit and vegetable shopping behaviors, and (2) barriers to and promoters of the use of alternative food sources.
**Methods:** Twenty-four immigrant Latinas and 24 African-American women with children in North Carolina completed semi-structured interviews regarding food shopping habits and use of and attitudes toward alternative food sources. Interviews were recorded and transcribed, and then subjected to thematic analysis.
**Results:** Fruit and vegetable shopping behaviors were motivated by costs and family preference. Lack of transportation, placement of food sources, and family schedules influenced the types of fruits and vegetables purchased. For the African American women, a lack of cooking skills restricted the variety of fruits and vegetables purchased. Latinas were receptive to alternative food sources but did not frequent them because these alternative food sources were inconvenient. African American women were not receptive to alternative food sources, citing concerns about food safety and the inability to use eSNAP or WIC benefits.
**Conclusion:** Improvements in attitudes toward acceptable foods and cooking skills may be as important as increased access to fruits and vegetables to promote greater consumption of fruits and vegetables. Latinas appear more accepting of alternative food sources, suggesting that expanding these options in urban areas may need greater attention to attitudinal barriers among African American families.

Learning objectives:
Identify factors influencing food shopping habits among minority residents in urban North Carolina
Evaluate the influence of knowledge of and use of alternative sources of food on food shopping habits
Compare and contrast patterns of fruit and vegetable purchasing and attitudes toward alternative food sources between two minority groups

## Examination of Cultural Factors Influencing HPV Vaccine Uptake in African Americans: A Literature Synthesis

Willow Lounge

Kayoll Galbraith

**Objective:** To examine the literature for cultural influences that may result in differences in knowledge, perceptions, beliefs, and attitudes for Human Papillomavirus (HPV) and HPV vaccine among African American parents, adolescents, and young adults compared to Hispanic and non-Hispanic whites.

**Method:** 22 peer-reviewed articles published between 2007 and 2012 met the study inclusion criteria. Studies were predominantly cross sectional design and descriptive.

**Findings:** Overall, there is a lack of studies that examine cultural influences that effect the perceptions of the HPV vaccine in African Americans. Two main themes were identified: (a) a deficit in knowledge about HPV and HPV vaccine; and (b) cultural beliefs influence cervical cancer knowledge and HPV vaccine uptake. Although African American and Hispanic parents possessed lower HPV knowledge than Whites, they had high acceptability of HPV vaccine when associated with positive attitudes towards vaccination and when given more information. Adolescents had very low knowledge of the HPV vaccine, while sexually active teens and young adults were accepting of HPV vaccine. The limited cultural influences examined in African Americans were health care distrust and racial pride. Health care distrust was not a significant factor in HPV vaccination however higher racial pride was associated with lower HPV vaccine uptake.

Conclusion: With the HPV vaccine possessing stigmatizing connotations relevant to the African American community, cultural influences in perceptions of the HPV vaccine is an important area of HPV vaccine research that has not been sufficiently examined in this group.

## Carolina Community Network Center to Reduce Cancer Health Disparities (CCN II)

Magnolia Lounge

Paul A. Godley, MD, PhD, MPP, Professor, Division of Hematology/Oncology, Executive Associate Dean for Faculty Affairs and Faculty Development, UNC School of Medicine, The University of North Carolina at Chapel Hill
Anissa Vines, PhD, MS, Research Assistant Professor, Department of Epidemiology, UNC Gillings School of Global Public Health, The University of North Carolina at Chapel Hill
Brandolyn White, MPH, Special Projects Manager, Lineberger Comprehensive Cancer Center, The University of North Carolina at Chapel Hill

**Background/Introduction:** African Americans in North Carolina are more likely to suffer disproportionately from cancer compared to Whites. The goals of CCN II are to: 1) increase the community's knowledge of, access to, and use of beneficial biomedical and behavioral procedures; 2) develop and perform evidence-based intervention research aimed at reducing cancer health disparities; and 3) increase the number of qualified health disparity researchers experienced in using the Community-Based Participatory Research approach.

**Methods:** CCN II is comprised of an Administrative Core and three programs-Community Outreach, Research, and Training. Learning clusters are used to identify, implement and evaluate cancer education, outreach, and interventions based on community need. Pilot and full research studies are being conducted to explore clinical trial under-enrollment and to address gaps in colorectal cancer screening and survival rates among African Americans. The development and training of early-stage UNC investigators interested in developing their own cancer health disparities & CBPR research careers is supported through training resources and opportunities. The RE-AIM model is used as the evaluation framework for the Center.

**Results:** The Center has reached a number of community members in Central and Eastern NC with cancer education; recruited and enrolled study participants in studies addressing clinical trial participation and gaps in colorectal cancer screening; and recruited a diverse cohort of junior investigators as trainees in cancer health disparities research.

**Conclusions:** Through cancer research, training and education in collaboration with established partners, the Carolina Community Network Center to Reduce Cancer Health Disparities operates as a cohesive initiative to contribute towards the reduction in cancer health disparities among the African Americans in NC

## Durham Diabetes Coalition: Working to Offset Type 2 Diabetes

Magnolia Lounge

Gayle Harris, MPH, RN, Director, Durham County Department of Public Health
Robert M. Califf, MD, Vice Chancellor for Clinical and Translational Research, Duke University
Lisa P. Davis, PhD, MSPH, Senior Project Manager, Durham Diabetes Coalition, Duke Translational Medicine Institute
Linda B. King, MPA, Public Health Education Specialist, Durham Diabetes Coalition, Durham County Department of Public Health
Chasity J. Newkirk, MPH, Public Health Education Specialist, Durham Diabetes Coalition, Durham County Department of Public Health
Marissa J. Mortiboy, MPH, Information Communications Specialist, Durham Diabetes Coalition, Durham County Department of Public Health

Diabetes in Durham County: Diabetes is a major health problem in North Carolina and is the fifth leading cause of death in Durham County. In 2008, it was estimated that 9.3% of Durham County adults were diagnosed with diabetes, 2.2% were undiagnosed, and another 6.0% of the adult population had prediabetes. This poster presentation will demonstrate the Durham Diabetes Coalition's efforts to link and mobilize community resources to address diabetes health outcomes, health service usage, and health care costs.

The Durham Diabetes Coalition (DDC): The DDC is a collaborative partnership between Durham County Department of Public Health, Duke University, the University of Michigan Center for Geospatial Medicine, and Durham community partners. The central objectives of the DDC are to: 1) improve population-level diabetes management, health outcomes and quality of life for diagnosed and undiagnosed adults with type 2 diabetes and 2) reduce disparities in diabetes management, health outcomes, and quality of life for adults living with T2DM. This will be achieved through the implementation of a county-wide, community-based, population-level suite of interventions. Spatially–enabled informatics systems will support the development and implementation of the interventions while allowing for real time monitoring and evaluation. The DDC has identified two pilot sites and begun linking residents to existing clinical and community resources and, where gaps exist, facilitated placement of additional community resources through partnerships created between community, public, and private organizations including the DDC Community Advisory Board. The five year project is funded by the Bristol-Myers Squibb Foundation.

## Jobs and Jail: An Exploration of the Social Determinants of Sexual Risk Behavior among African American Male Substance Users

Willow Lounge

Andrea Heckert, MPH, Doctoral Candidate, Department of Health Behavior, Gillings School of Global Public Health, UNC-Chapel Hill
Elizabeth Costenbader, PhD, MPH, Associate Social Scientist II, FHI 360, Durham, North Carolina
William Zule, DrPH, MPH, Senior Research Health Analyst, RTI, International, Research Triangle Park, North Carolina

**Introduction:** African American male substance-users in the Southeastern US experience some of the highest HIV rates in the country. Little research has explored how social conditions and social networks drive HIV-risk behavior including the sale of sex for drugs or money among this population.
**Methods:** Data are from in-depth interviews (n=16) and cross-sectional network study survey data (n=201) from two North Carolina-based studies. Content analysis of the qualitative data documented emergent themes regarding the social conditions experienced by African American male substance users. Among a similar study population, the strength of association between peer network composition and social support function on the sale of sex for drugs or money was tested using logistic regression models with GEE.
**Results:** Peer employment and peer history of incarceration are associated with selling sex among the network study respondents. These findings will be discussed in relation to the qualitative findings which revealed a pattern of political, structural, symbolic and everyday experiences of violence. Such violence includes joblessness, incarceration, and other assaults to the respondents' personhood and dignity which arguably give rise to an organization of self-worth and coping that discourages sexual and substance-use risk reduction.
**Conclusion:** Findings from this mixed-methods study will inform socially-relevant network-based interventions to prevent and control transmission of HIV and other STI among this population. Skills- and norms-based interventions that develop new and bolster existing health-promoting network ties, facilitate multifaceted social support through lay health advising, and strengthen health-promoting dynamics within social networks will be discussed.

## Factors Associated with the Utilization of Postpartum Care Services in Nigeria

Willow Lounge

Onyebuchi V. Ilombu, MBBS, MPH, Tulane University School of Public Health and Tropical Medicine

**Introduction:** Over 500,000 women still die from childbirth and pregnancy related complications with about 99% of these deaths still occurring in developing countries where the woman's adult lifetime risk of maternal death is about 40 times that of her counterparts in developed countries (Ijadunola K.T., Ijadunola M.Y., Esimai &Abiona, 2010). Although Nigeria makes up 2% of the world's population, it contributes 10% of the world's maternal deaths. In Nigeria the MMR has been estimated at 1100 per 100,000 live births (WHO et al., 2005).
**Methods:** The women's data set from the 2008 Nigeria Demographic and Health Survey was analyzed using SPSS 20.0 statistical software. Bivariate and multivariate analysis was done using the background characteristics to determine significant predictors of utilization of postpartum care services for women in the survey after their last childbirth.
**Results:** Only 44.9% of the women sampled had received postpartum care at any time after their last childbirth, 33.3% of them received a postpartum examination within 24 hours of delivery and 39.1% within 3 days of delivery. After controlling for confounding factors all but daily radio listening and daily television watching were significant predictors.
**Conclusion:** Some predictors had a positive influence on utilization of postpartum care services, while others had a negative influence. Qualitative studies are indicated to find out why and how these predictors influence the health care seeking behaviors of women. The findings from this study should form the basis for interventions to increase the rate of utilization of postpartum care services.

---

## The Geography of Personality, and Why It Matters for Health Disparities

Magnolia Lounge

Katherine King, PhD, Visiting Assistant Professor, Sociology Department, Duke University & Postdoctoral Researcher, Environmental Protection Agency, Chapel Hill, NC

**Introduction:** Differences in spatial context contribute to health disparities, so tracing causal mechanisms and confounding factors is crucial. "Big 5" personality traits (neuroticism, conscientiousness, openness to experience, extraversion, agreeableness; NEO-PI) predict multiple health outcomes and are also socially patterned. Geographic differences in personality may contribute to spatial health disparities, allowing more accurate estimation of modifiable environmental mechanisms.
**Methods:** Nationally representative cross-sectional multilevel models linking the Health and Retirement Study (n>10,000; age 50+; 2006-8) with geographic Census socioeconomic and urbanization data. Extensive sociodemographic controls.
**Results:** Neighborhood and regional variation in "Big 5" personality measures exist in a large, representative study of older-adults. Neighborhood variation may be primary, and neighbors appear as similar in personality as in body mass index or blood pressure. Within tracts, Blacks vs. Whites, Hispanics vs. Whites, and immigrants vs. native-born are less dissimilar in personality compared to models not considering place. Personality is associated with neighborhood social composition (disadvantage, affluence, immigrant composition, and age composition) and to some extent urban hierarchy. Movers differ from stayers for lifetime regional moves and recent moves between tracts for all five personality measures.
**Conclusion:** Personality varies by region of U.S. and local neighborhood. Spatial personality variation is related to personality predictors of health disparities, consistent with social rather than genetic interpretations of personality. Personality is likely a factor in selection into residential contexts of varying quality. Although further work is needed to explore causal and compositional pathways, personality may confound models of how neighborhood socioeconomic status predicts health behaviors and outcomes.

## Racial Disparities on Diagnostic Mental Disorder among Immigrant Women Aged 50 and above Living in the US

Magnolia Lounge

P Ma, PhD Candidate, Global Community Health and Behavioral Sciences, School of Public Health and Tropical Medicine, Tulane University
K Theall, PhD, Global Community Health and Behavioral Sciences, School of Public Health and Tropical Medicine, Tulane University

**Introduction:** With the constant influx of numerous immigrants, the number of old immigrants has constituted one of the most important components among elderly population in the US. However, there is still a dearth of information about mental health status among middle and older aged immigrant women. This study aims to investigate whether racial disparities on diagnostic mental disorders exist among immigrant women aged 50 and older living in the US.

**Method:** This cross-sectional study was restricted to 818 Asian, Latino and Black immigrant women aged 50 and above by using The National Institute of Mental Health Collaborative Psychiatric Epidemiology Survey (CPES). The main outcomes were any diagnostic lifetime anxiety disorder, mood disorder, eating disorder, and ever seriously thought about suicide. Demographic variables and self-reported physical and mental health status were controlled. Descriptive, bivariate and multivariate analyses were conducted.

**Result:** 14.7%, 15.2%, 2.1% and 7.3% of middle and older aged immigrant women experienced any lifetime anxiety disorder, mood disorder, eating disorder and ever seriously thought about suicide respectively. After controlling for confounders, significant racial disparities were found in any lifetime mood disorder ($p=0.008$) and ever seriously thought about suicide ($p<.0001$). Compared with Asian immigrant women, Latina immigrants were 0.14 times less likely to have mood disorder and Black immigrants were 6.9 times more likely to think about suicide seriously before.

**Conclusion:** Racial disparities on the mental disorder exist among immigrant women aged 50+ and the factors that account for these differences should be further researched and addressed in the future intervention.

## Anthropometric Scoring System Correlates to Insulin Sensitivity among African-Americans

Willow Lounge

DJ Oberlin, Department of Kinesiology and department of Nursing, University of North Carolina, Greensboro; and the Center for Biotechnology, Genomics & Health Research
Lori Mattox, Department of Kinesiology and department of Nursing, University of North Carolina, Greensboro; and the Center for Biotechnology, Genomics & Health Research
Vince Henrich, Department of Kinesiology and department of Nursing, University of North Carolina, Greensboro; and the Center for Biotechnology, Genomics & Health Research
Ellen Jones, Department of Kinesiology and department of Nursing, University of North Carolina, Greensboro; and the Center for Biotechnology, Genomics & Health Research
Laurie Kennedy-Malone, Department of Kinesiology and department of Nursing, University of North Carolina, Greensboro; and the Center for Biotechnology, Genomics & Health Research
Laurie Wideman, Department of Kinesiology and department of Nursing, University of North Carolina, Greensboro; and the Center for Biotechnology, Genomics & Health Research

**Introduction:** Type 2 diabetes (T2D) and impaired glycemic control greatly increases the risk of cardiovascular disease mortality, and African-Americans (AA) are at an increased risk of developing T2D. Therefore, it becomes important to identify individuals at increased risk of progressing from pre-diabetic to T2D. The purpose of the current study was to compare a scoring system based on anthropometric data for predicting insulin sensitivity (IS), in AA compared to scores based on SNPs for T2D.

**Methods:** As part of a larger study, ten subjects [5 control (age=31±9.4 yr, BMI=29.4±5.2, % body fat=34.5±6.9%, FBG=4.6±0.54 mmol/L) and 5 pre-diabetic (age=35±9.3 yr, BMI=32.1±4.0, % body fat=32.4±12.4%, FBG=5.65±0.07 mmol/L)] were recruited. Data was analyzed using SAS (Cary, North Carolina). Principal component (PC) analysis was used to produce scores for anthropometric and SNP variables. The three components that explained the most variance were then regressed against QUICKI (IS).

**Results:** The PCs for anthropometrics were significantly correlated with IS (p= 0.0348, adj. R2= 0.6087), however, the PCs for the genetic markers were not (p= 0.7755, adj. R2= -0.2639). A follow-up of anthropometric PCs on insulin sensitivity showed that the second PC, (age, gender, and percent body fat) as well as the third PC (physical activity, sagittal diameter, and BMI) were significantly correlated with QUICKI (p=0.0126, adj. R2= -0.6316).

**Conclusion:** In this pilot study, composite scores based on anthropometric measures more accurately predict IS (QUICKI) than T2D SNPs and may provide a cost effective way of assessing risk of progression toward T2D in a high risk population.

## The Cultural and Linguistic Adaptation of the SHOWED Method Leading to the Implementation of ALMA VENCER

Magnolia Lounge

Rachel Page, MPH, The University of North Carolina at Chapel Hill, Department of Health Behavior and Health Education, Chapel Hill, NC
Laura Cubillos Braswell, The University of North Carolina at Chapel Hill, Department of Health Behavior and Health Education, Chapel Hill, NC
Georgina Perez, MSW, Duke University Medical Center, Division of Community Health
Anh N. Tran, PhD, MPH, Duke University Medical Center, Division of Community Health
Melissa Green, MPH, The University of North Carolina at Chapel Hill, Cecil G. Sheps Center for Health Services Research
Michelle J. Lyn, MBA, MHA Duke University Medical Center, Division of Community Health
Giselle Corbie-Smith, MD, MSc, The University of North Carolina at Chapel Hill, Cecil G. Sheps Center for Health Services Research

**Background:** Photovoice is a well regarded method for social and policy change that engages participants in defining and developing solutions to issues of concern and maybe especially important in socially and linguistically isolated populations. Non-English adaptations, however, are difficult to find in the existing literature to implement Photovoice. Amigas Latinas Motivando el Alma (ALMA), developed a cultural and linguistic adaptation of the SHOWED method, ALMA VENCER, to explore Latinas' acculturation experiences and mental health concerns in the context of access to local policy.

**Methods:** The ALMA VENCER was collaboratively developed with promotoras who had been trained to address disparities in mental health. We adapted SHOWED through an iterative process with 3 cohorts of 4-6 promotoras. The SHOWED method was modified based on feedback during Photovoice sessions and through supplemental information obtained by research staff. Culturally relevant questions were added throughout the two-year period and the process resulted in a bilingual handout.

**Results:** ALMA created a culturally and linguistically tailored method of implementing Photovoice with Latinas. This method used the Spanish acronym VENCER (to overcome): Ver (See), Explica que sucede (Happening), Nuestras vidas (Our lives), Causas (Why), Empoderar (Empower), Resolver (Do). The final model consisted of six general guidance questions, one for each letter of the acronym and twenty-six detailed questions distributed across the six sections of ALMA VENCER.

**Conclusions:** ALMA VENCER is a culturally tailored Photovoice tool involving community perspective and engagement and provides a method for marginalized populations to express their perceived issues, opening the door for dialogue and solutions with key stakeholders.

## A Community-Engaged Research Approach to Improve Mental Health Among Latina Immigrants: ALMA Photovoice

Magnolia Lounge

Georgina Perez, MSW, Duke University Medical Center, Division of Community Health
Rachel Page, MPH, The University of North Carolina at Chapel Hill, Department of Health Behavior and Health Education, Chapel Hill, NC
Laura Cubillos Braswell, The University of North Carolina at Chapel Hill, Department of Health Behavior and Health Education, Chapel Hill, NC
Anh N. Tran, PhD, MPH, Duke University Medical Center, Division of Community Health
Melissa Green, MPH, The University of North Carolina at Chapel Hill, Cecil G. Sheps Center for Health Services Research
Michelle J. Lyn, MBA, MHA Duke University Medical Center, Division of Community Health
Giselle Corbie-Smith, MD, MSc, The University of North Carolina at Chapel Hill, Cecil G. Sheps Center for Health Services Research

**Background:** Recent Latina immigrants are at increased risk of poor mental health due to stressors associated with adapting to life in the United States. Existing social and healthcare policies often do not adequately address mental health concerns of new Latino populations. Amigas Latinas Motivando el Alma (ALMA), a community partnered research project, seeks to improve immigrating Latinas' mental health outcomes. Using Photovoice methodology, ALMA promotoras shared insights about their communities' strengths and mental health concerns through a series of three public photography exhibits in order to reach local policy makers and increase community awareness.

**Methods:** ALMA Promotoras reflected on community factors impacting mental health through photography and guided discussion. Discussions were audio recorded, transcribed, and coded using content analysis to identify salient themes. Promotoras reviewed codes for verification and development of themes that they presented in a community forum.

**Results:** Twenty-one Promotoras participated in Photovoice. This project culminated in three local forums which displayed the promotoras' photographs and discussed action steps to address community concerns. Discussion themes included adaptation to American culture, the importance of positive parent-child relationships, education, impact of perceived racism, and the significance of lay health programs to address Latina mental health issues. Over 100 stakeholders attended the community forums and proposed responses to promotoras' photographic themes.

**Conclusions:** Photovoice provides an opportunity for Latinas and the larger community to identify issues they find most important and to explore avenues for action and change by creating sustainable partnerships between the community and forum attendees.

## The Acceptability of VIA Cervical Cancer Screening Among Hispanic Women and Their Providers

Willow Lounge

Stephanie T. Previc, BA Health & Society, Beloit College

**Introduction:** Hispanic women have the highest incidence of HPV-related cervical cancer in the United States. While the PAP smear has been successful in decreasing its overall prevalence, medically underserved populations comprise sixty percent of new cases reported each year; implicating a disparity in access to, or use of, the PAP smear in at-risk communities. Visual Inspection with Acetic Acid is regarded as an effective, low cost alternative to the PAP in developing countries, but is not currently widely recognized within the United States.
**Methods:** A focus group comprised of twenty women from the Southside of Tucson, Arizona, coupled with thirty surveys and fifteen in-depth interviews with stakeholders and key informants were conducted during Summer 2011. Using the Health Belief Model and Community-Based Participatory Action Research, VIA was assessed as an alternative to the PAP for Hispanic women in the border region.
**Results:** Among this population, the risk of cervical cancer is compounded by sociocultural beliefs, lack of resources, and immigration status. Participants in the study identified shame as the greatest barrier to seeking preventive care, followed by cost and transportation. As an inexpensive approach, VIA was regarded favorably among participants, including both women and their providers.
**Conclusion:** This study addressed health disparities by applying known interventions and integrating them into a new environment. While VIA may challenge infrastructural barriers, combining access to screening with resources and education for Hispanic women to make informed decisions about their health is ultimately needed to reduce the burden of cervical cancer in this community.

## Economic Hardship and Depression among Women in Latino Farmworker Families

Willow Lounge

Camila A Pulgar, BS, Clinical Studies Coordinator, Department of Epidemiology and Prevention, Division of Public Health Sciences, Wake Forest School of Medicine
Joseph G. Grzywacz, PhD, Professor, Department of Human Development and Family Science, Oklahoma State University
Thomas A. Arcury, PhD, Professor, Department of Family and Community Medicine, Wake Forest School of Medicine
Cynthia Suerken, MS, Biostatistician II, Department of Biostatistics Sciences, Wake Forest School of Medicine
Grisel Trejo, MPH, Project Manager, Department of Epidemiology and Prevention, Division of Public Health Sciences, Wake Forest School of Medicine
Edward Ip, Professor, Department of Biostatistical Sciences, Division of Public Health Sciences, Wake Forest School of Medicine.
Sara A. Quandt, PhD, Professor, Department of Epidemiology and Prevention, Division of Public Health Sciences, Wake Forest School of Medicine.

**Introduction:** Farmworker family members are at risk for poor mental health due to stressors common to their lifestyles, including discrimination, documentation status, poor housing, frequent relocation, exploitative work arrangements, and poverty. Previous mental health research has focused primarily on male farmworkers. More research is needed to understand the factors associated with depression among women, particularly those responsible for childrearing.

**Methods:** Site-based sampling was used in North Carolina to recruit 248 mothers of children aged 2-3 from households with at least one adult engaged in farm work. By design, one-quarter were migrant farmworker families and the remainder seasonal. Participants completed a fixed-response interview in Spanish. Variables (measures) included depressive symptoms (Center for Epidemiologic Studies Depression Scale), farmwork-related stressors (Farmworker Stress Inventory), and economic hardship (USDA Household Food Security Survey Module). Analyses tested the hypothesis that greater depressive symptoms would be associated with greater farmwork-related stress.

**Results:** Bivariate analyses indicated greater depressive symptoms among mothers who reported more farmwork-related stressors, were older, were unmarried and reported economic hardship. In multivariate logistic regression, economic hardship remained the only factor associated with depressive symptoms (OR 2.2; 95% CI 1.2, 4.2).

**Conclusion:** Economic hardship, but not general farmwork-related stress, is associated with depression in these women. Maternal depression can have consequences for both mothers and families. Mental health services for women in farmworker families should be targeted to those with the greatest economic challenges. Further research should test whether food insecurity is the best measure of such hardship.

## Exploring Problems with Patient Registration Processes for Latinos with Limited English Proficiency

Willow Lounge

Daniel S. Reuland, MD, MPH, Associate Professor, Department of Medicine, UNC Chapel Hill
Laura Cubillos Braswell, Graduate Research Assistant, NC TraCS Institute, UNC Chapel Chapel Hill
Megan E. Hall, MPH, Research Assistant, NC TraCS Institute, UNC Chapel Hill
Cheryl J. Miller, MSG, Community Coordinator, NC TraCS Institute, UNC Chapel Hill
Rachel A. Mooneyham, Research Assistant, NC TraCS Institute, UNC Chapel Hill
Lexie Perreras, Graduate Research Assistant, NC TraCS Institute, UNC Chapel Hill

**Introduction:** Problems with patient-provider communication for limited English proficient (LEP) Latinos in healthcare are well-documented. However, few studies have specifically explored communication challenges during the patient registration process for these populations.

**Methods:** We conducted Spanish-language surveys (quantitative items with open-ended prompts) in a community sample of LEP Latinos in Greensboro, NC. Items focused on perceived confidentiality in handling of registration information, discrimination, identification requests, accuracy in recording of surnames, language service provision, and general treatment by registration staff

**Results:** Among n=20 respondents, 18 (90%) trusted that their information would not be shared outside of the healthcare system; however, 11 (55%) reported being treated unfairly in the past 12 months by registration staff because of their race/ethnicity. Five (25%) reported discomfort with identification request processes. Nine (45%) reported problems with accurate registration of surnames. Open-ended responses reflected perceived rudeness on the part of registration staff; lack of help with filling out English forms; patients being asked to sign English forms they could not read; perceptions of being misunderstood by registration staff; "never getting [the] last names right"; and being told they "needed to bring an interpreter".

**Conclusion:** This exploratory study suggests multiple problematic aspects of patient registration processes for LEP Latinos. Further research is needed to better characterize the scope and frequency of these problems and to implement appropriate structural solutions, such as the training of registration staff regarding federal standards for providing language services and modifying electronic health record system inputs to accommodate diverse naming traditions.

## Exploring the Relationship Between Perceived Stress and Weight Loss

Willow Lounge

Mary Shen, BSPH Candidate, Department of Nutrition, University of North Carolina at Chapel Hill
Brooke T. Nezami, PhD Candidate, Department of Health Behavior, University of North Carolina at Chapel Hill
Melissa M. Crane, PhD Candidate, Department of Health Behavior, University of North Carolina at Chapel Hill
Deborah F. Tate, PhD, Associate Professor, Department of Health Behavior and Department of Nutrition, University of North Carolina at Chapel Hill

Research shows perceived stress (PS) is related to weight gain, but few studies have examined PS during a weight loss attempt. We hypothesized that higher PS would be associated with lower treatment adherence and less weight loss and we explored how change in PS during treatment is associated with weight loss.

This data is from a 4-month weight loss RCT intervention delivered via Internet and monthly in-person sessions (N=192, 46.3±10.8 yrs, BMI 37.9±8.5, 91% women, 51% African-American). Percent weight loss (WL) was calculated from measured weight and PS by the Perceived Stress Scale (range 0-40) at baseline and 4 months. Adherence was defined as website logins and group attendance. Intent-to-treat analyses (BOCF) controlled for group, race and education.

Overall, PS decreased over time (17.1±5.8 to 14.3 ±6.7). Among women (n=175), baseline PS did not predict WL (p=.56) but decreases in PS were associated with greater WL (p<.01). In an exploratory analysis of men (n=17), baseline PS predicted WL (p<.01) but there was no association between PS change and WL (p=.80). Adherence was associated with WL (p's<.01), but baseline PS was not associated with adherence (p's >.20).

Baseline PS was associated with WL among men while reductions in PS were associated with WL in women. It is unclear how PS changes affect WL as PS was not associated with adherence. These results suggest that the relationship between PS and WL may vary by gender.

## A Working Group for Reproductive Justice: Using social movements to invigorate traditional public health theories on sexual and reproductive health

Magnolia Lounge

Arianna Taboada, MSW, MSPH, Project Manager UCLA Art | Global Health Center
Laura Villa Torres, PhD Candidate, Department of Health Behavior, Gillings School of Global Public Health
Chelly Richards, MS, MPH Candidate, Department of Health Behavior, Gillings School of Global Public Health

The intersection of immigrant status and health is a topic wrought with issues of social inequity in all regions of the world. Due to the difference in development between North America (USA and Canada) and the rest of the Americas, immigration is typically conceptualized as movement from the south to the north of the continent. Nevertheless, Latin American countries also present diverse levels of economic growth and human development among themselves, a context that leads to other, often understudied, migration patterns and social determinants that affect health. An interdisciplinary working group started by graduate students used a Reproductive Justice framework, developed in the USA by a social movement led by women of color, to develop a critical research agenda for sexual and reproductive health of migrant women across the Americas. While examining current theories used in reproductive health, we recognize the nuances of migrant women's experiences, and how such theories are often inadequate in capturing complex structural determinants of reproductive justice such as trade agreements and migration policies. This poster highlights how our community and academic activities critically examine typical theories for studying reproductive health that are based in legal and life-course perspective in order to understand what reproductive justice means for women whose reproductive rights and overall health are often neglected by countries of origin, transit, and/or destination. We propose that migration be considered a structural determinant for health, and a critical factor in achieving health equity. Research, policy and practice implications are addressed.

## Disparities in Vitamin D Status and Body Mass Index Among Obese Children and Adolescents

Willow Lounge

Tiffany H. Williams, DNP, APRN, CPNP, College of Nursing Faculty, Heart Health Program Nurse Practitioner, Department of Pediatrics, Medical University of South Carolina
Sarah Stein, BS, Heart Health Program Research Coordinator, Department of Pediatrics, Medical University of South Carolina
Melissa Henshaw, MD, Heart Health Program Medical Director, Department of Pediatrics, Medical University of South Carolina
Janet Carter, RD, Heart Health Program Manager, Department of Pediatrics, Medical University of South Carolina

**Introduction:** Vitamin D deficiency and insufficiency is a growing national problem for children and adolescents in the United States. There is a suggested relationship between BMI and serum vitamin D levels. Racial and ethnic differences in the degree of adiposity and distribution of body fat are well documented. The aim of this study is to examine an association between body mass index (BMI) and vitamin D status in a convenient sample from an obese pediatric cohort, and to assess for racial and gender disparities.
**Methods:** Data from 240 obese children and adolescents, ages 4-20, were analyzed for this project. Data was derived from laboratory values of serum 25(OH) Vitamin D and Dual-energy X-ray absorptiometry (DXA) scan. Using DXA BMI results, BMI z-scores were calculated using CDC standards for weight, age, and gender.
**Results:** Using the Wilcoxon analysis for a two-sided sample there is a significant difference between Vitamin D within race, p=<.0001. As confirmed by T-test, whites (n=87, = 26.8) had higher vitamin D levels compared to our black population with (n=120, =17.86) with a p-value<.0001. Race was significant in predicting vitamin D status, R2=.36, F (4,207) =39.20.
**Conclusion:** Consistent with previous studies, as BMI z-scores increased as vitamin D decreased. BMI and body fat are believed to influence the appearance of vitamin D insufficiency in children. Black children have higher rates of vitamin D deficiency than white children. BMI may play a role in vitamin D deficiency affecting health disparities.

## An Examination of Racial Differences in Timeliness of Colorectal Cancer Care among Users of the Veterans Affairs Healthcare System

Magnolia Lounge

Leah L. Zullig, MPH, Predoctoral Fellow, Department of Health Policy and Management, UNC
George L. Jackson, PhD, MHA, Investigator, Health Services Research & Development, Durham VA Medical Center
Morris Weinberger, PhD, MS, Distinguished Professor, Department of Health Policy and Management, UNC
Dawn Provenzale, MD, MS, Investigator, Health Services Research & Development, Durham VA Medical Center
Bryce B. Reeve, PhD, MA, Associate Professor, Department of Health Policy and Management, UNC
William R. Carpenter, PhD, MHA, Assistant Professor, Department of Health Policy and Management, UNC

**Introduction:** The Veterans Affairs (VA) healthcare system is the largest integrated healthcare system in the United States. While quality of VA colorectal cancer (CRC) care is well chronicled, there is a paucity of literature describing racial differences in VA CRC care timeliness. The objective of this analysis was to examine potential racial differences in CRC care timeliness.

**Methods:** Data were from the VA External Peer Review Program (EPRP), a nationwide VA quality-monitoring program. Included patients must have been Caucasian or African American (AA), diagnosed with non-metastatic CRC between 2003 and 2006, and received definitive CRC surgery. We examined 3 timeliness metrics – time from: 1) surgery to initiation of adjuvant chemotherapy (Stage II-III), 2) surgery to surveillance colonoscopy (Stage I-III), and 3) surgery to death (Stage I-III). Unadjusted analyses used Log-rank and Wilcoxon tests. Adjusted analyses used Cox proportional hazard models.

**Results:** In adjusted Cox regression there were no racial differences in time to initiation of chemotherapy (HR 0.82, p=0.61) or surgery to death (HR 0.94, p=0.0.49). In adjusted Cox regression, white race was protective for shorter time to surveillance colonoscopy (HR 0.63, p=0.02). The median time to colonoscopy was 367 and 383 days for Caucasian and AA patients respectively.

**Conclusion:** While Caucasian patients receive follow-up colonoscopies in a timelier manner than AA patients in VA, the difference between median times by race is 16 days. Though statistically significant, this potential racial difference in time to surveillance colonoscopy receipt is not clinically meaningful; there is no scientific evidence suggesting that surveillance colonoscopy benefits vary monthly.

# Notes:

## Sponsors

### Old Well ($10,000+)

Dean's Office, Gillings School of Global Public Health at UNC

UNC
GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

### Bell Tower ($5,000 to $9,999)

### Carolina ($2,000-$4,999)

- UNC Graduate and Professional Student Federation
- Scimetrika
- New Connections, Robert Wood Johnson Foundation

SciMetrika

### Tar Heel ($500 to $1,999)

- Gillings School of Global Public at UNC Health Alumni Association
- Provost's Committee on LGBTQ Life
- Department of Epidemiology, Gillings School of Global Public Health at UNC
- Center for Health Promotion and Disease Prevention
- Blue Cross Blue Shield of North Carolina
- Department of Health Behavior, Gillings School of Global Public Health at UNC
- Department of Nutrition, Gillings School of Global Public Health at UNC
- Lineberger Comprehensive Cancer Center
- UNC Center for AIDS Research
- Piedmont Health
- UNC Counseling and Wellness Services
- UNC Office of Diversity and Multicultural Affairs
- American Legacy Foundation

### Blue (up to $499)

- Department of Biostatistics, Gillings School of Global Public Health at UNC
- Society for the Analysis of African American Public Health Issues
- Department of Health Policy and Management, Gillings School of Global Public Health at UNC
- Department of Maternal and Child Health, Gillings School of Global Public Health at UNC
- Department of Social Medicine
- UNC Law School
- Center for Women's Health Research at UNC
- Institute on Aging
- In honor of William and Rosa Small
- In honor of Bill Jenkins and Diane Rowley

MSC

MINORITY STUDENT CAUCUS

---

The 34th Annual Minority Health Conference would like to recognize the following additional exhibitors:

**Peace Corps**
University of North Carolina at Chapel Hill
226 Hanes Hall, CB#5140
Chapel Hill, NC 27599
Phone: 919.843.9533
E-mail: peacecorps@unc.edu
Facebook: Peace Corps at UNC-Chapel Hill

**UNC Gillings School of Global Public Health: The Zumbathon Charity Event**
413 Dark Forest Drive
Chapel Hill, NC 27516

**UNC Graduate and Professional Student Federation**
E-mail: gpsf@unc.edu
unc.edu/gpsf

**Community Health Coalition**
Founder/CEO: Elaine Hart Brothers, MD
407 Crutchfield Street,
Post Office Box 15176
Durham, NC 27704
919-470-8680
www.chealthc.org

**APHA Student Assembly**
800 I Street NW
Washington, DC 20001-3710
202-777-2742
www.apha.org/membergroups/students

---

We would also like to thank the following sponsors for their generous contributions to the 34th Annual Minority Health Conference:

**BLUE ($499 OR LESS)**
Stephen Couch

**WE WANT YOUR FEEDBACK!**

Please take a moment to let us know what you think and fill out the online evaluation you receive via email.

The Minority Student Caucus would like to thank the following sponsors for their generous contributions to the 34th Annual Minority Health Conference:

APHA
American
Public Health
Association

UNC
GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH