Since its creation in 1998, the Center for Research on Ethnicity, Culture, and Health (CRECH) has been committed to research training on behalf of an increasingly diversifying academic workforce. To that end, this entire issue is dedicated to University of Michigan School of Public Health students who have been supported by CRECH. Specifically, in this latest issue of the CRECH Newsletter, we feature the research and training activities of a sample of our CRECH master’s, predoctoral and “newly minted” doctoral graduates. With the generous support of the NIH National Institute of General Medical Sciences (Minority Opportunities for Research Division) and the Rackham School of Graduate Studies, we are proud to announce that to date CRECH has aided in the graduation of 11 new doctoral students (see Figure 1 on page 3), all of whom are committed to conducting research that in some way addresses the pervasive racial and ethnic disparities in health that continue to plague our nation. What is particularly impressive about the collection of articles contained here is the tremendous breadth of research topics and methodological approaches taken by this outstanding group of students. Though focused on a common issue, each of these approaches suggests a slightly different method for solving the problem of racial and ethnic health disparities. Despite such differences, the mixture of approaches is united in that each underscores the need for researchers and policy-makers to confront the question of what accounts for racial differences in health. They are joined by the common fact that disparities must be addressed by a team approach that recognizes the complex interplay of biological, psychological, behavioral, social, and political factors. This issue, focused on CRECH scholars, is a testament to the fact that we need to continue to work as hard as we can to better understand these forces as causes of racial health inequalities and how to build effective interventions. After reading this issue, I am sure you will agree with me that the future of public health research on ethnicity, culture and health is in good hands.
June 23, 2006
Seattle, Washington.
CRECH founding director, Dr. Sherman A. James, was voted president-elect of the Society for Epidemiologic Research (SER). (http://www.epiresearch.org/) SER is a forum for sharing the latest in epidemiologic research and is committed to keeping epidemiologists at the vanguard of scientific developments. SER is interested in a broad range of health issues; “Everything from air pollution, HIV-AIDS, depression, cervical cancer and breast cancer,” stated James. Dr. James is a professor of public policy studies at the Terry Sanford Institute of Public Policy at Duke University. James has specialized in analyzing health disparities for blacks versus the rest of society, particularly in hypertension and cardiovascular ailments. A native of South Carolina, he was on the faculty of the University of Michigan for 14 years before coming to Duke in 2003, where he teaches courses on U.S. racial and ethnic health inequalities and global poverty, inequality and health. James formerly taught at the University of North Carolina (UNC) in its department of epidemiology, where he became involved in investigating racial differences in cardiovascular disease. “It’s still quite a mystery why African-Americans have so much more hypertension and heart disease, although it’s clear that lack of access to preventive health care and poor diet play a role, along with other factors stemming from poverty. There continues to be epidemic proportions of hypertension,” he said. While at UNC, James helped launch in 1988 the first long-term hypertension study of black Americans. It still monitors its subjects in Pitt County. Before that, he spent a year in Brazil, studying hypertension there. “There’s a significant gap between Afro-Brazilians, who are poor,” and others. James has proposed a theory of “John Henryism” to explain higher rates of cardiovascular disease among blacks. Like the legendary folk hero who dies trying to outperform a new steam-operated driver of railroad spikes, blacks often use “high-effort coping” against economic and social threats, the theory goes. The result, James says, is stress that can exacerbate a heart condition. “It’s a personality predisposition to basically persist in engaging difficult problems rather than giving up,” he said. “It plays out most importantly in the work arena, sometimes against very difficult odds.” Other mechanisms that help black men bounce back include humor and strong friendships with other men, James said. The latter phenomenon is under-appreciated and insufficiently researched, he added. And just maybe, a familiar institution could provide a lab. “All you have to do is spend some time in the black barbershop, and you’ll see some very interesting and colorful ways that black men support each other,” he said.

James begins his one-year term of office in 2007.

SPH’s Gilbert Gee to talk at the National Press Club on discrimination and mental health among Latinos and African Descendants

Gilbert C. Gee, Assistant Professor of Health Behavior and Health Education and a CRECH Faculty Associate, accepted an invitation from Drs. Georges Benjamin and David Satcher to talk at the National Press Club (http://npc.press.org/) on his study of discrimination and mental health among Latinos and African descendent in the New Hampshire REACH Initiative. The panel discussion focused on the social determinants of mental illness and part of a special issue of the American Journal of Public Health. This event took place on September 28, 2006, and we invite you to visit the APHA Web site for their news release. (http://www.apha.org/news/press/2006/0706_savethedate.htm)

The citation for his article is:

To All CRECH Scholars:

Please inform us of any changes in your contact information and/or educational data by updating your records in the CRECH online Tracking System.

(Click here for access to UM.SiteMaker)

Doctoral Degrees Awarded

1 Ana Ortiz, PhD
Assistant Professor
Department of Biostatistics & Epidemiology
Graduate School of Public Health
University of Puerto Rico
Puerto Rico

2 Carla Stokes, PhD
Postdoctoral Fellowship in the HIV Prevention in Communities Of Color Program
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention
Atlanta, Georgia

3 Edna Viruell-Fuentes, PhD
Yerby Fellow and W.K. Kellogg Scholar in Health Disparities
Department of Society, Human Development & Health
Harvard School of Public Health
Boston, Massachusetts

4 Debbie Barrington, PhD
Robert Wood Johnson Health & Society Scholar
Columbia University
New York, New York

5 Jacqueline Two Feathers, PhD
Southwestern Indian Polytechnic Institute - Instructor
Research Scientist
The University of New Mexico’s Cancer Center
University of New Mexico
Albuquerque, New Mexico

6 Alexis Handal, PhD
Postdoctoral Fellowship at the National Institute of Child Health and Human Development (NICHD)
National Institutes of Health (NIH)
Bethesda, Maryland

7 Carl Hill, PhD
Program Officer, National Center for Minority Health & Health Disparities (NCMHD)
National Institutes of Health (NIH)
Bethesda, Maryland

Doctoral Degrees to be Conferred

December 2006

8 Haslyn Hunte, PhD
Robert Wood Johnson Health & Society Scholar
Dept. of Population Health Sciences
School of Medicine and Public Health
University of Wisconsin-Madison
Madison, Wisconsin

9 Jay Pearson, PhD
Postdoctoral Fellowship at Population Studies Center – Institute for Social Research
University of Michigan
Ann Arbor, Michigan

10 Robyn Watson, PhD
Director of Research
American Society for Therapeutic Radiology and Oncology
Fairfax, Virginia

11 Jose Siri, PhD
Continue work on manuscripts with Dr. Mark Wilson, Department of Epidemiology, UM/SPH until December 2006.
Ann Arbor, Michigan
I would like to take this moment to briefly reflect on the time that I spent as a CRECH scholar in the School of Public Health at The University of Michigan (SPH-UM). Although for most of my life I wanted to be a health professional, it wasn’t until late in my undergraduate career that I learned the distinction between public health, medical care and social determinants of health. In pursuing my doctoral degree, I wanted to be in an academic environment that clearly understood this distinction. Although this was the reason why I chose to attend SPH-UM, I had no idea about CRECH and how it would shape my career. CRECH provided a nurturing and a much needed environment, outside of my home department, of like-minded peers who listened and challenged my ideas in a less intimidating manner. Speaking a common language, the interactions with my peers and the faculty of the CRECH program allowed me to sharpen my skills as a public health professional and someone who is interested in the social determinants of health. Without the support from CRECH, my time at SPH-UM would not have been as rewarding. The financial support from CRECH gave me the opportunity to develop my research agenda, rather than having to seek a research assistant position where I would be working on someone else’s agenda. Furthermore, the financial support provided by CRECH allowed me to travel to present my work at two international conferences and also at one American Public Health Association conference.

At the end of five years at SPH-UM, I was able to successfully defend my dissertation this summer. Using the Chicago Community Adult Health Study, a probability-based sample of Hispanic, Black and White adults living in Chicago, Illinois, my dissertation examined the role of perceived discrimination on, between, and within racial/ethnic differences in cigarette and alcohol use, BMI and blood pressure. The results of my dissertation showed that although perceptions of experiences of racial/ethnic discrimination were strongly associated with some of the health outcomes/behaviors among some of the racial/ethnic groups, interestingly enough, these perceptions contribute little to understanding the racial/ethnic differences in the health outcomes/behaviors, except for cigarette use. Approximately 20-25 percent of the differences in cigarette use between Blacks and Whites was explained by experiences of racial/ethnic discrimination and approximately 15 percent of the differences between Hispanic and White heavy smokers were explained. In terms of the within racial/ethnic differences in the health behaviors/outcomes, perceptions of racial/ethnic discrimination were associated with the average number of alcoholic drinks consumed per month among Blacks; on the other hand, only after controlling for sociodemographic variables was perceived discrimination associated with heavy smoking status among Whites. Furthermore, perceived experiences of racial/ethnic discrimination were also associated with BMI among Hispanics and Whites, but not among Blacks. However, blood pressure was associated with perceived experiences of racial/ethnic discrimination only among Blacks. Taken together, the results of my dissertation were mixed; however, the overall study does provide some interesting findings related to racial/ethnic discrimination affecting health outcomes/behaviors between and within racial/ethnic groups.

My time as a CRECH scholar was very rewarding. Many thanks to the CRECH program (Drs. Sherman James, Harold Neighbors, Amy Shultz, all of my peers and Lynda Fuerstnau) for providing a nurturing environment for me to develop as a population health researcher.

In the fall, I will begin a two-year position as a Robert Wood Johnson Health and Society Scholar (RWJ HSS) at The University of Wisconsin-Madison within the Department of Population Health Sciences in the School of Medicine and Public Health. As a RWJ HSS scholar I plan on expanding my research focus by examining the association between experiences of racial/ethnic discrimination and physiological biomarkers. I also have a tenure track appointment offer from the Department of Health and Kinesiology at Purdue University that would begin after I complete my post doctoral training at the University of Wisconsin.
Reflections

By Grace (Chela) Hall
Doctoral Candidate, Health Behavior and Health Education

Reflecting on my experience at the 16th International AIDS Conference in Toronto, Canada, it is still hard to imagine that I was among the 31,000 delegates from more than 45 countries. For the week-long conference, we discussed and debated the impact HIV and AIDS has had on every aspect of life. We applauded our progress and our innovations and were humbled by the work ahead. Unlike other conferences I have attended, there were not only researchers and health care professionals, but also teenagers, religious clerics, entertainers, politicians, and donors, all part of a great network of community activists affected and infected by the disease.

The pandemic of HIV and AIDS is a prism that illuminates the complexity of the human condition; the ability of communities and countries to come together and fight for health while at the same time the plight of individuals suffering from stigma and discrimination. And as I try to think of a single message, a central theme from the conference – I realize for me there isn’t one. The conference reminded me how the intricacies of race, ethnicity, and culture impact our perceptions of health as individuals, couples, families, communities, countries, and as a single world. We have a long way to go to curb the pandemic. In this moment, however, I find solace in doing my part to try to improve the human condition and that there are many others in the struggle by my side.

“"The pandemic of HIV and AIDS is a prism that illuminates the complexity of the human condition; the ability of communities and countries to come together and fight for health while at the same time the plight of individuals suffering from stigma and discrimination.”
Perspective and Vision: 
Seeing the Matrix of My Graduate Training Experience

After attending the American Psychological Association’s annual meeting in New Orleans this past August 2006, I felt the urge to share some newfound perspective with my colleagues at CRECH. The impacts of Hurricane Katrina one year later remain so vividly stuck in my mind that it is almost surreal. As a public health professional, being an eye witness to the ways that the city is attempting to heal the wounds left after the storm reminded me so profoundly of the strength of the human spirit when faced with unlikely odds of survival (see pictures below). The people of New Orleans are proud and resilient, similar to those in many other parts of the world that are faced with the short end of life’s stick. What these survivors are now facing is as dramatic a scene as that of the city of Zion in the Matrix Trilogy. Indeed as true to life survival against the ‘machines’ transpires, right here in the U.S., we should not be oblivious.

"I’m trying to free your mind [Neo], but I can only show you the door. You’re the one that has to walk thru it.” -Morpheus (The Matrix)

For public health professionals, especially scholars in training, having unsure feelings of what to do, where to begin, or how to help may often be the bane of our existence. I have personally been comforted by the idea of striving to be responsible with the knowledge that we gain as we matriculate through the process. I recognize this can be demonstrated by simply staying true to the values that brought most of us into public health and related disciplines. We have already walked through the figurative door (see quote above); we must now follow the path and continue in the struggle for the betterment of the human condition.

“There’s a difference between knowing the path and walking the path.” -Morpheus (The Matrix)

After finishing coursework and taking prelims, I was exhausted to say the least! However, being surrounded by my fellow CRECH scholars, as well as being engaged in invigorating interdisciplinary discussions within the School of Public Health and other campus locations, keeps me grounded. Whether it is interacting with the collective of scholars at the Program for Research on Black Americans at the Institute for Social Research, attending other doctoral students’ dissertation defenses, or making good on the opportunity to hear enlightening words from Michigan faculty giving talks around campus, I can always seem to find something that keeps me motivated toward my dissertation research and subsequent professional goals.

At this stage in my process I am beginning to realize that the years set aside for me to undergo training to develop my skills are almost behind me. It is now time for me to act as a contributing activist scholar, with a lifetime of service ahead of me. Looking back over the past five years I have spent at Michigan, I see that I have grown tremendously as an academic and as a person; in large part due to the supportive, nurturing and collegial environment of CRECH, the School of Public Health and the University of Michigan in general.

Continued on page 8
This past summer, I participated in the Minority Health and Health Disparities International Research Training (MHIRT) program. Coming into the School of Public Health, I knew that I wanted to gain some international health experience. While I was aware that there are numerous global health challenges, I suspected that firsthand experience creates a different frame of reference than just reading about issues. My experience in Durban, South Africa proved to be a very eye-opening experience and definitely elucidated some of the challenges that global public health faces.

As part of my research, I was able to visit a few schools that were located in townships and in rural, outlying areas. The research study that I conducted, in conjunction with the Crime Reduction in Schools Project (CRISP), our South African site liaison, was designed to investigate influences of youth violence among high school students who lived in two townships near Durban. A questionnaire was designed to examine youth exposure to violence as well as factors that could prevent youth from engaging in violence such as positive peer relationships, supportive families and excelling in school. The questionnaire examined factors that may increase chances for youth to participate in violence, such as exposure to illicit drugs and alcohol as well as exposure to peers who endorse violent attitudes and behaviors. The questionnaire was administered in ten classrooms at two schools, yielding 301 participants. The average age of students in the sample was sixteen and a half years old and most students were of Zulu culture. Three research questions were explored: racial identity as a protective factor against youth violence; high academic achievement as a protective factor against youth violence; and peer groups as predictive of violent behavior.

Youth who reported higher levels of racial centrality, the main aspect of racial identity considered, were associated with lower levels of endorsing violent attitudes. There was no relationship between average, self-reported grades (a proxy of academic performance) and participation in or exposure to violence. Significant relationships were, however, uncovered between students’ participation in violent acts and three other factors: 1) having friends who participated in violence and who engaged in negative behaviors such as smoking marijuana, 2) holding attitudes that endorsed violence, and 3) being truant from school and drinking alcohol. More specifically, learners who have friends who engage in negative, risk taking behaviors are more likely to be exposed to violence, either through victimization, witnessing or committing violent acts themselves. Additionally, learners who have friends who engage in violent behavior also are more likely to have witnessed violent acts and to have been a victim of an act of violence.

I definitely feel that more work in the area of youth violence in South Africa is necessary. Violence is a major concern for most of the people with whom I interacted in Durban and while the quantitative study yielded some interesting results, I think that a qualitative study would uncover even more important information. In fact, some of the most interesting information I was exposed to came through informal interactions with school administrators, students and teachers.

Though South Africa is one of the most developed countries on the continent of Africa, apartheid era policies, which just formally ended in 1994, have substantially affected cultural and economic
PREDICTORAL SCHOLARS - Perspective and Vision

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“I stand here before you now truthfully unafraid. Why? Because I believe something you do not? NO! I stand here without fear because I remember. I remember that I am here not because of the path that lies before me, but because of the path that lies behind me.”

-Morpheus (The Matrix Reloaded)

Constant and continuous awareness of what it took to get to this point is important in keeping me humble. As a final note to my fellow graduate student trainees: I urge you to draw on the Morpheus quote above as we matriculate through this experience. As difficult as prelims, a prospectus defense, and late nights at the library may seem, they are miniscule compared to surviving what life may and will throw at us. I am still unsure whether it is the process of life or the outcomes that makes one stronger. I am confident, however, that whatever lies before us, we will be better equipped to help others cope with life from our time spent and relationships made within the CRECH and University of Michigan community. Remember that one of our greatest assets is our shared sense of proactive collaboration amongst us and our communities of concern.

As I remain in the Struggle....

Rashid Njai, MPH (CRECH Student Scholar)

New Orleans, LA • August 2006

This summer I traveled to Seattle, Washington for the Congress of Epidemiology to present my research on the Psychiatric Epidemiology panel. Surprisingly, as a doctoral candidate, this was my first time giving an oral presentation at a major conference, and I received positive feedback from audience members.

My presentation explored the underlying associations between depressive symptoms and diabetes among older Mexican Americans. I focused the talk on how insulin levels in a longitudinal study were related to depressive symptoms over a seven-year period. The data suggested that, among non-diabetic individuals, the effect of baseline insulin concentration is positively associated with depressive symptoms as measured by the Center for Epidemiologic Studies Depression (CES-D) average score. Also, this effect increases over time. There was no association between insulin and average CES-D score among those with diabetes, possibly due to treatment with glucose-lowering drugs or insulin. My goal is to submit a manuscript of the results to a peer-reviewed journal in the near future.

Generally, my research interests are mental health, aging, and racial/ethnic disparities. Each of these areas of research is extensive and quite different from one another, yet I have found a way to connect the dots for my doctoral research and career. I strive to understand the impact that physical health has on mental health among different racial and ethnic groups of 55 years and older and across the life course. Exploring the converse of this relationship is equally important to me, as my dissertation hypothesizes that changes in depressive symptoms over time will increase the risk of type II diabetes and death among older Latinos. After fulfilling all of the doctoral requirements, my future plans include pursuing a postdoctoral position, submitting more publications and eventually seeking an interdisciplinary academic position.

By Kai McKeever Bullard
Doctoral Candidate, Epidemiology
PREDOCTORAL SCHOLARS

You have now entered the United States, Please Check Your Mental Health at the Door.

By Lisa Lapeyrouse
Doctoral Candidate, Health Behavior and Health Education

Although many studies have documented declines in mental health status with increased residence in the United States among Latino immigrant populations, understanding why these trends occur remains unclear. As such, researchers including myself are left grappling with the question: What is it about living in the United States that becomes deleterious to one’s mental health? While several studies have pointed to changes in family structure and social networks and social support as contributing to the declining mental health status of Latino immigrants, I continue to question if these variables alone can explain these patterns of mental health. Particularly, I am interested in how the context of being a Latino immigrant in the United States may influence trends in mental health.

When considering the context of Latino immigration into the United States, it is crucial to consider the motivations and drive behind the decision to leave one’s home, and often one’s family, to come to a foreign country that is clearly antagonistic toward Latino immigrants. What are the psychological investments Latino immigrants must make about their future before immigrating to the United States? And, equally important, what happens if and when one’s expectations go unfulfilled? To begin answering these questions, I intend to build upon Sellers and Neighbors (1999) work on goal-striving stress for my dissertation.

Goal-striving stress is thought to emerge as a result of the conflict between socioeconomic opportunities and constraints African Americans often experienced in their struggle for upward mobility. According to research conducted by Sellers and Neighbors, high goal-striving stress resulting from differences between aspirations and achievement was significantly related to lower levels of happiness and life satisfaction, and high levels of psychological distress in a national sample of African Americans (Sellers and Neighbors, 1999).

Using data from the Mexican American Prevalence and Services Survey (MAPSS), I will employ a goal-striving stress framework that will explore the relationship between socioeconomic motivations for immigrating to the United States, socioeconomic achievement, and mental health. By applying a goal-striving stress framework, I hope to contribute to understanding how the context of immigration and being a Latino immigrant influence mental health trends.

NEWS FROM SOUTH AFRICA

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landscape of the country. There are many so-called slums and ghettos in the United States, however, the type of conditions that many blacks who live in townships face are above and beyond any type of poverty I have ever seen. And of course, those most impoverished and disadvantaged in South Africa are black Africans. These environments, coupled with the devastating impact of HIV/AIDS as well as infectious diseases like tuberculosis, would seem to render many people hopeless and lethargic. Yet, in a tour of a township in Durban, people spoke of hope and for better times soon to come. They had tremendous pride in their cultural heritage and felt that it was largely up to them as to how the country would move in a better direction in the future.

(Click here to view Darrell’s picture portfolio of his visit to South Africa.)
Over the past several months, I have had a wonderful experience being engaged in research addressing racial and ethnic disparities. As a result of the CRECH Master’s Training Program, I have been able to work with Dr. Sandro Galea, associate professor in the Department of Epidemiology in the School of Public Health, and to be involved in a great learning experience which is helping me to define my research interests.

While at the Center for Social Epidemiology and Population Health (CSEPH), I am involved in research studies that complement my interest in examining the influence of social conditions, environmental and cultural factors on health. One of the projects focuses on the environmental factors that affect population health, and in particular racial/ethnic differences in infant mortality. For this project I am responsible for collecting data that characterize counties throughout the US, including data on demographics, health facilities, public assistance, as well as many other determinants. These data will lead to analyses where we will assess the relationship between county-level factors and birth outcomes in different racial/ethnic groups. This work is being conducted within a social production of disease framework where we are considering how a range of social factors at the ecologic (county) level contributes to health in general and birth outcomes in particular.

I am particularly interested in the relationship between presence of superfunds and landfills in various counties and birth outcomes. Once the data are collected I will lead an analysis examining the relationship between waste sites and other environmental hazards and birth outcomes. In order to measure the impact, the focus will be on environmental exposures and infant mortality rates.

Working with Dr. Galea and CSEPH has been an invaluable experience. I am learning various data collection methods, data management techniques, and analysis strategies, as well as enhancing my communication skills by writing concise literature reviews. Racial and ethnic disparities in the US have been persistent for decades and I am dedicated to conducting further research on this issue. The work I am conducting as a result of CRECH has provided me with an opportunity to take steps toward helping elucidate some of the determinants of health disparities in the US today.

This summer I worked at the Bureau of HIV/STD Prevention in the Houston Department of Health and Human Services. One project I worked on was funded as a Special Project of National Significance (a part of the Ryan White CARE Act). The primary goal was to locate young (ages 13-24) seropositive MSM of color and get them into regular case management and treatment. The project has exciting prevention implications. About half of all new HIV infections occur in people under the age of 25, so if HIV is to be stopped, this group is a vital prevention priority. We know that both people of color and men who have sex with men experience a health disparity in terms of HIV infections. But there appears to be an almost synergistic effect of being both a person of color and an MSM, as evidenced by infection rates. For me, this is where my research interest intersected with public health practice - what does being a person of color and MSM mean for an individual’s health?
We can partially explain racial health disparities in this country, as well as why MSMs in the United States are so impacted by the HIV epidemic. But the intersection of race, identity, and behavior in the population that this project attempts to serve needs to be better understood. To begin with we need to know more about other health disparities that exist in gay men and MSMS nationally. But where I see the ability for research to help the most is to simultaneously understand racial health disparities within the MSM population, and sexual behavior, sexual identity, and health disparities within populations of color. My experiences this summer anecdotally tell me that discrimination and marginalization from both the gay community and one's racial community may create a very real and serious burden on health, with risky sexual behavior possibly being one manifestation of that. My work this summer served as a very useful reminder that even though health disparities exist between groups, there can be disparities within those groups that need to be addressed with research-driven practice.

Korle Bu Teaching Hospital where a sickle cell clinic is held every Thursday. Despite the three-week-long strike taken by doctors, nurses, and pharmacists, we managed to recruit ten controls and 46 siblings, which was very near our targeted recruitment goal for the summer of 2006. In addition to the information collected on the children's health and physical status, I initiated collection of each patient's place of residence, malaria infections, and socioeconomic status (assessed by the primary caretaker's level of education and ownership of five durable goods). I am hoping to have sufficient data to detect the impact of lower SES on place of residence and frequency of malaria infection and assess how this impacts children's sickle cell disease severity.

The project I helped facilitate this summer in Accra was an invaluable international experience in conducting research. I encountered countless language and cultural barriers while interviewing the patients' mothers that had to be overcome and also gained valuable insight into the differences between research in the developed versus developing world. My most valuable attribute gained was patience. In Ghana, resources in hospitals are spread very thin and as a consequence priority is everything. It took some time for me to
accept that there were simply more urgent matters to be attended to before our project would take priority, so we would just have to wait, however long the wait may be.

Despite the delays and hurdles, we very nearly accomplished our recruitment goal, completed our many questionnaires and appendices, and have compiled a handy list of suggestions to better facilitate the experience of students who will return to Accra over the next four summers to continue collecting data on this cohort. I gained a lot of confidence in my ability to conduct research internationally, and I hope that any student who is keen on conducting research abroad would consider seeking a similar experience prior to entering this area of study to ensure that working internationally is an endeavor they truly want to pursue.

As a Master’s Training Program student in CRECH, I have been learning about the importance of keeping up-to-date with current research trends in public health. That is why it was a privilege to attend the XVI International AIDS Conference in Toronto, Ontario, CA this August. Attendance at this conference afforded me an opportunity to network with leaders in my field, learn more about presentation and workshop options, and acquire useful knowledge and techniques regarding behavioral research in African American sexual and reproductive health, my particular research interest. Currently, I am working on a project examining the role of culturally relevant HIV/AIDS materials in HIV prevention efforts in a local African American community.

A particular focus of interest at the conference was AIDS and the Black Diaspora. This conference marked the first time North American Black HIV organizations such as the Black AIDS Institute (the only HIV/AIDS think tank focused exclusively on Black Americans in the country) had a strong presence. I engaged in a number of conversations and information exchanges with community leaders who have committed to building the infrastructure necessary to channel relevant and innovative research ideas on African American sexual and reproductive health into the right hands, such as research and/or program funders, policy makers, and community practitioners.

As I also come from a background of HIV/AIDS practice at the local and state level, I also enjoyed seeing the ways in which research has impacted community and individual intervention and policy solutions. The behavioral HIV/AIDS research I am being trained to conduct will ultimately be applied in a real-world context, helping others avoid infection, live longer with the virus and implement policy that addresses these and other social, behavioral and medical issues that surround the epidemic. The connections and information gained at this conference will be used to further my research and academic goals while in the NIH Master’s Training Program and beyond.

I would like to thank CRECH and the U-M School of Public Health’s Reproductive and Women’s Health Interdepartmental Concentration program for travel funds for the conference.
My summer field experience took me to Harlem, New York to focus on HIV/AIDS research within a community-based setting. Nearly two decades into the HIV/AIDS epidemic, my work with Harlem United Community AIDS center (HU), the third largest AIDS Service Organization in New York City, demonstrated to me that the fight to slow down and eradicate HIV/AIDS is far from over in the streets of Harlem. Amidst national statistics that boast declining rates of new HIV infections, Harlem is faced with more alarming rates of new HIV infection and death rates than any other neighborhood in New York City. Many New York City health officials liken the epidemic in Harlem to that of the HIV/AIDS epidemic in the 1980s. Further, the impact of the disease within Harlem is most devastating among ethnic minorities, specifically African American men and women. With regard to the racial/ethnic impact of this epidemic in Harlem, there were a total of 785 HIV diagnoses in Harlem and the South Bronx. Of these diagnoses, blacks and Hispanics accounted for 60.1% and 34.5% respectively.

My purpose this summer focused on implementing a small-scale evaluation study to characterize HIV positive clients within HU, identify and characterize HIV/AIDS late testers and explore barriers and challenges to HIV testing. Employing mixed methods, including literature review, chart review and face-to-face interviews, my study served to enhance programs and services to aid HU in its ability to further cater to their client needs and better target at-risk populations for HIV testing and early detection/linkage to care. My work illuminated the layers of issues related to HIV prevention and testing, including challenges to HIV testing, alarmingly low return rates, issues with connection to care for diagnosed clients, as well as a multitude of policy issues that affect routinizing HIV testing with implications for changing informed consent protocols.

"Harlem is faced with more alarming rates of new HIV infection and death rates than any other neighborhood in New York City."

My work within the CBO setting revealed to me the necessity for more macro/structural level approaches to address the growing epidemic as it relates to our ability as researchers to more effectively address this epidemic.
Effective public health scientists and practitioners in multi-ethnic, multi-cultural communities. Dr. Griffith hopes to help students think more critically about the growing field of health disparities in four key areas: 1) ethical issues in health disparities research, 2) the framing and terminology of health disparities, 3) conceptual and measurement challenges of research in this area, and 4) barriers to accurately conceptualizing and intervening to reduce health disparities. Through exploration of these topics and students’ professional values and motivations, Dr. Griffith hopes to help students to effectively integrate a critical understanding of the social, cultural, and environmental factors that contribute to racial and ethnic health disparities with their ability to appreciate the importance of multicultural identities in the lives of people.

Hold the Dates:
October 12-13, 2006
Against Health: Resisting the Invisible Morality Conference

This international interdisciplinary conference will take place in the Rackham Graduate School on the University of Michigan Campus. The conference will call on the expertise of an array of disciplines to examine the ways in which the category of “health,” the norms associated with health, and the social functioning of those norms are, in some instances, at odds with human well-being.

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CULTURE, AND HEALTH

DESCRIPTION
The Center for Research on Ethnicity, Culture, and Health (CRECH) is accepting applications for the two-year Paul B. Cornely Postdoctoral Fellowship residential training program sponsored by the University of Michigan School of Public Health. The Cornely Postdoctoral Program is designed for PhD level scholars who are conducting research on the clarification, reduction, and elimination of racial and ethnic health disparities. The program also seeks to increase the number of scholars from underrepresented groups in academic public health. The racial groups considered to be underrepresented in public health at the University of Michigan include African American (Black), Native American, Hispanics/Latinos/Latinas, and Asian Americans in fields where they have been historically underrepresented. The Cornely Postdoctoral Fellowship Selection Committee is particularly interested in receiving applications from candidates who are members of these population groups. However, applications are welcome from all candidates who are U.S. citizens or permanent residents and are dedicated to research on the description, explanation, and reduction of racial and ethnic health disparities. This program is designed to facilitate acquisition or enhancement of research skills that can be directed to addressing racial and ethnic health disparities. The Cornely Fellow will spend the majority of his/her time preparing manuscripts for publication. The Cornely Fellow will work closely with a UM SPH faculty member who shares his/her interests.

The fellowship package includes a stipend of $40,000, health benefits, and support for travel to one professional meeting per year. Outstanding applicants who are within three months of receiving the PhD degree will also be considered.

APPLICATIONS SHOULD INCLUDE:

• A curriculum vitae
• Official transcripts
• A 3-page statement of research interests
• A 1-page personal statement of career goals in public health
• Three letters of recommendation.

Applications must be received by January 15, 2007 in order to ensure a start date no later than September 4, 2007.

Mail applications to:
Lynda Fuerstnau, CRECH Administrator
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