In our last issue we featured the work of some of the CRECH student scholars we have supported by our NIH research training education program. That issue was so popular that we have decided to do something similar in this current issue. Once again we are highlighting the work of our CRECH scholars, focusing this time on some of the students we were unable to showcase in our last issue. The Center for Research on Ethnicity, Culture, and Health (CRECH) has been supporting and training the "next generation" of scholars for ten years now -- since its inception in 1998. Since that time, CRECH has supported over 17 new doctorates, six new Master’s alumni, 23 current doctoral students, and six current Master’s students. In devoting this issue to our doctoral students, we were deluged with so many articles that the issue has grown to 23 pages, our largest newsletter ever. As a result, we have decided to publish two newsletters. This issue will be followed by a special issue dedicated to the School’s Paul B. Cornely Postdoctoral Program, which will be published in fall 2008. The Cornely Postdoctoral Program, now in its 20th year, is one of the oldest postdoctoral programs devoted to research training on behalf of racial and ethnic diversity in Public Health. Once again, I think that you will be impressed with the excellent collection of articles contained in this newsletter, and with the quality and breadth of the research that has been conducted by an outstanding group of scholars.
Beginning this fall, Dr. Derek Griffith, Assistant Director for Research and Research Training for the Center for Research on Ethnicity, Culture, and Health (CRECH), will begin a new position as an assistant professor in the Department of Health Behavior and Health Education (HBHE) [http://www.sph.umich.edu/hbhe/](http://www.sph.umich.edu/hbhe/). For the past three years, Dr. Griffith has worked as an assistant research scientist in HBHE and as Associate Director of Evaluation for the Prevention Research Center (PRC) [http://www.sph.umich.edu/prc/](http://www.sph.umich.edu/prc/). He will continue his roles in the PRC and CRECH in addition to his new appointment. As part of his new teaching faculty position, Dr. Griffith will be teaching a new Master’s level course on critical issues in racial health inequities research during the winter 2008 semester. The course will cover an array of fundamental topics in this research area and it will complement Dr. Neighbors’ current Master’s-level health disparities course. Dr. Griffith’s primary research this year will be examining social and ecological factors affecting diet and physical activity in African American men. This work is part of a five-year research and training grant from the American Cancer Society designed to improve urban African American men’s diet and physical activity and lower their risk of certain cancers by adapting elements of Dr. Ken Resnicow’s faith-based Body and Soul intervention for use in fraternities, lodges, and other men’s organizations.

Dr. Bullard received her Ph.D. in Epidemiology in August 2007 and her MPH in 2004 from University of Michigan’s School of Public Health in the Department of Epidemiology. Dr. Bullard’s major research interests are racial/ethnic mental health disparities and comorbidity of mental and physical illness. The aims of her dissertation were to investigate the role of depressive symptomatology on the risk of Type 2 diabetes incidence and all-cause mortality among an elderly population of Mexican Americans. The analysis showed that high depressive symptoms were associated with elevated mortality risk among both US-born and immigrant Mexican American elderly. Among those born in Mexico, cultural orientation (as measured by Acculturation Rating Scale for Mexican Americans II) modified the effect of depressive symptoms on mortality. Specifically, the association between depressive symptoms and death was strongest among foreign-born Mexican Americans with either a bicultural or Anglo cultural orientation compared to respondents with a Mexican cultural orientation. Depressive symptoms were also associated with an increased risk of incident Type 2 diabetes nine years later, including more than a two-fold risk among the Mexican-born drinkers. In addition, important biomarkers, such as insulin, glucose, gamma-glutamyltransferase, homocysteine, vitamin B12, folate, cortisol, and C-reactive protein, were highlighted as potential mediators in the relationship between depressive symptoms and Type 2 diabetes.

Recent publications include Neighbors et al. (2006) Race, Ethnicity, and the Use of Services for Mental Disorders: Results from the National Survey of American Life and Ford et al. (2007) Lifetime and
Dr. Neighbors Wins Gene Feingold Diversity Award

UM SPH EXCELLENCE IN DIVERSITY AWARD

As a result of Dr. Neighbors’ leadership, one of the core functions of CRECH is to support and train students to conduct research on racial and ethnic health disparities.

At the May 2007 SPH Commencement activities, Richard Lichtenstein and Harold (Woody) Neighbors were selected by the 2007 SPH Task Force on Diversity to receive the Gene Feingold Diversity Award. The triennial SPH Gene Feingold Diversity was established in 2004 to recognize faculty and staff members who have made an exceptional contribution to a climate of diversity in the UM School of Public Health.

Harold Neighbors, professor of Health Behavior and Health Education, has been a faculty member in the University of Michigan School of Public Health (UMSPH) since 1985. In these two decades, Dr. Neighbors has been an important figure in increasing the racial and ethnic diversity of classes, students and faculty in UMSPH. While he currently teaches two classes on racial health disparities (one for Master’s students and the other a doctoral seminar), he has been teaching classes on “minority” health since 1985 when he developed the very first class on race and health in the UMSPH. Dr. Neighbors serves as the Director of the UMSPH’s Center for Research on Ethnicity, Culture, and Health (CRECH), where he has had an appointment since CRECH’s inception. CRECH, founded in 1998 by Dr. Sherman James, was one of the first research centers within the SPH to recognize the importance of developing knowledge for addressing and reducing racial and ethnic disparities in health. As a result of Dr. Neighbors’ leadership, one of the core functions of CRECH is to support and train students to conduct research on racial and ethnic health disparities.

As part of his work in CRECH, Dr. Neighbors has been the Principal Investigator and Director of multiple training grants and research education programs all designed to increase the racial and ethnic diversity of students in the UMSPH.

Dr. Neighbors has led three initiatives as part of the CRECH diversity “pipeline” of training programs:

1) The Michigan Bridge to the Doctorate Program, which was a partnership with three minority-serving institutions engaged in Master’s training: Eastern Michigan University, the Morehouse School of Medicine Public Health Program, and the University of Texas at San Antonio; 2) Promoting Ethnic Diversity in Public Health Training, which is a training program for doctoral students interested in racial and ethnic health disparities; and 3) the Paul B. Cornely, Sr. Postdoctoral Fellowship Program, which was developed by Dr. Neighbors in 1987 to recruit scholars from a variety of racial and ethnic backgrounds into the field of Public Health.

The Paul B. Cornely Postdoctoral Program made UMSPH one of the first Schools of Public Health to create a postdoctoral program focused explicitly on early-career scholars from racially underrepresented groups. Dr. Neighbors has directed this program since its inception and he has seen over 25 postdoctoral scholars finish it. Most of these scholars are in faculty positions in public health, conducting research on some aspect of ethnicity, culture and health.

In July 2005, Dr. Neighbors was appointed Director of the Program for Research on Black Americans (PRBA) at the Institute for Social Research. Dr. Neighbors has been a part of this Program since he was a graduate student at the University of Michigan. The Program for Research on Black Americans was established in 1976 in order to provide high-quality national data on African Americans and other people of African descent. Dr. Neighbors has been among a core group of faculty that have been instrumental in using the PRBA as a resource for students and faculty of color at the University of Michigan. Dr. Neighbors’ leadership and guidance have been critical to diversifying the climate and the landscape of the UM School of Public Health and the wider University of Michigan community.

Past Recipient:

• Former UM SPH faculty member Eugene Feingold (awarded in 2004 posthumously)
GILBERT GEE LEAVES U-M SCHOOL OF PUBLIC HEALTH

Gilbert Gee, Assistant Professor of the University of Michigan’s School of Public Health, Department of Health Behavior and Health Education and Faculty Associate with the Center for Research on Ethnicity, Culture, and Health, has accepted an Associate Professor position in the Department of Community Health Sciences in the School of Public Health at UCLA. Dr. Gee assumed this post in fall of 2007. Dr. Gee will continue his research examining how stressors at multiple levels influence health and health disparities.

Beth Becker:
I recently came across a quote that epitomizes my experiences with Gil, both in the classroom and as a research advisor: “A teacher’s purpose is not to create students in his own image, but to develop students who can create their own image” (Author unknown). Gil does not seek to create students who think like him or do what he does, but instead focuses his energy on helping each student reach his or her true potential while pursuing what they are passionate about in public health. With Gil’s departure, SPH and CRECH lose a wonderful educator, researcher and friend. You will be missed!

Lisa M. Lapeyrouse & Annie Ro:
The feeling is bittersweet...
As fellow Californians, we can understand the strong lure of returning to our home state, close to family and with weather that doesn’t require snow shovels or long johns, but flip-flops and suntan lotion. As future faculty and health professionals, we can also appreciate what an exceptional opportunity the move to UCLA is—with immediate tenure and a spousal hire. (Offered the same package, rest assured, each of us agree we would take the job in a heartbeat!) But, it is as students that we struggle most with the loss of our valued mentor, Dr. Gilbert Gee. During his time here at the University of Michigan, Gil has not only formed numerous relationships with students, but has distinguished himself as a true student advocate—attentive, encouraging, knowledgeable, resourceful, and able to create a safe space where we can share our professional aspirations and turn them into plans of action or just ask our statistical questions without feeling completely daft. Gil’s guidance was not limited to academics; his advice in handling the more practical and personal issues of life has always been kind and valuable. It is without question a great loss to us, his students, our department, and the larger academic community that Gil will no longer be with us. He has enriched the research and teaching environment and added to the diversity of our faculty. The feeling is truly bittersweet as we already miss him. Gil, we wish you the best of luck and want to reassure you that we will be in touch.

Harold W. Neighbors, CRECH Director:
“Gil” has made an outstanding contribution to every aspect of the intellectual life at CRECH and the wider University of Michigan School of Public Health community. He will be sorely missed by everyone with whom he has worked. Gil was the penultimate “team player” and citizen. I don’t think he ever turned down an invitation to present at our School’s Annual Minority Health Conference or to deliver a guest lecture on any number of topics. I had the good fortune to serve with Gil on many committees over the years and will miss his warm, friendly, professional manner, as well as his “interesting” sense of humor. I can truly say that I’ve never had so much fun exchanging e-mails late at night when I was tired of working but needed to keep pushing. I pretty much knew Gil would also be online and always appreciated the healthy level of energy that Gil brought to our work. Although I am sad to see Gil go, I am happy that this is a good move for him and wish him well.
THE CENTER FOR THE EDUCATION OF WOMEN’S SARAH WINANS NEWMAN SCHOLARSHIP

A. Kilolo Harris and Dean Sarah Winans Newman CEW Banquet, April 2007

On April 17, 2007, A. Kilolo Harris, MSW, MPH, a third-year CRECH predoctoral scholar and PhD Candidate in the Department of Health Behavior and Health Education, was awarded the 2007-08 Sarah Winans Newman Scholarship from the University of Michigan’s Center for the Education of Women (CEW). Created in 2001, it provides financial support to graduate, undergraduate, and professional women pursuing degrees in biological and biomedical sciences and related fields, who demonstrate financial need and show promise of academic merit. For more information, visit http://www.umich.edu/~cew/index.htm.

CEW Scholarships were established in 1970 to recognize outstanding competence, commitment, and potential of female students who have had significant interruptions in their education of at least 48 months. The criteria for selecting scholars are: strength of motivation, promise of impact in a chosen field, academic record and potential, and creative and scholarly contributions appropriate for the applicant’s graduate status. Financial need is also considered in determining the amount of the scholar’s awards.

In addition to her doctoral studies, Kilolo has recently completed the certificate program in Latin American and Caribbean Studies. Kilolo’s area of research focuses on the examination of racism as a fundamental determinant of psychological distress for Latin Americans of African descent from the Spanish-speaking Caribbean.

Originally from East Palo Alto, CA, Kilolo attended the University of California, Berkeley where she earned a Master’s degree in Social Welfare, a Master’s degree in Public Health, and completed an internship in Santiago de Cuba, Cuba. Upon the completion of her Masters degrees, Kilolo worked as a consultant with PolicyLink on racial and ethnic health disparities and returned to Cuba to lead a humanitarian project.

A. Kilolo Harris: I am committed, motivated, and determined to improve public health and to reduce racial and ethnic health disparities in African descendant and Latino communities. I am truly grateful for the support of the University of Michigan, Center for the Education of Women, Sarah Winans Newman Scholarship, as I can now solely focus on pursuing my academic goals and future aspirations of becoming a productive doctoral candidate and public health researcher committed to issues of cultural diversity, equality, and social justice.

SUMMER INTERN PROVIDES CONSIDERABLE ASSISTANCE

Harry Taylor, a junior at Howard University majoring in sociology, interned at CRECH this summer. Harry worked with Drs. Neighbors, Griffith, Do, several pre- and postdoctoral scholars, and administrative staff. Harry engaged in a myriad of tasks including conducting literature reviews on racial/ethnic health disparities, PUBMED searches, performing data analyses, creating bibliographies for publications, and providing support for summer research projects. Harry brought an impressive level of maturity and intellectual insight to the CRECH discussions; he held his own with everyone engaged in the ongoing “brainstorming” sessions.

We wish Harry all the best in his future educational endeavors and hope to see him enroll at the University of Michigan for his graduate studies.
The Michigan Bridge to the Doctorate Program was funded from 2002-2005 by the NIH/National Institute of General Medical Sciences to facilitate the transition of students from masters- to doctoral-degree programs. The University’s School of Public Health’s (UMSPH) Center for Research on Ethnicity, Culture, and Health administered the program. This was a collaboration among the University of Michigan School of Public Health, the University of Michigan Rackham School of Graduate Studies and three partner institutions: Eastern Michigan University, the University of Texas at San Antonio (UTSA), and Morehouse School of Medicine. The central mission was to increase the number of master’s students from traditionally underrepresented groups who go on to engage in doctoral training in Public Health.

To read more about the Bridges to the Doctorate Program, click the link below.
Ryan Petteway is a second-year student in the CRECH Master's Training Program. Petteway and his collaborators submitted a research abstract entitled “What about your Friends? Peer Interactions and Psychosocial Outcomes among Children Managing Asthma” to the Scientific Presentation and Awards Committee of the American College of Chest Physicians. The abstract was accepted for publication in a special CHEST abstract issue, and for presentation in poster form at their prestigious annual meeting held in October 2007. The American College of Chest Physicians (ACCP) is the world’s largest clinical cardiopulmonary and critical care medical society with 16,600 members in 100 countries. To learn more, visit http://www.chestnet.org/.

CRECH: Could you briefly describe your current line of research?

Ryan Petteway: I’m currently working with data from an asthma study done in Detroit among inner city school children. I’m particularly interested in the relationship between peer relationships/interactions and psychosocial well-being among children managing asthma. To this end, I’m exploring the influence that social environments, especially the school setting, have on their daily lives; for example, situations that engender embarrassment and fear.

CRECH: How did you become interested in this topic?

Ryan Petteway: I think my interest in this particular topic arose from a variety of factors. The most fundamental factor is my passion for improving the health and living conditions of our most neglected and marginalized populations, especially children. Sounds kind of cliché, right? Something Miss Michigan might say through a forced smile. But it’s true. I’ve seen what public housing - the stuffy spaces, mold, and roaches, tobacco smoke, community violence, and environmental pollution - can do to a child. For example, I saw what it did to my younger brother. Granted there are non-environmental factors that increase the risk of developing asthma or increase its severity, but we also can actively address the environmental factors, including those of the social environment. I saw this research as an opportunity to do so.

CRECH: What implications do you see your research having for pediatric asthma, health disparities, and public health more generally?

Ryan Petteway: The research I’m doing suggests a need to more thoroughly conduct research that addresses the psychosocial needs of children managing asthma and for practitioners to be more in tune to these needs when designing interventions.

I think that this is true for many other public health issues as well. Perhaps researchers can take a little of the spotlight from the biomedical approach and shine it on psychosocial factors. The children in this study are mostly lower SES Black Americans who have asthma at rates much higher than the national average. This certainly should not come as a surprise to anyone with a working knowledge of health disparities. Many of these children are not receiving appropriate or adequate medical care, and as such, it is doubtful that their psychosocial needs are being addressed or that they’ve even been identified for that matter. This research might help to add an emphasis on psychosocial issues faced by children managing asthma or other chronic diseases. Or, it’ll just sit on a shelf or in a database and collect digital dust. We’ll see.
SPOTLIGHT ON MASTER’ S STUDENTS’ RESEARCH

Beth Becker is a second-year student in the CRECH Master’s Training Program. Ms. Becker is one of only 10 students nationally selected to present at the APHA Public Health Education and Health Promotion Scientific Session. Ms. Becker’s research abstract entitled, “Connecting Quality of Care Measures and Healthcare Disparities,” was on display with other student winners at the 135th Annual Meeting & Exposition of APHA on November 5, 2007. To view her abstract, visit, http://apha.confex.com/apha/135am/techprogram/paper_166087.htm.

CRECH: What is the Malcolm Baldrige National Quality Award?

Beth Becker: This quality award is given to organizations that demonstrate excellence in the following criteria: leadership, strategic planning, customer and market focus, measurement, analysis, and knowledge management, workforce focus, process management and results.

CRECH: Can you briefly identify connections with quality of care measures and potential for reducing racial and ethnic healthcare disparities?

Beth Becker: Requiring health care institutions to measure and address racial and ethnic healthcare disparities as part of the process of earning the prestigious Baldrige Award would set an important and overdue precedent in our health care system in the United States. Each of these criteria presents an opportunity for improved data collection, increased accountability and more efficient remedies of healthcare disparities. Through effective leadership and strategic planning, institutions can create an environment in which equal treatment is assured for each patient. A patient-centered care plan that respects and embraces the diversity of an institution’s clients and community can enrich the care that each employee provides, while a workforce initiative to increase the diversity of an institution’s workforce can create a more welcoming environment to their patients. Finally, measuring results in treatment and treatment plans will help ensure that each patient has an opportunity for optimum health.

“I appreciate receiving the Cornely Postdoctoral Fellowship, since I will have the opportunity during this time to gain more writing and analytic experience needed on my career journey. I am looking forward to working with my mentors and colleagues.”

—Kai Bullard

12-Month Prevalence of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Disorders among Older African Americans: Findings from the National Survey of American Life (NSAL).

“I appreciate receiving the Cornely Postdoctoral Fellowship, since I will have the opportunity during this time to gain more writing and analytic experience needed on my career journey. I am looking forward to working with my mentors and colleagues. My plan is to explore the epidemiology of subthreshold depressive illnesses, along with ethnic and racial differences in correlates and comorbid health problems. I would also like to assess these differences across age, since depressive symptom severity has a greater impact on older adults’ functioning and quality of life than many common medical disorders,” Kai Bullard says.”

Upon completion of her two-year postdoctoral training program, Dr. Bullard plans to seek an academic position.
SPOTLIGHT ON MASTER’ S STUDENTS’ RESEARCH

A CRECH STUDENT SHARES LESSONS LEARNED IN THE CLASSROOM WITH HER COMMUNITY

Sara Abelson is in her second year of the Health Behavior Health Education MPH program. Inspired by research with her CRECH mentor, Professor Cleopatra Caldwell, coursework with Professor Arline Geronimus, and a guest lecture by Professor Sandro Galea, she spent last semester thinking a lot about health disparities, the inseparable connections between poverty and health, and the necessity of intervening at the structural level. When she came across an article in the Ann Arbor News, which called the reader’s attention to these issues in developing countries, she decided she had to write a letter to the editor. Sara was especially pleased with the publication of her letter, having grown up in Ann Arbor, as it enabled her to share a piece of all that she’s learning in the public health program with friends, neighbors, and her community.

The Ann Arbor News
By Sara R. Abelson, MPH Candidate, 2008
Thursday, March 29, 2007

Privileged lifestyles can cause violence
I want to commend Joel Devonshire for his March 14 Other Voices column, which provided an excellent reminder about the importance of considering “structural violence” and “the connections between long-standing American policies, corporate mindsets and American consumerism - and the suffering, violence, poverty and poor health of developing countries.”

I want to remind readers that one need not look to other countries to see the way in which our privileged lifestyles, social activities, consumerist behaviors and local, state, and federal policies can be a form of violence to others. The vast divide between the privileged, healthy, and wealthy and the suffering and ill-health of those in poverty exists within our own borders and equally demands “moral outrage and an urgent need to do something to change these systematic inequalities.”

To All CRECH Scholars and Former Bridges Participants:

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

Visit the CRECH Web site to update your records at www.crech.org/
Spatial dimension of the environment and infant health in Mexico City: Exploring the role of ambient area pollution and social conditions

This summer I have been involved in a pilot project (PI: Marie O’Neill, Co-PIs: Dan Brown and Ana Diez-Roux) to investigate the feasibility of spatially analyzing how air pollution and neighborhood social conditions influence infant health outcomes in Mexico City, Mexico.

While spatial analysis has become more accessible in the United States because of the increased public availability of census and spatial data, using this methodology in other countries is often impeded because of the lack of such data. One of the specific aims of the pilot project is to geocode (i.e., assign a latitude and longitude) street addresses from approximately 2,000 mother-infant dyads enrolled in an ongoing lead exposure study. Geocoding would be relatively easy and quick in the United States due to the popularity of ArcGIS software and address locators.

However, from my work with the Mexico City data, I have had to learn to work between different software formats that are more popular in Mexico (e.g., Guía Roji and AutoCAD) and have become more proficient in reading software documentation in Spanish. Additionally, I have had the opportunity to analyze Mexican Census data (i.e., INEGI, Instituto Nacional de Estadística, Geografía e Informática) and note some similarities and differences to U.S. Census data.

Overall, this study has demonstrated to me that not only is technical knowledge needed to conduct this pilot study, but also the interest and support of our collaborators in Mexico. Future steps include: selecting relevant census data and forming a socioeconomic composite index, spatial statistical analysis of air pollution data, and preliminary analyses with birth outcomes.

In 2007, I was a fourth-year doctoral candidate in the Department of Health Behavior and Health Education (School of Public Health). I am currently working with my doctoral co-chairs (Drs. Jean Shope and Edith Parker) to finalize my dissertation prospectus tentatively titled, “Urban-rural neighborhood characteristics associated with driving behaviors and driving outcomes among Michigan young adults.”

Attempting to move the science forward, one small step at a time

I remember at an early age taking soup to sickly neighbors, running errands, carrying groceries - not for payment or special treatment, but as my mother said, “As a member, you have obligations to your community.” I have come to realize through many life experiences that I was called to a life of service, ultimately choosing to pursue a career in public health. As a member of the global community, I believe it is my obligation to do my part in tikkun olam (repairing the world) and improving the human condition.

Among today’s researchers, it is widely accepted that early detection of HIV, through testing and counseling, has changed HIV/AIDS from a fatal disease to a more chronic condition managed by medications, ongoing treatment, care and support. However, despite the international investments that have been made, the future plans for scaling-up of HIV testing, and the rollout of antiretrovirals to the colossal number of Africans infected by HIV, there is little consensus on why some people make use of testing and not others. For nearly twenty-five years HIV testing and counseling have been available. Yet there still are a number of people who are positive who don’t know their status. This, of course, is problematic because people who don’t know their status may infect others – diminishing hopes that this pandemic will end. Increased
SCIENCE, continued from page 10

funding to supply local testing centers, particularly in Africa, and amplified discussions to make HIV testing a routine part of health care services around the globe are the current “hot topics” of researchers’ conversations.

In thinking about these issues, I recalled the example that Dr. Neighbors has presented to us in class – how is it that colleagues with similar economic and educational status have such differing health conditions? Now for some this may seem like an unrelated question to consider. But at the core of this question and the core of the HIV/AIDS pandemic is the quest to understand why health disparities exist not just between nations but also within them. Is increasing the number of testing facilities and making HIV testing part of routine medical care enough to curb the spread of the disease? Is it enough to get people who don’t know their status to become aware? This is how the conversation began. And as a way of moving my own thought processes forward, in March 2007 I submitted a dissertation grant to the Centers for Disease Control and Prevention (CDC), which was recently awarded.

In attempting to tackle the bigger question of why some people make use of testing and others do not, I thought perhaps more could be understood about who are the repeated testers and the non-testers in a community. In addition, I thought it was pertinent to ask who are those people who desire (the precursor to intention) to get HIV tested and when given the opportunity don’t follow through. I realize that I will likely generate more questions than I answer, but it’s a start. I am grateful to have the support of the CDC, my mentors at CRECH and the Department of Health Behavior and Health Education, the Centers for Comparative International Studies (CICS), and the Rackham Graduate School. I am nervous and excited about taking my first steps as an HIV/AIDS researcher and continuing my quest toward making a difference and improving the human condition.

Grace “Chela” Hall has received a Public Health Dissertation Award from the Centers for Disease Control and Prevention (CDC) - the National Center for HIV, Viral Hepatitis, STDs and TB Prevention for her project entitled “Determinants of Repeated Testing in Sub-Saharan Africa.”

Edited by: Joshua Samuels, MD

A Qualitative Examination of Black South African Women’s Perspectives On Microbicides

By Kanika Harris
Third-Year Doctoral Student
Department of Health Behavior and Health Education

In the summer of 2006, I had the opportunity to conduct reproductive health research in Durban, Soweto, and KwaZulu-Natal in South Africa. The research project explored women’s perceptions and knowledge of vaginal microbicides, which are a range of products with the ability to prevent HIV and sexually transmitted diseases. Even though education and condom use are the mainstays of HIV prevention in South Africa, success of prevention programs is compromised by structural issues and gender power dynamics affecting intent to use condoms (Heise, 2001). Intravaginal microbicides remain the most viable option to give women control over the prevention of HIV infection. However, research on women’s knowledge and perception of the use of microbicides is limited.

Dr. Nesha Haniff from the Department of Women’s Studies at the University of Michigan and I conducted a qualitative research project in Kwa-Zulu Natal and Soweto, South Africa. We examined women’s experiences with HIV, gender dynamics, and cultural considerations that might affect their use of microbicides. Face-to-face, semi-structured interviews were conducted with 21 women of various educational and cultural backgrounds. Data were analyzed using a technique called “Bullet Points,” which is a process of generating “take home” messages with the participants as a reliable, valid means of data

See MICROBICIDES, next page
Neighbors’ research shows that the majority of low-income children in Michigan with persistent asthma do not use health services following an asthma emergency department (ED) visit, which is consistent with national guidelines. Black children are less likely than white children to receive guideline-recommended care. Moreover, among those who do use the services, an office visit alone does not decrease risk of a subsequent asthma ED visit. However, the use of asthma controller medications either alone, or in combination with an office visit, is associated with decreased risk of subsequent asthma ED visits. Therefore, improving post-ED use of appropriate long-term controller medications may be an effective mechanism to reduce repeat emergency room visits for asthma among Medicaid enrollees.

Upon completion of my doctoral studies, I plan to be a health services researcher in an academic institution or private research firm.

I am a third-year doctoral student in Health Services Organization & Policy (HMP) and a native of Ann Arbor. After receiving a Master’s Degree in Health Services Administration from the University of Michigan in 2001, I spent four years in Chicago as a hospital administrator in pediatric pathology. I returned to Ann Arbor to pursue my research interests in racial/ethnic disparities in health, child health, and mental health policy. I am currently a GSRA with the Child Health Evaluation and Research Unit (CHEAR) in the Division of General Pediatrics. At CHEAR I am conducting research on quality indicators of pediatric asthma using administrative claims data.

In June of 2007, two posters of my work were accepted for presentation at the Academy Health Child Health Services Research Meeting. The first was entitled, “The Effect of Follow-Up Care on Repeat Pediatric Asthma Emergency Department Visits” and the second, “Repeat Pediatric Asthma Emergency Department Visits Among Frequent Users of Short-Acting Beta-Agonists.”

My research shows that the majority of low-income children in Michigan with persistent asthma do not use health services following an asthma emergency department (ED) visit, which is consistent with national guidelines. Black children are less likely than white children to receive guideline-recommended care. Moreover, among

**MICROBICIDES, continued from page 11**

reduction. This method was also used to ensure rigor in accurately presenting the voices and perceptions of women.

Initial results have corroborated women’s receptivity and willingness to use microbicides, but women also expressed concerns. Their primary concerns were about infertility and the impact on their partners’ health and satisfaction. Some women thought covert use of the microbicides might be needed and they expressed concerns about the consequences of their sexual partners discovering use and seeking some retribution. The bullet point process was well-suited to this project where participants are stakeholders in the research process and have succinct messages to convey.

The final results from this study will be submitted for publication in *The Journal of Women & Health*.

**Naima Wong wins a dissertation fellowship from the ASPH/CDC/PRC Minority Fellowship**

The Association of Schools of Public Health (ASPH), through a cooperative agreement with the Centers for Disease Control and Prevention (CDC) and Prevention Research Centers (PRC) program, supports fellowship positions for minority doctoral students. The selected fellows conduct research related to the efforts of, and within, CDC-funded Prevention Research Centers.

Naima Wong recently won a dissertation fellowship from the ASPH/CDC/PRC Minority Fellowship. Her dissertation, entitled *Youth are to be seen and heard: An analysis of power, participation, voice and youth violence prevention*, explores the empowerment potential in youth-adult partnerships and youth-centered conceptions of power for youth-driven violence prevention programs. Through her dissertation research, Naima seeks to achieve three goals: (1) To devise an evidence-based conceptual model of youth participation and empowerment; (2) to examine
FELLOWSHIP, continued from page 12

how youth view the relationship between power and violence; and (3) to assess youth-driven solutions to violence. Data for this study are from an essay writing competition held in Flint, Michigan through the Prevention Research Center of Michigan. The competition asked middle school students to respond to three questions: (1) How has youth violence affected my life? (2) What are the causes of youth violence? (3) What can I do about youth violence? The analytic approach she will employ is a variation of grounded theory that combines inductive and deductive qualitative methods. Naima’s research will contribute to youth violence prevention discourse and make practical contributions to program development. She will also make theoretical contributions using a power framework to understand the social contexts and processes within which adolescents experience and perceive violence.

In addition to her dissertation, Naima’s research interests include the health of underserved populations, youth empowerment, community-based participatory research and media advocacy. She is co-author on Guns, Gangs, and Gossip: An Analysis of Student Essays on Youth Violence, an article ranked eleventh among the Journal of Early Adolescence’s 50 Most Read Articles in February 2006. She also co-authored a book chapter entitled, “The Role of Father Support in the Prediction of Suicide Ideation Among Black Adolescent Males” in Adolescent Boys: Exploring Diverse Cultures of Boyhood. Naima earned her BA in Psychology from Spelman College in 1999 and her MPH in Health Behavior and Health Education in 2002 from the University of Michigan. Naima also works with the Ypsilanti Healthy Food Access Initiative, a coalition effort to assess and improve the availability of healthy foods in an economically divested community. She also facilitates a youth-adult partnership that is organized around a community activism Photovoice project. Naima is a doctoral candidate in Health Behavior and Health Education at the University of Michigan School of Public Health.

PUBLIC HEALTH GENOMICS IN AFRICAN AND AFRICAN DIASPORIC HEALTH DISPARITIES

By Iman Martin
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Sankofa is an Adinkra symbol of the Akan peoples of Ghana West Africa. In short, it means that we must understand our past to proceed fruitfully in the future. This proverb is analogous to some core principles of genomics; namely that of evolution. As controversial as the connotation of this word may be in social and religious literature, in biology it simply speaks of the process of inheritance of genes within and between populations over time.

For me, studying genetic epidemiology is much like studying culture. As traits, be they genetic or cultural, pass through generations within populations, mutations (changes) occur creating a trait that may be similar to the past generation, yet unique to the present one. Due to interaction with noncontinental African populations, there are cultural and genetic exchanges occurring between populations which manifest in new traits (i.e., gene migration). Evolution happens when these heritable differences become more frequent or rare in a population, either randomly (genetic drift) or non-randomly (natural selection).

As time progresses, cultural exchange with other cultures and socio-environmental circumstances create unique cultures which are inextricably linked by core principles and history. Across time and space, the genes expressed among continental Africans and those in the diaspora will reflect their

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respective socio-ecologic contexts. I believe that if we do research that looks at racial and ethnic disparities in health from a multi-level and interdisciplinary “cells to society” approach, we will gain insights into how socio-cultural and environmental factors interact with genes to create disparate disease trends across geo-spatially or ethnically defined populations.

Currently, the Kardia Lab in the department of Epidemiology is looking across three racial populations from the United States to examine associations between genetic variation and cardiovascular, cerebral, and peripheral vascular complications of hypertension. I am particularly interested in the genetic features of the lab’s African American sample and how clinically interesting genotypes associated with renal health cluster within that population. I will focus on contrasting allelic clustering patterns according to common racial characterizations with the clusters found using anthropologically and spatially informed categories. I expect to find interactions between single nucleotide polymorphisms (SNPs) and socio-demographic risk factors that are associated with Chronic Kidney Disease (CKD) traits after adjustment for known clinical risk factors. This work will enhance our current understanding of the genetic architecture in the sample, and will provide insights on how to better account for admixture when looking at gene-environment interactions.

In addition to my work with the Kardia Lab, I am also very involved in research on breast cancer risk in women of African ancestry. Women of African ancestry in developed and developing countries have the tendency for early age breast cancer onset, aggressive tumor progression, and estrogen receptor-negative tumors, suggesting the need to investigate the interactions between molecular, genetic, socio-environmental, and individual demographics. My research with the African Ancestry Breast Tumor project at the University of Michigan Comprehensive Cancer Center sends me back to Ghana every year to collect blood, tumor tissue, and saliva (DNA) from Ghanaian breast cancer patients.

The project hopes to use the genetic information gathered alongside the cultural, demographic, and dietary information to examine the gene-environment interactions which may explain differential tumor morphology among women from Ghana, African Americans, and white women in the Detroit Metro Area. For this project, I devised a linguistically appropriate survey and consent form for administration in the Ghanaian context. Our molecular investigations will shed light on the estrogen and progesterone receptor profiles within and between tumors found in these ethnic groups. This research may ultimately impact treatment modalities and clinical approaches to breast cancer care in Ghanaian and African American women.

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Caribbean Studies Association (CSA) Conference

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This summer, with the support of CRECH, I had the opportunity to travel to Salvador da Bahia, Brazil to present at the 32nd Annual Caribbean Studies Association (CSA) Conference, “Alternative Interpretation of the Circum-Caribbean: Interrogating Connections across History, Society, Culture, and Performance.” As an organization, CSA expands on the limited definition of the Caribbean by going beyond the traditional islands (e.g., the Bahamas, Jamaica, Puerto Rico) to also explore...
incorporate the territories that border the Caribbean Sea and North-East Brazil. The inclusion of North-East Brazil, specifically Salvador da Bahia, holds historical significance. Salvador da Bahia, Brazil, was the first capital of Portuguese America and was where the Portuguese—who initiated the African slave trade—developed, expanded, and prolonged African slave labor, and they were the last country to abolish slavery. Therefore, the conference location and the conference theme provided a space for engaging discussions on the intersectionality and mutuality between histories, countries, social issues, cultures and research, policy, and practice. Thus, Salvador da Bahia was also the perfect place to formally introduce my research.

Racial and ethnic health disparities literature on psychological distress emphasizes the detrimental role of racism and discrimination on mental health. To date, United States’ research on racism and distress has paid more attention to African Americans and Latinos of Mexican origin. Latin Americans of African descent have received much less attention and thus have been excluded and remain invisible in the racism and distress literature. The purpose of my presentation, “The Invisible Latino and The Ties That Bind: The Implications of Racism on the Psychological Distress of Latin Americans of African Descent,” was to examine racism as a determinant of psychological distress (mental health) for Latin Americans of African descent from the Spanish Circum-Caribbean. My talk was designed to achieve five goals: 1) provide a historical overview of the shared history of slavery in the Spanish Circum-Caribbean, including Brazil; 2) define multiple levels and various forms of racism based on U.S. standards, e.g., colorism, phenotyping, racial democracy, and mestizaje ideology; 3) present a review of the racism and psychological distress literature; 4) identify the mutual experiences of racism and their effects on the psychological distress of Latin Americans of African descent in the Americas; and 5) recommend hypotheses to be tested for future studies to investigate this public health concern.

“Latin Americans of African descent have received much less attention and thus have been excluded and remain invisible in the racism and distress literature.”

My talk was well received. The presentation initiated questions and comments from a public health worker about best practices with immigrant Latin Americans of African descent. There was a discussion about the taboo of racism in Latin America and the difference, if any, between American racism and Latin American racism. Additionally, professional experiences were shared about being silenced and confronted in Latin America when presenting on such issues. The feedback that I received reinforced the importance of and the interest in my research.

As research is lacking about Latin Americans of African descent, it is important to build a foundation of knowledge as a mechanism to assist in the development of subsequent studies, future measurements, and the revision of current measurements, to make them visible in public health research. My research will advance scientific knowledge because it will allow for better conceptualization of experiences of racism and psychological distress for Latin Americans of African descent. This will aid in developing, testing, and implementing evidence-based theoretical frameworks necessary for conducting future studies with Latin Americans of African descent, and will also be applicable to other research examining the intersection of different aspects of identity. This will improve future research methods by highlighting the methodological challenges (i.e., some of the errors, limitations, and assumptions) that have been conducted in population and community studies. Most importantly, my research will benefit public health and social work professionals by increasing knowledge and promoting awareness on these issues, in order to craft the tools to develop and implement effective strategies to dismantle the social structures in place that are impeding the mental health of Latin Americans of African descent. This perspective will initiate discussion for future research, policy implications, and best approaches to ameliorate the social, cultural, and behavioral determinants that contribute to the racial and ethnic health disparities of all African descendants and Latino populations, thus making the invisible visible.
Beyond the CSA Conference

The CSA Conference was an exciting opportunity for educational and professional development. Travel to Brazil gave me a chance to obtain a global hands-on approach to my education and my research. In Salvador da Bahia, a trip to the Mercado Modelo (market) led me down a dark curvy stairwell, underground, and to the watery depths where Portuguese ships anchored and stored African slaves prior to sale. Above ground I walked the cobblestone streets of Pelourinho (“the whipping post” or “stone column”) and stood where slaves were publicly beaten and punished. I visited churches where signs of slave rebellion could be found in disfigured works of art carved into the churches’ structures. I toured the first medical school in Brazil, which now holds three museums, including the Afro-Braziliero Museum with its collection of African and Afri-Brazilian art. My lips tasted the blend of cultures in the food, while my ears listened to the fusion of sounds in the music. And as I spoke in Spanish and received responses in Portuguese from people who shared my ancestry, I further learned about the intersectionality and mutuality of disparities plaguing the African diaspora.

“Travel to Brazil gave me a chance to obtain a global hands-on approach to my education and my research” Kilolo Harris says.
A L U M N I   U P D A T E

Carl V. Hill with Atlanta’s best (Father and Uncles)

Carl V. Hill, PhD, MPH (CRECH 2001-2005) was recently promoted to Health Scientist Administrator (HSA) with NIH’s National Institute on Child Health and Human Development (NICHD). Previously, he worked as a Health Research Scientist (Training) with NIH’s National Center on Minority Health and Health Disparities (NCMHD). While at NCMHD, Carl was the Program Official for the Minority Health and Health Disparities International Research Training (MHIRT) program, and served on several trans-NIH committees that were dedicated to promoting health disparities research at NIH. Dr. Hill will now work with Dr. Regina James in the Extramural Associates (EA) Program where he will be responsible for promoting the entry and participation of underrepresented institutions (e.g., Historically Black Colleges and Universities and Hispanic Serving Institutions) in biomedical and behavioral NIH-funded research programs. “This is certainly an opportunity to address a fundamental issue of health disparities – providing resources for those working in institutions with a clear stake to first build research infrastructure and eventually conduct relevant research that seeks to improve the lives of disproportionately affected populations,” said Carl. “I’m excited about using the skills that were developed and sharpened with CRECH to assist Dr. James in moving the EA Program along at NIH.”

“CRECH was instrumental in providing effective mentoring from established faculty and created an environment for me that fostered an exchange of social support among doctoral students at various levels in our respective programs. This led to (me) receiving helpful hints about surviving the doctoral process, while also assigning responsibility for me to offer advice to those colleagues who were trying to understand challenges that I was able to move through. Because of the many obstacles that may develop for under-represented students in doctoral programs, having an effective network at my disposal was absolutely necessary and tremendous.”

More information about the EA Program may be found at www.nichd.nih.gov/about/org/dsp/ea/eap.cfm. Dr. Hill may be contacted at hillcv@mail.nih.gov.

Helping Our Teen Girls In Real Life Situations, Inc. (HOTGIRLS):
Celebrating Five Years

I would like to take this opportunity to inform the CRECH community about Helping Our Teen Girls In Real Life Situations, Inc. (HOTGIRLS), an Atlanta-based 501(c)(3) nonprofit organization that I founded in November 2001 during my matriculation as a CRECH pre-doctoral fellow in the Department of Health Behavior and Health Education at the University of Michigan. Building on my dissertation research, which investigated black adolescent girls’ sexuality in the hip hop and social networking eras, HOTGIRLS is dedicated to improving the health and lives of black young women and girls by providing girl-centered information and programming inspired by hip hop and youth culture. The organization trains young women and girls to design and implement social change projects that tackle health issues and real-life situations they face in their daily lives and communities.

In October 2006, HOTGIRLS launched the FIREGRL Club, a unique pilot program that trains teen girls (ages 13-18) in health education, media literacy, and media production at the John H. Harland Boys & Girls Club in Southwest Atlanta. FIREGRL Club participants have written and recorded rap and R&B songs that promote positive

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Carla E. Stokes, Ph.D., M.P.H., Executive Director & Founder of HOTGIRLS, Inc.
messages about girls of color, collected girls’ stories about street harassment, and created online content to raise awareness about violence against women and girls. With funding from the Ms. Foundation for Women, the FIREGRL Club members are learning how to create digital artwork, produce their own music, and design Web sites in a fun, girl-friendly atmosphere. The girls are currently developing content for FIREGRL.com, a HOTGIRLS’ Web site that educates and informs black teen girls about health issues (currently undergoing a major upgrade). We are also preparing to launch a campaign to raise awareness about street harassment and gender-based violence. As part of this initiative, we will launch a Web site to educate young men and boys about these issues.

In January 2007, HOTGIRLS received a seed grant from Advocates for Youth to establish a Young Women’s Leadership Council (YWLC) for black female college students in the Atlanta University Center (AUC) who are interested in public health careers. The YWLC is a training and peer health education program that provides an opportunity for students to gain leadership experience and educate their peers about health and social justice issues. YWLC members organize workshops and forums for college students and serve as big sisters for the Girls’ Leadership Council.

HOTGIRLS is increasingly gaining national recognition as a leading organization that helps youth navigate the contradictory messages they receive about black girl-womanhood. As the Atlanta community partner for the National Outreach Campaign for HIP-HOP: Beyond Beats and Rhymes, we are working to engage young people in reflection, discussion, critical thinking and problem solving around the causes and effects of sexism, homophobia and violence within youth culture. Our work is both timely and necessary, particularly in light of recent concerns about the influence of denigrating representations of women in the mass media and commercialized hip hop in the lives of black youth. As we grow and obtain additional funding, we hope to reach more young women and girls by expanding our FIREGRL Club model throughout the United States. For more information about HOTGIRLS, please visit our Web site www.helpingourteengirls.org.


“The organization trains young women and girls to design and implement social change projects that tackle health issues and real-life situations they face in their daily lives and communities.”

—Carla Stokes
I first met Latetia at an orientation for incoming doctoral students in the Department of Epidemiology (University of Michigan). Latetia had moved from Florida where she received a Master of Public Health in Biostatistics from the University of South Florida, and I had just finished my Master of Science in Biostatistics from the University of Michigan. We would soon learn that we had a lot more in common besides our degrees, like a similar desire to understand how the communities people live in affect their ability to lead healthy lives.

During our time at the University of Michigan, we both designed dissertation projects based on data from the Multi-Ethnic Study of Atherosclerosis under the exceptional guidance of Dr. Ana Diez Roux. For my dissertation research entitled “Residential environments and blood pressure,” I examined associations between features of neighborhood environments and hypertension and how these environments contributed to racial/ethnic differences in hypertension. This project allowed me to apply innovative techniques to the design, measurement, and validation of ecologic measures. In a related topic, Latetia titled her dissertation “Measuring the local food environment and its association with diet quality” and examined agreement between alternative ways of assessing the local food environment, racial/ethnic and socioeconomic disparities in how these resources were distributed, and how the lack of supportive food environments affected the diet of residents living in these areas.

Although we have been virtually inseparable over the last four years, our time together has ended. We have both successfully defended and received our doctorates in Epidemiology and have begun two different career paths with the hopes of applying what we have learned to improving the health of populations. In the fall, I became a Robert Wood Johnson Health and Society Scholar at Harvard University. This unique two-year post-doctoral fellowship affords me the opportunity to develop a solid research agenda that will help me transition successfully into a tenure-track faculty position at a competitive research institution. I plan to expand on my interests in the upstream determinants of cardiovascular health, on methodological and theoretical considerations in such examinations, and on the fundamental causes of race/ethnic disparities in health.

Latetia is now an Epidemic Intelligence Service (EIS) Officer within the Division of Nutrition, Physical Activity, and Obesity at the Centers for Disease Control and Prevention in Atlanta, Georgia. For the next two years Latetia will address the role of nutrition and physical activity in improving the public’s health and preventing and controlling related chronic diseases. She will engage in a broad scope of activities including epidemiological and behavioral research, surveillance, training and education, intervention development, health promotion and leadership, and policy and environmental change.

In our respective settings in academia and the CDC, we hope to conduct research that has viable intervention and policy implications that consider neighborhood context to improve overall population health and reduce racial/ethnic disparities. We would both like to thank our wonderful support team at the University of Michigan, including our wonderful advisor and dissertation committee chair, Dr. Ana Diez Roux, our committee members, faculty, staff, and students at the Center for Social Epidemiology and Population Health, the Center for Research on Ethnicity, Culture, and Health (CRECH), and our extended CRECH family.

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Jacqueline Two Feathers received her doctorate in Health Behavior and Health Education from the University of Michigan, School of Public Health in December 2005. As a doctoral student, she worked as a Graduate Research Assistant on the CDC-funded Detroit Racial and Ethnic Approaches to Community Health (REACH) project. Jacqueline assisted in the development and evaluation of a culturally tailored healthy lifestyle and diabetes self-management intervention for African American and Latino REACH participants. The intervention materials were adapted from a previously evaluated intervention with southwest American Indians. Her dissertation reported the development, implementation, evaluation and results of the healthy lifestyle intervention. REACH participants made significant improvements in knowledge, behavioral, and clinical outcomes (published American Journal of Public Health, September 2005). The manuscript describing the development, implementation and process evaluation was recently published in the May/June 2007 issue of The Diabetes Educator.

Jacqueline has worked as a researcher for the past year at the Alaska Native Tribal Health Consortium in Anchorage, Alaska analyzing data collected from over 10,000 Alaska Natives and American Indians (AIAN). The study, referred to as EARTH (Education and Research Towards Health), was funded by the National Cancer Institute to better understand how diet, physical activity, body size, lifestyle and cultural factors relate to the development and progression of chronic diseases. Jacqueline has prepared manuscripts that describe the prevalence of overweight and obesity, impaired fasting glucose, and medical conditions related to an increased risk of chronic diseases, such as cardiovascular disease and diabetes. The knowledge gained from analysis of the EARTH data will be used to guide health promotion programs to reduce future health care costs.

Jacqueline has accepted an assistant professor position at the University of Hawaii, School of Medicine, Department of Native Hawaiian Health and will begin employment there on November 1, 2007. She will continue to work in health disparities research with Pacific Islanders. Jacqueline has also been accepted to participate in a two-year Native Investigator Career Development program funded by the National Institute on Aging and administered by the University of Colorado Health Sciences, Department of Psychiatry, Division of American Indian and Alaska Native Programs. The career development program provides intensive, long-term mentoring of promising, well-trained AIAN health professionals modeled on the highly successful Robert Wood Johnson Clinical Scholars Program. The program weaves together didactic, experiential, and mentored instruction, as well as specialized seminars to equip Native Investigators to function as independent scientists working at the interface of aging, health, and culture, with special emphasis on Native American elders.
Paul A. Burns, a recent graduate of the Department of Health Behavior and Health Education (HBHE) and a former CRECH Scholar, recently defended his dissertation entitled “The Association of the Built Environment and Sexual Risk-Taking Behavior Among Youth in Cape Town, South Africa.” Paul’s research sought to answer long-standing questions that relate to people across the globe who live in poverty. He was especially concerned with explaining the exceptionally high rates of HIV/AIDS among the poor and identifying the urban environmental effects and structural processes that disadvantage the poor relative to the middle class. Paul’s dissertation argued that the most important factors in explaining differential rates of sexual-risk-taking behavior among urban youth was not individual socio-demographic factors, but the absence of the positive effects of having access to key basic services, i.e., access to water, sanitation, housing and electricity. His findings suggest access to electricity as a significant predictor. Similarly, for risk of multiple sexual partners, the study found that access to water was a significant predictor. The findings from Paul’s dissertation highlight the importance of the built environment and suggest research examining sexual risk behavior must be nuanced to explore the absence of material resources in urban neighborhoods in resource-poor countries.

In his analysis, Burns considered the influence of the built environment on sexual risk-taking behavior and questioned whether narratives of socio-demographic characteristics and personal responsibility place an undue focus on the poor at the expense of social investments in key basic infrastructure. Using logistic and multilevel analysis, his study examined the structural neighborhood-level variations in youth sexual behavior by combining both individual and census tract data from the Cape Area Panel Study and the 2001 South African Census. Also, he presented a theory of degraded spaces to illuminate the causal mechanism through which the built environment may have negative effects on health behavior. To identify spatially disadvantaged individuals, an index of the built environment also was constructed. Burns argued that the most important factors in explaining differential rates of sexual-risk-taking behavior among urban youth was not individual socio-demographic factors, but the absence of the positive effects of having access to key basic services, i.e., access to water, sanitation, housing and electricity. His findings suggest access to electricity as a significant predictor. Similarly, for risk of multiple sexual partners, the study found that access to water was a significant predictor. The findings from Paul’s dissertation highlight the importance of the built environment and suggest research examining sexual risk behavior must be nuanced to explore the absence of material resources in urban neighborhoods in resource-poor countries.

In addition to being a CRECH Scholar, Paul is a former Peace Corps Volunteer and holds an MA in Urban Planning from Cornell University. Also, during his tenure at Michigan he had an appointment as a Population Studies Fellow in the Institute for Social Research. Paul has presented his work at numerous conferences including Urban Futures in Johannesburg, South Africa, The World Social Forum in Porto Alegre, Brazil, and the VI Annual Conference on Gender and Development in Havana, Cuba. In addition, he worked part-time as a Community Development Coordinator with the HIV/AIDS Resource Center, (HARC), and a local NGO, engaged in education, advocacy and the implementation of programs to reduce the risk of HIV/AIDS in Southeast Michigan. As a doctoral student, Paul was actively engaged in a successful campaign that led to the implementation of a University-sponsored program addressing the mental health needs of transgendered, lesbian, gay and bisexual students of color.
For my dissertation, I examined the consequences of race on birth outcomes for Mexicans, Puerto Ricans, and Cubans in the United States. In my research, race served as a social construct; a proxy of the sociopolitical history lived by individuals with shared physical characteristics. While substantial racial disparities in health exist within the US, research examining these disparities has largely excluded the Latino population. I hypothesized that race impacts the health of Latinos through three mechanisms: 1) race operates for Latinos as it has for non-Latino groups, with imposed racial categorizations having consequences for health; 2) race contributes to Latino subgroup differences through the disproportionate distribution of phenotypic characteristics used to impose racial categorization on individuals within each of the groups; and 3) race impacts health through the process of segmented racialization, where Mexicans, Puerto Ricans and Cubans have been differentially racialized from one another in their process of incorporation into the United States, which plays a role in the pattern of health observed among the groups.

In my first empirical paper, I examined the individual-level consequences of race on low birth weight (LBW) for Latinos across the US. Results from these analyses demonstrated that not only does race matter for Latino birth outcomes, the consequences of race varied based on Latino subgroup and nativity status. More specifically, regardless of Latino sub-group, US-born blacks had a significantly greater likelihood of LBW than US-born whites. For Cubans only, foreign-born blacks had a greater likelihood of LBW than their white foreign-born counterparts. When looking at those that identified as other, while there was no difference in LBW compared to whites for US-born Mexicans and Puerto Ricans, others had a greater likelihood of LBW than their white foreign-born counterparts. Lastly, regardless of nativity status, Cuban others had a greater likelihood of LBW compared to their white counterparts.

In my second empirical paper, I examined the relationship between socioeconomic deprivation and cultural factors (i.e., % of the population foreign born, % of the population Latino, % of the population Spanish-speaking only) of census tracts on odds for LBW for Latinos in New Jersey. Results from the multilevel analyses showed that while odds of LBW varied at the census tract level, the relationship between deprivation, culture and LBW was mixed. While socioeconomic deprivation was related to LBW for Cubans, it was not for Mexicans and Puerto Ricans. One consistent finding was that “cultural factors” of census tracts were not related to the likelihood of LBW for any Latino sub-group.

My third empirical paper was a test of my segmented racialization hypothesis. Specifically, I replicated analyses conducted by Frisbie and colleagues (2004) by examining the differences in risk for infant mortality from respiratory distress syndrome (RDS) and other causes of infant mortality before and after the advent of surfactant therapy (used to assist in lung development of infants born premature and LBW) between the Latino subgroups. Results showed that the mortality advantage that Puerto Ricans had in the pre-surfactant period eroded in the post-surfactant period for both RDS and other causes of infant mortality, a pattern similar to what occurred with non-Hispanic blacks in the Frisbie et al. paper. Some potential explanations for the erosion include: 1) improved response to surfactant therapy by the other Latino subgroups; 2) disproportionate impact of welfare reform on Puerto Ricans, and; 3) biased physician treatment decisions. If confirmed, the last explanation would support my segmentation racialization hypothesis. However, because there was no direct measure of which infants received the therapy, one cannot definitively conclude whether biased care was a factor in the change over time.

Overall, findings from my dissertation demonstrate that race matters for the health of Latinos and has had implications for how Mexicans, Puerto Ricans, and Cubans have been racialized within the United States.
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