



# REACHING FOR

*the*

# AMERICAN DREAM



ECONOMIC MOBILITY  
AND MINORITY HEALTH

## FEBRUARY 27, 2015



THE WILLIAM & IDA FRIDAY CENTER  
CHAPEL HILL, NC



36<sup>th</sup>  
Annual

# MINORITY HEALTH CONFERENCE

PRESENTED BY THE MINORITY STUDENT CAUCUS



UNC  
GILLINGS SCHOOL OF  
GLOBAL PUBLIC HEALTH



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 REACHING FOR THE  
**AMERICAN DREAM**

**ECONOMIC MOBILITY AND MINORITY HEALTH**

*Presented by the UNC Minority Student Caucus*

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# 2014–2015 MINORITY HEALTH CONFERENCE PLANNING COMMITTEE

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# WELCOME TO THE 36TH ANNUAL MINORITY HEALTH CONFERENCE

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On behalf of the Minority Student Caucus, the Minority Health Conference Planning Committee, and the Gillings School of Global Public Health at Chapel Hill, we welcome you to the 36th Annual Minority Health Conference. Initiated in 1977, the conference has a rich history of student action and public dialogue, providing a platform for attendees from across the country to explore the behavioral, structural, political, and environmental conditions driving health disparities across diverse populations. Although the conference has grown in size and complexity, our goal remains the same: to bring the public health community together to engage in important dialogue and catalyze efforts to create equitable health outcomes for all.



Given the mission and rich history of the conference, it is truly our honor to continue this legacy for the 36th year. This year's conference theme, "Reaching for the American Dream: Economic Mobility and Minority Health," will consider the impact of socioeconomic factors on minority health, with a particular focus on health disparities in the aftermath of the recession. Now more than ever, it is vital to reexamine the inextricable links between income inequality, economic mobility, and health outcomes at the individual and population level. The conference will highlight timely research on this topic and opportunities to promote health equity in the present period of economic recovery. Throughout our day together, we will hear from a broad spectrum of presenters with diverse perspectives that will challenge us to think critically about our approaches to improving minority health.

In addition to all of our in-person attendees, we would like to extend a special welcome to our partner conferences viewing the William T. Small Jr. Keynote Lecture via webcast. Student groups at University of Colorado, University of North Carolina Charlotte, and Tulane University have organized local events or conferences in conjunction with our conference. We are grateful for their support in broadening the reach of the conference and increasing awareness of minority health issues throughout the nation.

The delivery of this conference would not have been possible without a passionate and dedicated planning committee. As we reflect back on the past year, we are truly humbled by the generosity and hard work of our committee members, demonstrating once more the ability of students to present a high quality professional conference of this magnitude.

We also would like to give a special thank you to the Dean's Office at the Gillings School of Global Public Health for their ongoing support; Dean Charletta Sims Evans and Chandra Caldwell, our conference advisors; Cherelle Whitfield, Kathy Cheek, and Becky Hart for their logistical and technical support; Dr. Victor Schoenbach for his continued guidance on the conference and webcast; O.J McGhee, for production of the webcast; and Stephen Couch for his assistance on our fundraising efforts. Without their valuable guidance and encouragement, the existence and sustainability of the conference would not be possible. Please join us in thanking them throughout the day.

Finally, we would like to thank each of you for supporting the conference. Whether today is your first time joining us or you are a long-time supporter, we hope you enjoy this year's conference, gain a fresh outlook on your work, and leave with a renewed passion for eliminating health disparities in the communities you serve.

Warmly,

**May Chen**  
Conference Co-Chair  
PhD Candidate  
Health Behavior

**Elena Rivera**  
Conference Co-Chair  
MPH Candidate  
Health Behavior

# 2015 WILLIAM T. SMALL JR KEYNOTE LECTURE WEBCAST

We would like to extend a special welcome to our partner conferences that utilize the William T. Small Jr. Keynote Lecture via online broadcast. Student and community groups organized local events or conferences in conjunction with our conference. We are thrilled to have them join the conference in this manner, as it illustrates the importance and awareness of minority health issues at a national level.

## PARTNER CONFERENCES



University of Colorado Anschutz Medical Campus  
Aurora, Colorado



University of North Carolina, Charlotte College  
of Health and Human Services  
Charlotte, North Carolina

University of North Carolina, Charlotte NC State  
Rep. Beverly Earle Health Disparities Lecture  
Charlotte, North Carolina



Tulane University School of Public Health &  
Tropical Medicine  
New Orleans, Louisiana

## GROUP WEBCAST VIEWINGS

**Alabama Department of Public Health**  
Montgomery, AL

**Bread for the City**  
Washington, DC

**CityMatCH**  
**University of Nebraska Medical Center**  
Omaha, Nebraska

**Connecticut Department of Public Health**  
**Office of Health Equity**  
Hartford, Connecticut

**Florida Department of Health in Nassau County**  
Hilliard, Florida

**Inter-tribal Center for Social Change (ICSC)**  
Sylva, North Carolina

**Office of Health Equity , Kentucky Department of Public Health**  
Frankfort, Kentucky

**Mountain AHEC**  
Asheville, North Carolina

**North Carolina Division of Aging and Adult Services**  
Raleigh, North Carolina

**Office of Minority Health and Health Equity,**  
**Virginia Department of Health**  
Richmond, Virginia

**Oregon Health Authority**  
**Office of Equity and Inclusion**  
Portland, Oregon

**Office of Minority Health and Health Equity**  
**Virginia Department of Health**  
Richmond, Virginia

**Texas Woman's University Institute of Health Sciences Academic Resource Center**  
Houston, Texas

**Tompkins McCaw Library for the Health Sciences**  
Richmond, Virginia

**Urban Indian Health Institute**  
Seattle, Washington

**University of Illinois at Chicago**  
**School of Public Health**  
Chicago, Illinois

**University of Kentucky College of Public Health**  
Lexington, Kentucky

**University of New Mexico Public Health**  
Albuquerque, New Mexico

**University of Belize**  
**Faculty Nursing Allied Health and Social Work**  
Belize City, Belize



# AMERICAN PUBLIC HEALTH ASSOCIATION LETTER

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AMERICAN PUBLIC HEALTH ASSOCIATION

*For science. For action. For health.*

January 14, 2015

Dear UNC Minority Health Conference Participants:

On behalf of more than 30,000 members and affiliate members, the American Public Health Association extends warmest wishes to the University of North Carolina-Chapel Hill Gillings School of Global Public Health on another successful year coordinating the annual Minority Health Conference.

Congratulations to the Minority Student Caucus, Minority Health Conference Co-chairs, planning committee, advisors, and all others involved in organizing the 36<sup>th</sup> annual Minority Health Conference. Our values at APHA are an extension of our members' beliefs and include science and evidence-based decision making, prevention and wellness, community and health equity –all of which are reflected in the work of the Minority Health Conference. For these reasons, APHA proudly endorses this year's Minority Health Conference.

The University of North Carolina-Chapel Hill Gillings School of Global Public Health is a tier-one research institution and the involvement of students is what makes Gillings great. The Minority Health Conference perfectly encapsulates the institution's dedication to its students. As the oldest student-led health conference in the nation, the Minority Health Conference continues to bring salient public health topics to a community of students, researchers, and practitioners. This year's theme, "Reaching for the American Dream: Economic Mobility and Minority Health" is a critical one for everyone in the field of public health, particularly in the present period of economic recovery from the Great Recession. I hope you will be able to gain valuable tools and information to help create healthier communities, inclusive of all persons.

Congratulations again to all the hard working students and supporters of the Minority Health Conference in celebrating 36 years!

Sincerely,

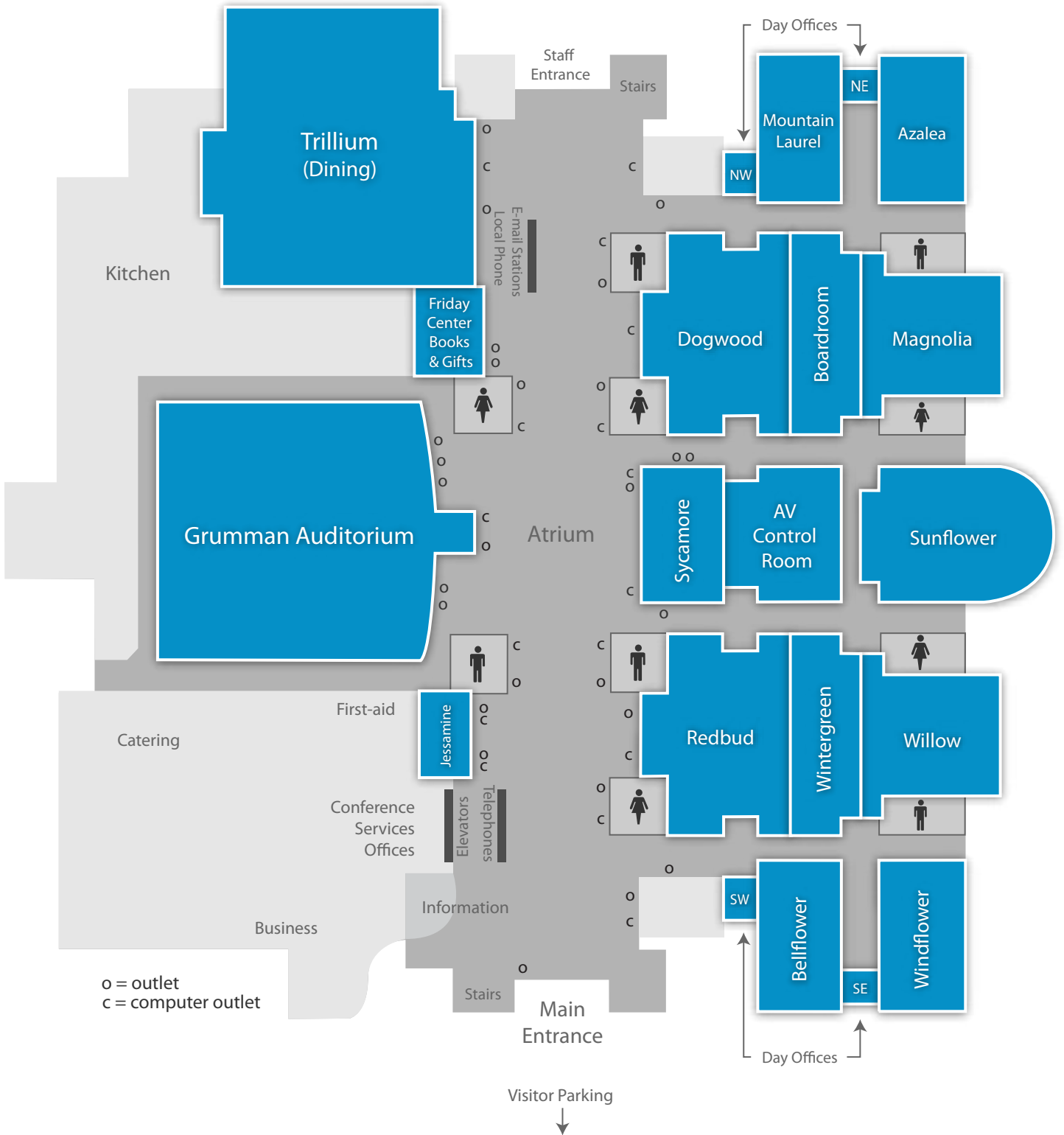
A handwritten signature in black ink that reads "Georges C. Benjamin".

Georges C. Benjamin, MD, FACP, FNAPA, FACEP (E), Hon FRSPH  
Executive Director

800 I Street, NW • Washington, DC 20001-3710  
202-777-2742 • [www.apha.org](http://www.apha.org)



# CONFERENCE MAP





# CONFERENCE AT A GLANCE

<b>Time</b>	<b>Event</b>	<b>Room</b>
8:00 AM	Check-in/Continental Breakfast	Central Atrium
9:00 AM	Welcome/Introductions	Grumman Auditorium
9:30 AM	17th Annual William T. Small Jr Keynote Lecture: William A. "Sandy" Darity, Jr., PhD	Grumman Auditorium
10:45 AM	Poster Presentations and Exhibits	Willow and Atrium
11:00 AM	Morning Breakout Sessions	
	A1: Providing Legal Counsel to Refugee Children Crossing the U.S.-Mexico Border	Sunflower
	A2: College-Bound: Strategies to Increase Educational Attainment Among Minority Youth	Redbud B
	A3: Breast Cancer Risk: Using Technology to Enhance the Environmental Health Literacy of Young Black Women	Redbud A
	A4: Modeling Criminal History Effects on Women's Health	Dogwood AB
12:00 PM	Poster Presentations and Exhibits	Willow and Atrium
12:30 PM	Lunch	Trillium Dining
1:30 PM	4th Annual Victor Schoenbach Keynote Lecture: Allison Aiello, PhD, MPH	Grumman Auditorium
2:30 PM	Poster Presentations and Exhibits	Willow and Atrium
3:00 PM	Afternoon Breakout Sessions	
	B1: Striving for Academic Success: The Unique Role of School-Based Health Centers	Redbud A
	B2: Money on My Mind: The Relationship between Income and Mental Health	Dogwood AB
	B3: Migrant Farmworkers: Understanding Migration-Related Trauma and Health Care Access	Sunflower
	B4: Prisons and the Promised Land: The Decline of Community-based Services and the Rise of State Institutions in Rural Black Towns	Redbud B
4:30 PM	Conference Adjourns	

# 17TH ANNUAL WILLIAM T. SMALL JR KEYNOTE LECTURE



## ECONOMIC MOBILITY AND HEALTH DISPARITIES : INEQUALITIES BY RACE, CLASS, AND ETHNICITY

WILLIAM A. "SANDY" DARITY, JR., PHD

### ABSTRACT

The Great Recession of 2008 led to rates of joblessness and economic instability unparalleled in the last 50 years. Its potential long-term impacts on this and future generations demand our attention as long-term unemployment not only results in income loss but also leads to stress-induced physical and mental health issues. The avenues through which economic mobility is traditionally thought to be achieved in the U.S., such as educational attainment, home ownership, and steady employment, are out of reach for many systematically disadvantaged minority populations. Even when achieved, these gains are not sufficient to overcome the insidious effects of racism and other forms of institutional discrimination. In this keynote lecture, Dr. Darity will address the social and structural factors that perpetuate inequalities in education, employment, and health. More importantly, he will challenge us to consider new and daring solutions to address these root causes of inequality.

### BIOGRAPHY

William A. ("Sandy") Darity Jr. is the Samuel DuBois Cook Professor of Public Policy, African and African American Studies, and Economics. He has served as chair of the Department of African and African American Studies and is the founding director of the Research Network on Racial and Ethnic Inequality at Duke. He served as co-director of the Institute of African American Research, director of the Moore Undergraduate Research Apprenticeship Program, director of the Undergraduate Honors Program in economics, and director of Graduate Studies at the University of North Carolina.

Darity's research focuses on inequality by race, class and ethnicity, stratification economics, schooling and the racial achievement gap, North-South theories of trade and development, skin shade and labor market outcomes, the economics of reparations, the Atlantic slave trade and the Industrial Revolution, the history of economics, and the social psychological effects of exposure to unemployment.

He was a fellow at the Center for Advanced Study in the Behavioral Sciences (2011-2012) at Stanford, a fellow at the National Humanities Center (1989-90) and a visiting scholar at the Federal Reserve's Board of Governors (1984). He received the Samuel Z. Westerfield Award in 2012 from the National Economic Association, the organization's highest honor. He is a past president of the National Economic Association and the Southern Economic Association. He also has taught at Grinnell College, the University of Maryland at College Park, the University of Texas at Austin, Simmons College and Claremont-McKenna College.

He has served as Editor in Chief of the latest edition of the International Encyclopedia of the Social Sciences, (Macmillan Reference, 2008) and as an Associate Editor of the new edition of the Encyclopedia of Race and Racism (2013). His most recent books are Economics, Economists, and Expectations: Microfoundations to Macroapplications (2004) (co-authored with Warren Young and Robert Leeson) and a volume co-edited with Ashwini Deshpande titled Boundaries of Clan and Color: Transnational Comparisons of Inter-Group Disparity (2003) both published by Routledge. He has published or edited 12 books and published more than 210 articles in professional journals.

# 4TH ANNUAL VICTOR J. SCHOENBACH KEYNOTE LECTURE



## SOCIOECONOMIC DETERMINANTS, THE GREAT RECESSION, AND HEALTH ALLISON AIELLO, PHD, MPH

### ABSTRACT

The recent nationwide economic downturn has resulted in a disconcerting combination of job losses, decreases in housing and equity values, and a lack of re-employment opportunities. These economic disruptions have become a source of chronic psychosocial stress that has disproportionately impacted socioeconomically disadvantaged populations and minorities. It is well established that individuals exposed to social disadvantage experience a disproportionate burden of illness, disability and mortality associated with a wide range of health outcomes. However, the role the Great Recession had in fueling social health disparities in the US remains unknown and the biological mechanisms linking financial stressors with health are poorly understood. Dr. Aiello will discuss her research linking socioeconomic status and associated financial stressors with immune response to infection in diverse US populations. She will also present her findings from the community-based Detroit Neighborhood Health Study (DNHS), a longitudinal study that started at the beginning of the Great Recession in 2008 in one of the cities most profoundly affected by economic downturn. Finally, she will discuss findings from the DNHS in the context of other emerging research on the Great Recession and health outcomes, as well as potential for interventions targeting financial stressors to mitigate health impacts of the Great Recession and reduce socioeconomic health disparities.

### BIOGRAPHY

Dr. Allison Aiello is an internationally recognized expert on social determinants of health, with a focus on infectious diseases. Her research investigates individual- and population-level socioeconomic, psychosocial, racial/ethnic disparities in infectious diseases, biological pathways and mediators of health across the life course within minority populations. Dr. Aiello is Professor of Epidemiology at the University of North Carolina Gillings School of Global Public Health. A member of the UNC faculty since 2014, Dr. Aiello was previously on faculty at the University of Michigan School of Public Health and a member of the Center for Social Epidemiology and Population Health. For her post-doctoral work, Dr. Aiello was a Robert Wood Johnson Health and Society Scholar at the University of Michigan.

Since 2007, Dr. Aiello has served as Principal Investigator (PI) for the Detroit Neighborhood Health Study (DNHS), a population representative cohort study that was funded by the National Institutes of Health (NIH). This study began just before the start of the Great Recession and has provided important data on the impact of socioeconomic disadvantage and exposure to stress on the health of a predominantly African American population. Dr. Aiello is also PI of the Life Course Socioeconomics, Acculturation, & Type-2 Diabetes Risk Among Latinos Study (Niños). This NIH-funded cohort study is examining how inter- and intra-generational transmission of socioeconomic disadvantage influences diabetes and metabolic health across generations of Latinos living in California. She is also PI of the NIH-funded study Infectious Links between Psychosocial Stress and Aging, which is examining how socioeconomic and psychosocial stressors accelerates the aging process through infection and ultimately telomere shortening.

Dr. Aiello received her PhD in Epidemiology with distinction from the Columbia University Mailman School of Public Health, where she held a National Institute of Allergy and Infectious Diseases training fellowship and was the recipient of the Ana C. Gelman Award for outstanding achievement and promise in the field of epidemiology. Prior to obtaining her PhD, Dr. Aiello was an emerging infectious diseases fellow at the Centers for Disease Control and Prevention. She received her MS in Environmental Health Sciences from the University of North Carolina School of Public Health.

# CONFERENCE AGENDA

8:00 AM	Check-in/Continental Breakfast	Central Atrium
9:00 AM	<p>Welcome/Introductions</p> <p><b>May Chen &amp; Elena Rivera</b> <i>2015 Minority Health Conference Co-Chairs</i></p> <hr/> <p><b>Courtney Arrindell &amp; Bianka Reese</b> <i>Minority Student Caucus Co-Presidents</i></p> <hr/> <p><b>Taffye Benson Clayton, EdD</b> <i>Associate Vice Chancellor for Diversity and Multicultural Affairs</i> <i>University of North Carolina at Chapel Hill</i></p> <hr/> <p><b>Barbara K. Rimer, DrPH</b> <i>Dean and Alumni Distinguished Professor</i> <i>Gillings School of Global Public Health</i> <i>University of North Carolina at Chapel Hill</i></p>	Grumman Auditorium
9:30 AM	17th Annual William T. Small Jr Keynote Lecture	Grumman Auditorium
	<p><b>William A. "Sandy" Darity, Jr. PhD</b> <i>Professor of Public Policy, African and African American Studies and Economics</i> <i>Duke University</i></p>	
10:45 AM	Poster Presentations and Exhibits	Willow and Atrium
11:00 AM	Morning Breakout Sessions	
	<p><b>A1. Providing Legal Counsel to Refugee Children Crossing the U.S.-Mexico Border</b></p> <p><b>Wendy Young, JD, MAIR; Executive Director, Kids in Need of Defense (KIND)</b> The number of children coming alone to the U.S. from Central America has grown significantly in recent years. In 2013, over 23,000 children arrived alone and were placed in U.S. custody. In 2014, that number passed 68,000. Many are escaping abuse or persecution; others are victims of trafficking, abandonment, or severe deprivation. When these children are apprehended and face immigration proceedings, the majority must do so without a lawyer. Without counsel, most children cannot understand the complex procedures they face and the options open to them. Kids In Need of Defense (KIND) helps provide competent and compassionate legal counsel to refugee and immigrant children who come to the United States without a parent or legal guardian. Executive Director Wendy Young has extensive immigration policy experience and will share KIND's current efforts and new projects. <i>Moderator: Beccah Bartlett, Maternal and Child Health MPH Candidate</i></p>	Sunflower
	<p><b>A2. College-Bound: Strategies to Increase Educational Attainment Among Minority Youth</b></p> <p><b>Nicole Hurd, PhD; Founder and CEO, College Advising Corps</b> <b>Mark McDaniel, MCRP; Founder and Director, Bridges2Success; Senior Research Associate, UNC Center for Community Capital</b></p>	Redbud B

Vibrant, livable communities rely on healthy, well-educated and engaged inhabitants to sustain them. Most policymakers believe a balanced approach is necessary to address ongoing human capital needs with robust partnerships between public institutions and the private sector leading the way. The reasons for this are fairly clear, without a set of committed and highly functioning educational institutions in local communities labor markets begin to falter and the most vulnerable neighborhoods succumb to the economic and social manifestations of persistent poverty and it is associated challenges. The latter, in fact, often defines the predicament of many low-income urban and rural communities of color. In these places, the transition from early childhood to adulthood is often described as the “cradle to prison” pipeline rather than a “cradle to college” pipeline. There are a number of factors that contribute to this unfortunate trend. In this workshop, we will discuss strategies for ensuring that males of color have access to high quality educational opportunities across the life course and how integrated approaches that acknowledge the interrelationship of health and cognitive development are key component of these strategies.

*Moderator: Eyerusalem Tessema, Health Behavior MPH Candidate*

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**A3. My Breast Cancer Risk: Using Technology to Enhance the Environmental Health Literacy of Young Black Women** **Redbud A**

**Neasha Graves, MPA; Community Partner, UNC Breast Cancer and the Environment Research Program**

Over the past five years, researchers in the UNC Breast Cancer and the Environment Research Program (BCERP) have sought to understand how pregnancy, obesity and other risk factors affect young African-American women’s susceptibility to basal-like breast cancer. The Community Outreach and Engagement Core (COEC) in the UNC Center for Environmental Health and Susceptibility has served as the Community Partner of the UNC BCERP, working with researchers to engage this targeted audience in an effort to raise awareness of health disparities associated with basal-like breast cancer. These efforts have included formative research to identify knowledge gaps, a partnership with researchers in the UNC School of Information and Library Science (SILS) and active engagement of susceptible populations in development and review of innovative, electronic educational materials. Neasha Graves will describe the collaboration with BCERP and SILS researchers and community partners, focused on effectively communicating about risk factors for basal-like breast cancer and improving the environmental health literacy of young, African American women.

*Moderator: Caitlin Synder, Health Behavior MPH Candidate*

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**A4. Modeling Criminal History Effects on Women’s Health** **Dogwood AB**

**Donna Gilleskie, PhD; Professor at UNC Chapel Hill Department of Economics**

To date, studies of the criminal justice system and health have generally focused on disease transmission and health care services among incarcerated populations; however, incarcerated individuals account for only 3.5% of the 65 million adults with a criminal conviction in the U.S. When individuals are charged or convicted of a crime, a set of legal and social collateral consequences typically follow. These consequences may include life-long restrictions in employment opportunities and public benefit eligibility, and occur regardless of criminal offense severity or whether a person was imprisoned as part of their criminal sentence. These consequences disproportionately, and more adversely, affect disadvantaged women (i.e., those who are racial/ethnic minorities, and/or poor, and/or lower-educated), who typically commit misdemeanor-level crimes (e.g., nonpayment for bad checks, traffic violations), rely on public benefits and low-wage, service-sector jobs to support themselves and their children, and have extremely poor mental and physical

# CONFERENCE AGENDA

health. A large body of findings indicate that: (1) employment has an overall positive impact on health, (2) the primary welfare program for women in the U.S. (Temporary Assistance for Needy Families, or TANF) provides critical income support and job-placement assistance, and (3) women without stable sources of income often increase their health-risk behaviors to meet their food, shelter, and other basic needs. However, no research, to our knowledge, has integrated into one empirical analysis the interrelated relationships among the criminal justice system, the welfare system, and the labor market, to evaluate how they impact health disparities. Specifically, applying a systems science dynamic modeling approach consistent with the goals of PAR-11-315, we will explore the how the inability to access TANF and/or find employment due to having a prior criminal record may contribute to the persistently poor health status of this group. The proposed study addresses this gap based on a secondary analysis of a nationally representative, 9-year longitudinal panel survey data set of 4,898 women from the Fragile Families Study. It is the first to explore whether, and how, collateral consequences operate across criminal justice, welfare, and labor market systems to influence women's health. Motivated by our prior community-engaged research, we will explore whether the presence, level of severity (charge, conviction, incarceration), and type (drug-, violence-, theft/fraud-, and traffic-related) of a criminal offense history affects employment patterns and health (psychological distress, depression, general health, and limited functioning) for women over time, and the extent to which TANF receipt moderates these relationships. Using the dynamic model to conduct a series of simulations, findings from this study will include projected health trajectories for women over time based on TANF and employment policy and program change scenarios. These findings could inform public health-oriented interventions to reduce adverse health outcomes for women with a criminal offense history.

*Moderator: Youmna Elkamhawy, Health Policy & Management, BSPH Candidate*

12:00 PM	Poster Presentations and Exhibits	Willow and Atrium
12:30 PM	Lunch	Trillium Dining
1:30 PM	4th Annual Victor Schoenbach Keynote Lecture	Grumman Auditorium

**Allison Aiello, PhD, MPH**  
*Professor of Epidemiology*  
*University of North Carolina Gillings School of Global Public Health*

2:30 PM	Poster Presentations and Exhibits	Willow and Atrium
3:00 PM	Afternoon Breakout Sessions	

- B1. Striving for Academic Success: The Unique Role of School-Based Health Centers** **Redbud A**

**Steve North, MD, MPH; Founder and President, Center for Rural Health Innovation**

Students perform better when they show up for class healthy and ready to learn. School-based health centers (SBHCs) ensure that kindergarteners through high schoolers can receive health care services they need in a safe, nurturing place – without the barriers that families too often face. SBHCs exist at the intersection of education and health and are the caulk that prevents children and adolescents from falling through the cracks. They provide care – primary health, mental health and counseling, family outreach, and chronic illness management – without concern for the student's ability to pay and in a location that meets students where they are: at school. SBHCs consistently make positive impacts on both academic and health outcomes for students. Specifically students who use school-based health centers have decreased tardiness, fewer absences and are more likely to graduate than their peers. Additionally, they are shown to receive higher quality health care, use mental health services more frequently and engage in fewer risk-taking behaviors. This workshop examines how comprehensive school-based health centers meet the needs of minority youth and socioeconomically disadvantaged youth more effectively at times than traditional health care settings. Clear examples of how SBHCs in North Carolina and nationally achieve this will be provided.

*Moderator: Joy Martin, Health Behavior MPH Candidate*



## B2. Money on My Mind: The Relationship between Income and Mental Health

Dogwood AB

### **Carol Golin, MD; Associate Professor, UNC Gillings School of Global Public Health**

Women living in poverty in the United States are disproportionately members of ethnic minorities and experience extremely high rates of mental illness, particularly depression, anxiety disorders and Post-Traumatic Stress Disorder (PTSD) compared with the general population. The neighborhood environment, childcare and financial responsibilities, lack of educational and employment opportunities, and stressful interpersonal encounters many low-income minority women experience on a daily basis conspire to interfere with their abilities to maintain positive mental health and well-being. Studies show that many of the factors affecting the mental health of low-income women interact in complex and nuanced ways, presenting challenges to researchers who seek to identify a clear causal pathway to address through prevention or treatment programs. This talk will present information regarding rates of psychological distress and provide evidence of the myriad challenges women living in poverty face to maintain good psychological well-being. The talk will review and present qualitative and quantitative data of interrelated stressors that contribute to high rates of psychological distress among low-income minority women, including effects of having highly constrained financial resources, exposure to personal and neighborhood violence, and women's roles. This talk will seek to identify some of the causal pathways and means to address them.

### **Kemi Amola, PhD, LPCS, ACS, NCC; Clinical Researcher and Mental Health Practitioner, UNC School of Medicine**

Minority women living in low-income neighborhoods, are confronted with a myriad of stress-evoking issues such as personal violence and trauma, financial hardship, and coping with experiences of racism and sexism, which often compromise their mental health. Many women living under these conditions were unfazed by the economic recession, because many have become accustomed to persevering in the face of economic hardship. Despite threats to maintaining their mental health many women living in poverty display remarkable resilience that enables them to create a purpose in life that motivates them to move themselves and their families toward positive goals. Researchers have defined the term "resilience" in many ways, but overall "resilience" is characterized by the ability to maintain normal functioning despite adverse events, histories, environments and threats to adaptation or development (Windle & Bennett, 2012). Among minority women, several characteristics play key roles in resilience and related coping mechanisms. Resilience has been shown to protect low-income women from the symptoms of psychological distress associated with acute and chronic stressors of poverty. Resilience, is associated with fewer depressive symptoms in HIV+ women and those at risk for HIV, who are survivors of trauma or abuse. Therapeutic interventions designed to promote resilience are needed to assist in improving the mental health functioning of low income women.

### **Cheryl Giscombe, PhD, RN, PMHNP; Assistant Professor, UNC School of Nursing**

Despite the passing of the Affordable Care Act, approximately 1.6 million North Carolinians are uninsured. Inadequate insurance coverage contributes to untreated mental health conditions, which can have long term and cyclical generational implications for income and earning potential, education, housing and food security, family functioning, physical health status, and overall morbidity and mortality. Strategies are needed to address this unfair burden on medically-underserved groups, and specifically the nuanced challenges faced by racial/ethnic minority populations. Empirical evidence suggests that the utilization of transdisciplinary student/faculty-staffed mental health clinics in community-based centers can be a promising strategy for decreasing barriers to access among underserved populations by providing free care and facilitating holistic, social justice-oriented, culturally-relevant service-learning activities for emerging professionals. Transdisciplinary service-learning teams can include mental health professional students from nursing, medicine, social work, counseling, and psychology, as well as students from public health/health policy, business/economics, dental, child development, education, political science, criminal justice, and city planning programs. Successful examples, as well as barriers and challenges, of transdisciplinary student/faculty-staffed



# CONFERENCE AGENDA

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mental health clinics will be discussed. The potential usefulness of this approach for increasing access to care and educating new generations of professionals to solve mental health inequities will be highlighted in this presentation.  
*Moderator: Anna Dardick, Health Behavior MPH Candidate*

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**B3. Migrant Farmworkers: Understanding Migration-Related Trauma and Health Care Access** **Sunflower**

**Zoë L. Cummings, MSW, MPH, CHES; 340B Drug Pricing Specialist, North Carolina Farmworker Health Program, NC DHHS**

This presentation will highlight the current mental and physical health status of the migrant and seasonal farmworker population in North Carolina as well as barriers and successes to accessing health care in our state. Agricultural labor contributes \$1.8 billion in sales to the North Carolina economy annually. Farmworkers in North Carolina earn an average of \$11,000 per year, and in our 2013 population, 90% of farmworkers and family members were uninsured. Farmworkers suffer from chronic illnesses such as diabetes, hypertension, and obesity as do other low-income populations. Farm work is consistently ranked among the most dangerous occupations in the United States, and farmworkers experience occupational health risks such as back pain, muscle strain, heat stress, pesticide exposure, dermatitis, and poor quality housing. In addition farmworkers also experience behavioral health risks associated with geographic and social isolation, traumatic migration experiences, discrimination, and culture shock.

**Joshua Hinson, MSW, LCSW, LCAS; Clinical Instructor, UNC School of Social Work**

Latino farmworkers are much more likely to experience significant stress, anxiety, depression, and alcohol dependence than the general population. In this interactive presentation, Josh Hinson will explore with participants the effects of migration-related trauma on migrant farmworkers' health and mental health. Mr. Hinson will discuss culturally sensitive approaches to Latino mental health, and will facilitate participants' assessment of mental health treatment, resources, and referral options in their communities.

*Moderator: Yanica Faustin, Maternal and Child Health Doctoral Student*

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**B4. Prisons and the Promised Land: The Decline of Community-based Services and the Rise of State Institutions in Rural Black Towns** **Redbud B**

**Karla Slocum, PhD; Associate Professor and Director of the Institute of African American Research, UNC Department of Anthropology**

Little has been explored about the implication of prison building in black American communities. This presentation focuses on historic black communities in rural Oklahoma where three prisons have been built since the 1980s. The towns were founded during the Jim Crow era as a safe haven or "promised land" for blacks. Their historic institutions –many run by blacks-- were intended to serve blacks' economic and social needs, including mental and physical health. This presentation explores what happens when black town institutions shift from a focus on serving the community and blacks in the state to serving the state economy and interests. What becomes of a black community's access to social and health resources and services when the town is designated as a prison town? How does the community connect with the prison as a state institution?

*Moderator: Saskia Guerrier, Health Policy & Management MSPH Candidate*



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# BREAKOUT SPEAKER BIOGRAPHIES

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## **A1. Wendy Young, JD, MAIR**

Ms. Young brings extensive immigration policy experience to her role at KIND. Most recently, she served as Chief Counsel on Immigration Policy in the Senate Judiciary Subcommittee on Immigration, Border Security and Refugees for Senator Edward M. Kennedy. She held prior immigration policy positions with organizations such as the United Nations High Commissioner for Refugees, the Women's Refugee Commission, the United States Conference of Catholic Bishops, and the National Council of La Raza. She has also written numerous articles, reports and cutting-edge op-eds on the plight of unaccompanied children. Wendy has received a number of awards and honors for her work on immigration rights including: Nominated as one of two NGO representatives to participate in Seminar XXI Program on U.S. Foreign Policy by Massachusetts Institute of Technology and National Defense University (2002); Honored by Florida Immigrant Advocacy Center for work on behalf of women and children detainees (2002); Child Advocacy National Certification of Recognition, American Bar Association, in recognition of contributions advancing the welfare of children (2001); Human Rights Award, American Immigration Lawyers Association, in recognition of the work of the Women's Commission for Refugee Women and Children on behalf of women and child asylum seekers (1999). Ms. Young earned a joint law degree and master's degree in international relations from American University in Washington, DC, and a bachelor's degree from Williams College in Massachusetts..

## **A2. Nicole Hurd, PhD**

Nicole Farmer Hurd is the Founder and CEO of College Advising Corps. A passionate advocate of post-secondary education, Nicole has led College Advising Corps from a pilot project in Virginia to the largest college access program in the country, placing hundreds of advisers in high-need schools from coast-to-coast. Under her leadership, the Advising Corps received the 2012 National Service Impact Award from the Corporation for National and Community Service for the "positive and lasting impact they are making through national service." Prior to launching College Advising Corps, Nicole served as an Assistant Dean and Director of the Center for Undergraduate Excellence at the University of Virginia. While there, she founded the College Guide Program that was the precursor to College Advising Corps. The College Guide Program received national attention and a \$10 million grant from the Jack Kent Cooke Foundation to expand into 10 additional states. Because of the growth and success of College Guides, Nicole was awarded the Governor of Virginia's Award for Volunteerism and Community Service in 2007. She was most recently named a 2014 Influencer by the Chronicle of Higher Education.

## **A2. Mark McDaniel, MCRP**

Mark McDaniel is senior research associate with the UNC Center for Community Capital and the Urban Investment Strategies Center at the Kenan Institute of Private Enterprise. He consults with foundations, policymakers and others on strategies that help connect low-income populations to economic opportunities. These strategies include developing K-16 strategies to improve educational outcomes for vulnerable populations, connecting neighborhoods to regional workforce opportunities, connecting the unbanked and underbanked to financial services and leveraging investment in low-income areas for housing, community facilities and other economic development opportunities. McDaniel leads the center's collaboration with Bridges2Success, an early childhood-to-career research and education initiative focused on helping males of color achieve academic and life success.

## **A3. Neasha Graves, MPA**

Neasha Graves is the Manager for the Community Outreach and Engagement Core in the UNC Chapel Hill Center for Environmental Health and Susceptibility. In her current position, she coordinates environmental health outreach initiatives aimed at sharing the Center's research on pulmonary disease, environmental cancers, obesity and other environmental health issues with various audiences. Her areas of expertise include teaching and administering programs for youth and adults in the public school, state government, nonprofit and university sectors. Her work also entails coordinating the outreach activities of the UNC Breast Cancer and Environment Research Program, collaborating with researchers and community partners to develop educational materials for premenopausal African American women and health professionals about risk factors of basal-like breast cancer. Prior to her position at UNC Chapel Hill, she was the public health program consultant for the NC Childhood Lead Poisoning Prevention Program in the NC Children's Environmental Health Branch. She also has experience working in community outreach for the NC Office of Environmental Education and as a high school social studies teacher. Mrs. Graves earned her BA degree in History from Meredith College in Raleigh, NC and her Master's degree in Public Administration from North Carolina Central University in Durham, NC.

## **A4. Donna Gilleskie, PhD**

Donna Gilleskie, Professor of Economics at the University of North Carolina at Chapel Hill, is an economist whose research focuses on health behaviors and the health insurance and medical care utilization decisions of individuals over the life-cycle as they impact health and employment outcomes. Dr. Gilleskie has specific expertise in the econometric analyses of dynamic health- and employment-related behaviors and outcomes. She has received the Kenneth J. Arrow Award for best published article on health economics (worldwide, 1998), and recently contributed a chapter on dynamic modeling to the Encyclopedia of Health Economics (2014).

# BREAKOUT SPEAKER BIOGRAPHIES

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Some of her work examining complex relationships with panel data includes her recent NIMHD-funded project with colleagues from the Schools of Nursing and Social Work measuring the collateral consequences of crime on work, welfare, and mental health; an NIHCD-funded project to study the dynamic smoking behavior of youths and adults; a project using AddHealth data to understand simultaneous friendship and smoking decisions of teens; an examination of NLSY data to study the effect of health (BMI) on productivity (wages) of prime-age individuals; and a series of NIA-funded papers explaining the relationship between health, health insurance, and work behavior of older individuals using HRS data.

## **B1. Steve North, MD, MPH**

Dr. North is a nationally recognized leader in school-based telemedicine and rural telehealth. He founded the Health-e-Schools school-based telemedicine program that currently provides access to primary care, preventive cardiology and psychiatry to over 8000 students at 22 schools in the mountains of western NC. Additionally, he serves as the Outpatient Medical Director at the Mission Center for Telehealth. Dr. North is a practicing Family Physician and Adolescent Medicine specialist in rural Mitchell County, NC. He currently serves on the boards of the Mid-Atlantic Telehealth Resource Center, the North Carolina Foundation for Advanced Health Programs and the North Carolina School Based Health Alliance. He lives in Spruce Pine, NC with his wife Jennifer Larson, MD and their sons Eli and Oscar

## **B2. Carol Golin, MD**

Dr. Carol Golin is an Associate Professor in the Department of Health Behavior in the UNC School of Public Health and the Division of General Medicine and Epidemiology in UNC Department of Medicine. Dr. Golin is an experienced health services and behavioral researcher. She has been Principal Investigator and co-investigator of numerous federally funded studies of antiretroviral (ART) adherence and HIV prevention, including trials of the SAFETALK, STAR, PACT, iENGAGE, and impACT interventions as well as the ADEPT cohort, HPTN 064 (ISIS), and the HIV Costs and Services Utilization Study (HCSUS). Dr. Golin has expertise in developing theory-based health behavior interventions, particularly incorporating Motivational Interviewing, and in conducting formative research to inform behavioral intervention development. Her interventions focus on using approaches to enhance participation in health related decision making, such as motivational interviewing and shared decision making, to improve health outcomes and reduce health disparities. She also has expertise in working with vulnerable populations particularly women living in low-income areas and incarcerated populations. She has conducted studies to understand factors that place women at risk of HIV infection, particularly to assess the role of mental health and HIV risk among low income women.

## **B2. Kemi Amola, PhD, LPCS, ACS, NCC**

Dr. Amola is the owner of V.O.I.C.E. Therapeutic Solutions, a Licensed Professional Counselor, a clinical Supervisor as well as a Nationally Certified Counselor. Her academic background includes a B.A. in Psychology from the University of North Carolina at Chapel Hill, a M.A. in Counselor Education from North Carolina Central and a PH.D in Counselor Education from North Carolina State University. In addition to her therapeutic work, Dr. Amola has worked in HIV prevention for over a decade at the University of North Carolina at Chapel Hill. She has gained a wide range of expertise ranging from active community intervention to evaluation and research. Notably, Kemi provides expertise to the Center for AIDS Research in conducting a variety of community based professional trainings, designed to educate local, state, and national health care providers and mental health practitioners on topics related to HIV education, prevention, and risk reduction. Dr. Amola-Hill is dedicated to affecting change in individuals and communities by providing therapeutic services education and research. She currently lives in Raleigh, North Carolina with her husband and three sons. In addition to spending time with her family, she enjoys traveling and reading.

## **B2. Cheryl Giscombe, PhD, RN, PMHNP**

Dr. Cheryl Woods Giscombe is a psychiatric nurse practitioner, a social & health psychologist, and a faculty member in the School of Nursing at UNC Chapel Hill. Her research focuses on stress-related health behaviors, and bio-psycho-cultural-historical factors that contribute to health inequities, and the development of culturally-relevant, community-based stress management interventions, including mindfulness meditation. She developed the Superwoman Schema Conceptual Framework which explicates how obligations to present an image of strength and prioritize care for others may influence health conditions in African American women. She has received research funding from the National Institutes of Health, the Robert Wood Johnson Foundation, and the Substance Abuse and Mental Health Services Administration. She serves on the American Psychological Association's stress and health disparities task force and is chair of the Diversity & Equity Committee for the International Society of Psychiatric Nurses. She received the "Brilliant New Investigator Award" from the Council for the Advancement of Nursing Science and the "Leader in the Field/Early Career Award" from the American Psychological Association. Dr. Giscombe provides mental health services at CAARE, Inc. to individuals, families, and groups; her practice specifically focuses on addressing the social determinants of health to resolve mental health inequities among underserved populations.

# BREAKOUT SPEAKER BIOGRAPHIES

## B3. Zoë Cummings, MSW, MPH

Zoë L. Cummings is currently the 340B Drug Pricing Program Manager with the North Carolina Farmworker Health Program, within the Office of Rural Health and Community Care, where she has worked since 2011. Zoë was previously employed working with farmworkers as a health outreach coordinator at a free clinic in Western North Carolina. Prior to working with farmworkers, she assessed and counseled clients for alcohol and drug abuse as well as supported research in an HIV/AIDS Risk Assessment study targeting inpatient residents at a treatment facility in Columbia, South Carolina. Zoë served in the U.S. Peace Corps in Belize as an adult literacy and education coordinator, working to train volunteers to teach adult literacy and set up adult literacy classes in the central and northern part of the country. Prior to serving in Belize, Zoë worked with people with disabilities in Iowa. Zoë earned her Masters of Social Work and Public Health at the University of South Carolina and her Bachelor of Arts from the University of Iowa.

## B3. Joshua Hinson, MSW, LCSW, LCAS

Josh Hinson is a Clinical Instructor at the UNC School of Social Work, where he serves as Program Director for the UNC-CH Graduate Certificate in Global Transmigration. Josh began working with Cuban refugees in 1995 as a volunteer with Lutheran Family Services in Greensboro, NC. Since then he has worked with indigenous community development organizations in Mexico; with Latino farmworkers in eastern NC; as a social worker at a rural county department of social services; and as a mental health and substance abuse counselor with Spanish-speakers. Josh is the Principal Investigator for the UNC Global Transmigration – Refugee Mental Health and Wellness Initiative, a research project designed to assess the need for, feasibility, and acceptability of mental health services for refugees in North Carolina.

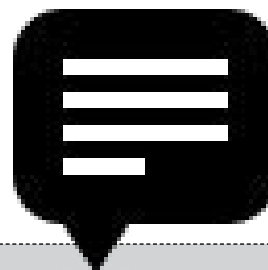
## B4. Karla Slocum, PhD

Karla Slocum is associate professor of anthropology and director of the Institute of African American Research at UNC-Chapel Hill. She is past co-director of UNC's Moore Undergraduate Research Apprenticeship Program (MURAP). Slocum specializes in studies of globalization, place identities, race and history. Her research has focused on Caribbean farmers' responses to global economic change, scholarly trends in Caribbean studies, and what it means to be a historic black town in the twenty-first century. Slocum is the author of *Free Trade and Freedom: Neoliberalism, Place and Nation in the Caribbean* (University of Michigan Press, 2006) and she is currently completing a book manuscript on race, space, and the attraction of America's historic Black towns. Her published articles have appeared in journals such as *American Anthropologist*, *Souls: A Critical Journal of*

*Black Politics, Culture and Society*, *Identities: Global Studies in Power and Culture*, and *Transforming Anthropology*. She has received awards from the National Science Foundation, National Endowment for the Humanities and the Woodrow Wilson National Fellowship Foundation among others.



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# POSTER ABSTRACTS

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## **1** Reported Individual Cigarette Price and Policy Implications for Smoking Disparities

**Amanda Y. Kong, BA**, Graduate Student, Department of Health Behavior, University of North Carolina at Chapel Hill

**Margaret H. Smith, Doctoral Student**, Pre-Doctoral Fellow in Tobacco Regulatory Science, Department of Health Behavior, University of North Carolina at Chapel Hill

**Shelley D. Golden, PhD, MPH**, Clinical Assistant Professor, Department of Health Behavior, University of North Carolina at Chapel Hill

**Kurt M. Ribisl, PhD**, Professor, Department of Health Behavior, University of North Carolina at Chapel Hill

Introduction: Smoking rates are disproportionately high among low income individuals and some racial groups. Evidence suggests that tobacco marketing targets select demographic groups, and that stores in lower income and more minority neighborhoods advertise lower tobacco prices, prompting calls to regulate prices and promotions as a means of addressing smoking disparities. Whether and why prices differ by demographic characteristic at the individual level, however, is unclear. Methods: Data were drawn from 27,611 smokers in the 2010-2011 Tobacco Use Supplement (TUS) of the Current Population Survey (CPS). We test associations of race and income with reported paid price, and explore whether product purchasing behavior might explain observed associations. Results: On average, smokers who were white or who reported below median incomes reported paying less for cigarettes than racial minorities and above median income smokers, respectively. After controlling for carton purchasing, which results in lower per pack prices, and menthol purchasing, which is more expensive, the price difference between racial and income groups decreased but remained significant. Conclusion: Associations between race, income and prices observed at the neighborhood level only partially apply at the individual level, in part because of differences in carton or mentholated cigarette purchasing. More research on how different demographic groups (1) are exposed to both existing price policies and product marketing strategies, (2) engage in price minimization behavior, and (3) respond to changing prices of tobacco are needed to understand the potential of additional price policies to address smoking disparities.

## **2** Striving for the Dream: The Montagnard Women's Learning Group

**Wendasha Jenkins Hall, MS**, PhD Student, Department of Public Health Education, University of North Carolina at Greensboro

**Sharon Morrison, MSPH, PhD**, Associate Professor, Department of Public Health Education, University of North Carolina Greensboro, Center for New North Carolinians Research Fellow

**Andrew Young, MFA**, Volunteer Training Coordinator, The Bonner Center for Community Service & Learning, Center for New North Carolinians Research Fellow

Integration into US society has presented great challenges for Montagnard women, as many are required to seek work and resources outside of the home for the first time in their lives. As a result, issues of illiteracy, language, and cultural competency serve as impediments to social services such as healthcare, education, housing and food assistance. Lack of access to these services place this group at risk for social isolation, hunger, homelessness, chronic disease, and chronic poverty. In an effort to ameliorate the social and economic conditions facing Montagnard women in Greensboro, two Montagnard community health workers and a Montagnard physician formed the Women's Learning Group (WLG) in 2012. For nearly three years the WLG has provided Montagnard women and families with social and economic support through weekly English literacy classes, group-run community and neighborhood gardens, and sales of group-grown produce and woven goods at local farmers' markets. Much of the WLG's activities are collaborative efforts made possible through community volunteers and partnerships and the Community Foundation of Greater Greensboro's Building Stronger Neighborhoods grant. To date, over 25 women and 33 families have experienced increased English and health literacy, stronger neighborhood and cultural ties, and increased food and economic security. These tools are imperative in helping the women and their families establish healthy, sustainable livelihoods. This poster highlights the WLG's efforts to foster a safe, culturally sensitive learning environment to empower women to achieve social and economic independence.



## Implementing Health Care Reform in North Carolina: Reaching and Enrolling Immigrants and Refugees

**Gabriela Arandia, MSPH**, Doctoral Student, Department of Health Behavior, UNC Gillings School of Global Public Health

**Leslie deRosset, MPH**, Doctoral Student, Department of Maternal and Child Health, UNC Gillings School of Global Public Health

**Jonathan B. Oberlander, PhD**, Professor and Vice Chair of Social Medicine, UNC Chapel Hill School of Medicine, and Professor of Health Policy and Management, UNC Gillings School of Global Public Health

**Krista Ferreira, PhD**, Professor of Public Policy and Associate Dean of the Office for Undergraduate Research, University of North Carolina at Chapel Hill

**Introduction:** The 2010 Patient Protection and Affordable Care Act (ACA) aims to expand and enhance health insurance coverage for U.S. residents, including legal immigrants and refugees. To assist community-based organizations (CBOs), state, and federal officials with the ACA's implementation in North Carolina (NC) the aims of this study were to (1) identify and describe the challenges faced by state and local providers in enrolling immigrant families and their children into health insurance options, and (2) discover and evaluate promising practices that CBOs, employers, and public agencies can develop to increase enrollment into health insurance programs. **Methods:** In 2013-2014, 100 interviews with state and county community leaders and 11 focus groups with 100 immigrants and refugees were conducted in four regions of NC to learn about barriers in implementing health care reform and access to insurance from their perspective. **Results:** Ninety-four percent of focus group participants reported they knew little if anything about the ACA. The state decision not to expand Medicaid or to develop a statewide outreach strategy left staff and county health care and social services staff feeling overwhelmed and under resourced to carry out outreach and enrollment. Statewide and local community groups should develop translated materials, public awareness campaigns and hold community-based information sessions. Topics should emphasize: financial security, family responsibility, and that premiums are affordable.



## Factors that Affect the Engagement and Retention of HIV-positive Latino Men Who Have Sex with Men (MSM) and Transgender Women (TW) in HIV Care in North Carolina

**Dirk A. Davis, BA**, Graduate Student, Department of Health Behavior, UNC Gillings School of Global Public Health

**Clare Barrington, PhD**, Assistant Professor, Department of Health Behavior, UNC Gillings School of Global Public Health

**Laura Villa-Torres, MSPH**, Graduate Student, Department of Health Behavior, UNC Gillings School of Global Public Health

**Christine R. Carcano**, Clinical Research Assistant, Institute for Global Health and Infectious Disease, University of North Carolina at Chapel Hill

**Lisa Hightow-Weidman, MD, MPH**, Associate Professor, Institute for Global Health and Infectious Disease, University of North Carolina at Chapel Hill

**Introduction:** Latino men who have sex with men (MSM) and transgender women (TW) living with HIV in North Carolina have been particularly affected by the epidemic and yet little is known about their unique challenges in accessing and staying in HIV care. The aim of this study was to identify factors related to engagement and retention of HIV-positive Latino MSM/TW in North Carolina. **Methods:** We conducted an exploratory, qualitative study in Charlotte and Chapel Hill, North Carolina from May to October 2014 among 16 HIV-positive Latino MSM/TW who were already engaged in HIV care. Through semi-structured interviews, we elicited information about participants' experiences living with HIV, barriers to accessing care, and use of medication. **Results:** The majority of participants reported that issues related to their socioeconomic status, including transportation, gaps in health insurance coverage, unemployment due to undocumented status and housing were primary challenges to staying in HIV care. Additionally, of those participants that were successful at remaining in care, all reported the importance of case management in facilitating and advocating for their continuum of care. Particularly, support getting enrolled in insurance provided by a non-profit organization that covers anti-retroviral therapy (ART) was essential for keeping them healthy and engaged. **Conclusions:** Findings from the study indicate that socioeconomic factors, strong case management and the availability of an alternative method of payment for ART all play a crucial role in keeping Latino MSM and TW engaged in HIV care.

# POSTER ABSTRACTS

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## What I Wish the Doctor Knew About My Life: Latino and Latina Adolescents Use Photovoice to Explore Barriers to Health

**Kari Thatcher, BFA, MPH** Candidate, Department of Health Behavior, UNC Gillings School of Global Public Health

**Alexandra Lightfoot, EdD**, Center for Health Promotion and Disease Prevention, University of North Carolina

**Florence M. Simán, MPH**, El Pueblo, Inc.

**Eugenia Eng, MPH, DrPH**, Department of Health Behavior, UNC Gillings School of Global Public Health

**Yesenia Merino, MPH**, Department of Health Behavior, UNC Gillings School of Global Public Health

**Tainayah Thomas, MPH**, Department of Health Behavior, UNC Gillings School of Global Public Health

**Robert Colby, PhD**, Ohio Humanities, University of North Carolina at Chapel Hill

**Tamera Coyne-Beasley, MD**, Department of Pediatrics, University of North Carolina at Chapel Hill

**Steve Day, MCP**, School of Social Work, University of North Carolina at Chapel Hill

**William Hall, MSW**, School of Social Work, University of North Carolina at Chapel Hill

**Kent Lee, MA**, Department of Social Psychology, University of North Carolina at Chapel Hill

**John McGowan, PhD**, Department of English and Comparative Literature, College of Arts and Sciences, University of North Carolina at Chapel Hill

**Keith Payne, PhD**, Department of Social Psychology, University of North Carolina at Chapel Hill

**Rachele McFarland, MSW** Candidate, School of Social Work, University of North Carolina at Chapel Hill

**Mimi Chapman, PhD**, Principal Investigator, School of Social Work, University of North Carolina at Chapel Hill

**Nelson Aldana, Laura Aldana, Angie Cadena, Francisco Daniel, Hernandez Leyva, Ricardo Martinez, Alejandra Mendez, Jaime Raul Perez Gonzalez, Kevin Quesada, Karla Salgado, Rubén Suarez**

Background: Compared to Whites in North Carolina, Latinos face significant health care barriers, including lack of insurance, access to care, and difficulty communicating with providers. This project explored Latino/a adolescents' perspectives on what impacts their health as part of a pilot intervention engaging pediatric residents in an exploration of Latino ethnicity and the experience of migration on health. Methods: We used the community-based participatory research (CBPR) method of photovoice with two groups of Latino adolescents. Adolescents took photos and engaged in the facilitated SHOWED/VENCER dialogue process about "What I wish the doctor knew about my life." We organized a forum with pediatric residents to discuss photovoice findings and prioritize strategies to improve health care interactions for Latino/a adolescents. Results: Findings from the photovoice project reveal the challenges faced by Latino/a adolescents in reaching for the American Dream. Themes emerged on the importance of the adolescents' relationships with doctors, the impact of stereotypes on their lives, pressures to fulfill parental responsibilities without having the power of adulthood, and the role of language in their lives as more than merely communication but also a vehicle for cultural connection. Conclusion: To improve the health and future opportunities of Latino/a adolescents it is critical to understand, from their perspectives, the ways their lives can be complicated by experiences of migration, racial stereotypes, and the challenges of cross-cultural communication. Innovative methods to increase understanding and enhance patient-provider relationships are needed to improve quality of care and reduce Latino/a health disparities.



## Implementation of a Traditionally School-based Teen Pregnancy Prevention Program Among Hispanic Teens in a Community Setting: Challenges and Lessons Learned

**Jill Lebov, PhD, MSPH**, El Pueblo, Inc.

**Alexandra Dest, BA**, El Pueblo Inc.

**Tania Duran-Eyre, MA**, El Pueblo, Inc.

Background: The pregnancy rate among Hispanic adolescents is more than twice that of White adolescents in North Carolina (57.9 vs. 24.7 per 1,000). Evidence-based teen pregnancy prevention models typically employ a one-size-fits-all approach which does not consider the socioeconomic and cultural context of Hispanic adolescents in the United States. Objective: El Pueblo, Inc., a Latino community-based and advocacy organization, implemented Teen PEP, a comprehensive sexual health program traditionally offered as a year-long for-credit high school course. El Pueblo adapted the curriculum for implementation in a community setting to engage Hispanic teens in pregnancy prevention education and leadership development. Here we report challenges and lessons learned. Results: From 2012-2014, 28 peer



educators participated in weekly training sessions. In 11 educational workshops, peer educators taught 50 adolescents about negotiation and refusal skills, contraceptive methods, STI/HIV prevention, and alcohol/substance abuse. Challenges: transportation issues and parent work schedules frequently hindered participant attendance; 9-month curriculum requirement was not sustainable for youth who had to assume additional family and employment responsibilities; workshops were not designed to incorporate interpretation; lack of support from schools required more intensive recruitment efforts than anticipated. Lessons learned: Use incentives to promote participant retention; offer gas cards to carpooling parents; ensure funding for interpretation; incorporate team-building activities; build community support through cultural and informational outreach events. Conclusions: To be more culturally appropriate and sensitive to socioeconomic disparities among participants, community-level pregnancy prevention programs must include funding for transportation, incentives, and interpretation, and incorporate community-building actions and cultural activities.

## Exploring CRC Screening Barriers and Facilitators in the Spanish-speaking Community in North Carolina

**Stephanie B. Wheeler, PhD**, Assistant Professor, Department of Health Policy and Management, University of North Carolina at Chapel Hill  
**Trisha M. Crutchfield, MHA, MSIS, CPH**, Project Manager, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill

**Jane L. Laping, MS, MPH**, Research Associate, Translational and Clinical Sciences Institute, University of North Carolina at Chapel Hill

**Lexie Perreras, MPH**, Research Assistant, Translational and Clinical Sciences Institute, University of North Carolina at Chapel Hill

**Daniel Reuland, MD, MPH**, Clinical Associate Professor, Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill

**Laura Cubillos Braswell, MPH**, Research Associate, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

**Nacire Garcia, MS**, Study Coordinator, Translational and Clinical Sciences Institute, University of North Carolina at Chapel Hill

**Connor Kane, BA**, Research Assistant, Translational and Clinical Sciences Institute, University of North Carolina at Chapel Hill

**Michael P. Pignone, MD, MPH, FACP**, Professor, Division of General Medicine and Clinical Epidemiology, University of North Carolina at Chapel Hill

**Introduction:** Colorectal cancer (CRC) is a leading cause of death among Hispanics in the United States. Despite the proven benefits of CRC screening, many Hispanics are not being screened. Using a combined methodology of focus groups and discrete choice experiment (DCE) surveys, this study seeks to better understand CRC screening experiences, barriers, facilitators, and preferences of Hispanics living in North Carolina. **Methods:** Four gender-stratified focus groups were conducted and DCE surveys were administered to 38 Spanish-speaking individuals across four counties in North Carolina. In-depth content analysis was used for the focus group data; descriptive analyses with means and proportions were used to analyze the quantitative data. **Results:** Data analyses showed that this population has a strong interest in CRC screening, but experiences barriers such as lack of awareness, lack of access to resources, and high follow-up care costs. Some of these barriers are unique to their cultural experiences in the United States, such as an expressed lack of tailored CRC information. DCE findings showed a preference of small rewards (\$10) and small co-payments (\$25-100) for screening, as opposed to larger rewards (\$100) and large co-payments (\$1000). **Conclusion:** These findings on CRC screening and preferences in Spanish-speakers in North Carolina are relevant to improving care and access for this population. Efforts to tailor CRC resources through culturally and linguistically appropriate programs may be effective in improving CRC screening rates in Hispanics. Additionally, special attention should be given to this population's needs surrounding access to healthcare resources, insurance, and associated costs.

## Neighborhood Socioeconomic Status, Birth Weight, and Gestational Age in Infants Born to Teen Mothers

**Sheryl L. Coley, DrPH**, Postdoctoral Research Fellow, University of Wisconsin-Madison

**Tracy R. Nichols, PhD**, Associate Professor, Department of Public Health Education, University of North Carolina at Greensboro

**Introduction:** This cross-sectional study explored associations between neighborhood socioeconomic status (as defined by "neighborhood risk") and racial disparities in birth weight and gestational age among infants born to teen mothers in a North Carolina sample for the year 2011. **Methods:** Mother-infant birth cases (n=7,923) from North Carolina state birth records data were geocoded to census-tract socioeconomic statistics from the 2007-2011 American Community Survey and 2010 US Census. A neighborhood risk index was created with this

# POSTER ABSTRACTS

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socioeconomic information through principal component analysis. Hierarchical linear models were used to identify racial differences in infant birth weight and gestational age across census-tracts in context of maternal demographics, pregnancy behaviors, and neighborhood risk. Results: African-American teen mothers in this sample had infants of significantly lower birth weights and gestational ages in comparison to White teen mothers across all census-tracts. Teen mothers residing in areas of higher neighborhood risk had infants of significantly lower birth weights and gestational ages when compared to mothers residing in areas of lower neighborhood risk. However, racial disparities remained significant in these outcomes when controlling for maternal characteristics, pregnancy behaviors, and neighborhood risk. Conclusions: These findings indicate the need to increase focus on prenatal care, perinatal education, and community social support for African-American teen mothers across all levels of socioeconomic status in order to improve birth outcomes and reduce racial disparities. These results warrant further multilevel investigations of neighborhood characteristics and their associations with infant birth outcomes and associated racial disparities among other statewide samples of teen mothers.



## Reducing the Coverage Gap: Providing Insurance Assistance to People Living with HIV/AIDS

**Alyssa Jasmine Bullard, MHA**, Public Health Program Consultant, NC AIDS Drug Assistance Program, Department of Health & Human Services

**Background:** The NC AIDS Drug Assistance Program (ADAP) currently provides HIV medications to low-income residents of NC under two models, APP and SPAP. The ADAP Pharmacy Program (APP) serves clients with no other third party coverage. The State Pharmaceutical Assistance Program (SPAP) serves clients with Medicare Part D prescription drug coverage. Taking into consideration the ACA and the plight of the recession, ADAP plans to offer a third model, the Insurance Co-Pay Assistance Program (ICAP), for clients who have Marketplace insurance coverage. **Purpose:** Racial and ethnic minorities, as well as, gay and bisexual men are disproportionately affected by the HIV/AIDS epidemic. In 2013, African Americans represented approximately 64% of all newly diagnosed HIV cases in NC. In November 2014, over 50% of all ADAP enrollees had gross incomes at/below 100% of the FPL and nearly 65% of all enrollees were racial minorities. These populations face numerous barriers which make obtaining adequate health insurance coverage challenging. **Methods:** The ICAP will require voluntary enrollees to enroll in a qualified health plan offered through the federally facilitated Marketplace. The client will be required to pay their monthly premiums and ICAP will pay for all medication copayments on the primary payer's formulary through a contracted Pharmacy Benefits Manager. **Goal:** ADAP aims to increase access to care and improve health outcomes for enrollees, while reducing program costs and maximizing finite resources. ADAP believes that given the recent advances in medicine and research, HIV should not be considered a terminal condition and that HIV positive individuals can "reach the American dream".



## Health Care Access in East Harlem: Demystifying the Affordable Care Act to Expand Insurance Enrollment

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**Varun Kejriwal**, Icahn School of Medicine at Mount Sinai

**Stephen Supoyo**, Icahn School of Medicine at Mount Sinai

**Andrea Jakubowski**, Icahn School of Medicine at Mount Sinai

**Kamini Doobay**, Icahn School of Medicine at Mount Sinai

**Ray Cornbill, MBA**, Center for Multicultural and Community Affairs, Icahn School of Medicine at Mount Sinai

**Ann-Gel Palermo, DrPH, MPH**, Center for Multicultural and Community Affairs, Icahn School of Medicine at Mount Sinai

**Background:** The Icahn School of Medicine at Mount Sinai (ISMMS) is located in East Harlem, a low-resource neighborhood with an adjusted 2011 rate of uninsured of 16.60%. The Doctors for America (DFA) ISMMS Chapter anticipated a shortfall of resources dedicated to outreach and enrollment in the rollout of the Affordable Care Act (ACA). **Methods:** DFA students partnered with the East Harlem Community Health Committee, Inc. (EHCHC), a nonprofit coalition of community health provider organizations founded in 1975. The EHCHC/DFA partnership aimed to educate residents about new options for insurance and enrollment assistance, document East Harlem's experience of enrollment, and facilitate communication between organizations working on enrollment. Twenty medical students partnered with ten community health centers and social service agencies. Students gave presentations, made referrals to a partnered certified application counselor, and documented successes and challenges in the implementation of the health insurance expansion. DFA and the EHCHC formed a monthly meeting of application counselors, social workers, and others to collaborate on insurance enrollment efforts. **Results:** Through the EHCHC/DFA

partnership, medical students gave presentations, developed educational materials, and facilitated collaboration. Barriers to effective outreach and enrollment included a lack of community-tailored materials, a lack of knowledge about the ACA among organization and clinic staff, and the lack of a concerted effort by the city government in insurance efforts. Conclusion: The EHCHC/DFA partnership has resulted in expanded outreach, newly developed community-tailored resources, and increased partnership and dialogue between community organizations around enrollment efforts in East Harlem.

## **11** Race Differences in the Associations of Substance/Drug Use with the Prevalence of Asthma in US Adults: Results from the 2011 The National Survey on Drug Use and Health Data

**Daniel Owusu**, Department of Biostatistics and Epidemiology, College of Public Health, East Tennessee State University  
**Megan Quinn, DrPH**, Department of Biostatistics and Epidemiology, College of Public Health, East Tennessee State University  
**Ke-Sheng Wang, PhD**, Department of Biostatistics and Epidemiology, College of Public Health, East Tennessee State University

Background: Asthma prevalence and exacerbations are known to be higher in racial minorities than Whites, and drug use is a major risk factor for asthma. We examined racial differences in the association between substance use and asthma in US adults. Methods: Analysis of 38,623 adult respondents (18+ years) from the 2011 National Survey on Drug Use and Health data. Weighted univariate and multiple logistic regressions were used to estimate associations between the selected predictors and asthma. Further weighted multiple regression analyses were conducted separately for Whites, African-Americans (AA), Hispanics/Latinos, and Other Races. Results: The overall prevalence of asthma was 6.0%. After adjusting for other variables, females, early initiation of alcohol consumption, and IDU showed increased odds of asthma (OR=1.68, 1.22 & 1.4, respectively); asthma reports were reduced for mid-aged and the elderly (OR=0.84 & 0.79, respectively) in the combined. When stratified by race, White, AA and Hispanic females were positively associated with asthma (OR= 1.66, 1.51 & 1.84 respectively). Alcohol consumption before age 18 was associated in only AAs and Hispanics (OR=2.0 & 1.76 respectively); marijuana use prior to 18 years was associated in Hispanics (OR=1.98) only. Past year marijuana and other IDU use were associated in AAs (OR=1.59) and Hispanics (OR=2.37) respectively. Conclusion: When we combine all races and analyze data for risk factors of asthma, our results suggest that we will miss several important factors in racial minorities. Our findings provide important information to guide race-specific policy development and intervention planning for asthma control in the US.

## **12** Health Beliefs and SES: The Health Promotoras' View

**Johanne I. Laboy, MBA, ABD**, Instructor, Communication Rhetoric and Digital Media Program, North Carolina State University

Background. The health beliefs and myths that Hispanics hold about illness and disease may influence their ability to look for information, seek medical care, or adhere to medical treatments. Objectives. This investigation probed Hispanic health promotoras regarding the health beliefs of low-income Hispanics, and how economic and socio-cultural factors affect those beliefs. Methods. For this investigation, six health promoters at El Centro Hispano in Durham, and the Mexican Consulate in Raleigh participated in semi-structured interviews that covered a wide range of socio-economic issues. The interviews were conducted in Spanish, transcribed, and analyzed using thematic analysis. Results. The promotoras indicated that Hispanic health program participants do hold a variety of health beliefs and myths about specific illnesses and diseases. The promotoras also indicated that myths about disease and illness are influenced by the health program participants' socio-economic status. Influence on attitudes and behavior. Results also indicate that transportation, language education, employment, religion, and interpersonal relationships influence low-income Hispanics' ability to seek medical care and treatment. Implications for research. Identifying health beliefs and myths can help clinicians develop ways to dispel the beliefs and make recommendations on strategies to mitigate their negative impact. It can also assist with patient education and health literacy, as well as increase the cultural competence of health care providers. In addition, the study could be used to inform health campaign development and health interventions for the Hispanic community. Finally, the study can assist researchers in identifying any methodological or technological improvements needed to strengthen research in this area.

# POSTER ABSTRACTS

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## Dimensions of Diabetes Treatment Adherence in African Americans Living in Rural Southeastern North Carolina

**Jeanne Kempainen, PhD, RN**, Irwin Belk Distinguished Professor of Nursing, School of Nursing, University of North Carolina at Wilmington  
**Kelly Laham, RN, MSN, FNP**, Lecturer, School of Nursing, University of North Carolina at Wilmington  
**Stephen Blackmon, RN, MSN FNP**  
**Julie Taylor, PhD, RN**, Associate Professor, School of Nursing, University of North Carolina at Wilmington

**Background/Rationale:** The effective management of chronic illness has historically been plagued by patient non-adherence (Todd & Ladon, 1998). Diabetes is one of the most common chronic health issues encountered in the primary care setting. The evidence shows that 95% of routine daily care essential for maintaining glucose control is provided by the individual with diabetes (Egede & Bonadonna, 2003). This fact magnifies the detrimental effects of treatment non-adherence in persons with diabetes. **Purpose:** Study aims included 1) examining relationships between demographic characteristics and diabetes medication compliance, 2) determining personal perceptions about the efficacy of diabetes medications, and 3) identifying barriers to diabetes treatment regimens. **Methods:** A descriptive correlational design examined relationships between demographics, adherence with diabetes medications, and knowledge of medication regimens. Analytic methods included the use of descriptive and bivariate statistics. Open ended qualitative questions were analyzed through content analysis. **Results:** Participants included 25 females (55.6%) and 20 males (44.4%) with an average length of taking diabetes medications at 8.5 years (SD 8.9). Average HbA1c levels for males were 9.3 (SD 2.5) and 7.1 (SD 1.9) for females. Forty four percent were fearful that their diabetes medications put them in danger because of potential hypoglycemic episodes; 27% felt like discontinuing medication. Morisky Medication Adherence Scale mean scores were 3.4 (SD 1.8), suggesting moderate adherence. A major contributing factor to non adherence was lack of finances. **Conclusions:** Although a majority of the subjects felt that their diabetic medicines were helpful and effective at managing their diabetes, the level of adherence and glycemic control was poor. Economic factors frequently decrease access to needed medications. **Implications for Practice:** Study findings highlight the need for placing renewed emphasis on patient education about signs and symptoms of glucose abnormalities and diet approaches that limit unstable serum values.



## Safe Work is Health: The Community Process of Building a Workers Center for Day Laborers in Carrboro, North Carolina

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**Natalia Lenis, BA**, El Centro Hispano, Carrboro Office Coordinator  
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**Clare Barrington, PhD**, Assistant Professor, Department of Health Behavior, UNC Gillings School of Global Public Health

Latino male day laborers have been working in Carrboro for more than two decades in a corner known as "La Pantry". In this corner, men interact with each other and wait for contractors to come and hire them for the day. However, this arrangement presents certain health challenges for these men, both for their physical and mental health. Within the context of a pilot study conducted to promote personal protection equipment among these group of men, we have found that Latino male day laborers faced several challenges and are vulnerable and subject to abuses by employers and other community members. Some of these abuses include theft of salaries and harassment. In terms of health, we have found out that men lack access to health services, have almost never had any job-related safety training and have little knowledge about prevention of accidents. A task-force, led by El Centro Hispano, which includes the Town of Carrboro and representatives from other community-based organizations, has been working for the last two years to open a workers center to provide a safe space for day laborers to seek jobs. The task-force has developed a work plan, which includes fundraising and establishing collaborations with other day laborers organizations in the United States that have experience with workers centers. Day laborers have been consulted throughout the planning process, in order to address some of their concerns and needs in relationship to opening a workers' center.



## The State of Low-Wage Work in North Carolina: An Interactive Website

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**Julie Stern**, MBA/MCRP Candidate, University of North Carolina at Chapel Hill  
**Genevieve Will**, MCRP Candidate LEED AP, University of North Carolina at Chapel Hill  
**Cara Wittekind**, MCRP Candidate, University of North Carolina at Chapel Hill  
**T. William Lester, PhD**, Instructor, University of North Carolina at Chapel Hill

**Introduction:** The health of residents in North Carolina is directly tied to their level of income and access to well-paying jobs. As the economy slowly recovers, the labor market continues to show weakness even as the unemployment rate has fallen to a two-year low. The growth of low-wage jobs impacts the physical and economic health of the state. The research team sought to answer four main research questions: 1) who are the people and households working in low-wage jobs; 2) where is low-wage work concentrated in the state; 3) in which industries and occupations are low-wage jobs found; and 4) what are the potential impacts of changing state policy. **Methods:** We chose to use the 2014 150% Federal Poverty Level cutoff for a family of two as our measure of low wage, which equates to \$11.34 per hour (\$23,595 per year). Microdata was gathered from national census and survey data sources. We calculated descriptive statistics on a number of variables related to our research questions. Four industry snapshots were created to take a deeper look at low-wage work in restaurants, grocery stores, home healthcare and agriculture. **Results and Conclusion:** One-third of the workforce in NC is employed in low-wage jobs with disparities by gender, age, race and ethnicity, and nativity. Employment in low-wage industries and occupations continues to grow, while wages decrease. Urban NC counties have the greatest number of low-wage jobs, while rural counties still struggle with fewer employment opportunities, of which a higher percent are low-wage jobs. This website is an important resource for those concerned about the health of the working poor in NC and interested in policy change to improve the well-being of all NC residents.



## **"It's like we are legally, illegal": Using Photovoice to Explore Latino Youth Experiences of Deferred Action for Childhood Arrivals (DACA) and Barriers to Higher Education**

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**Cruz Núñez**, Immigrant Youth Forum  
**Alexandra Lightfoot, EdD**, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill

**Background:** For a small subset of undocumented immigrants, Deferred Action for Childhood Arrivals (DACA), presents limited opportunities (i.e. protection from deportation, work permit and driver's license) for economic advancement. However, DACA recipients in North Carolina do not receive in-state residency for college tuition, a crucial omission that limits educational advancement, economic opportunities and, ultimately, long-term health. **Methods:** Through a community-based participatory research (CBPR) project, academic researchers working with a community-based youth advocacy organization used Photovoice with youth to explore the question "How does being an undocumented Latino/a affect my aspirations for higher education?" Five youth engaged with this question by taking photos and participating in structured conversations using the SHOWED dialogue process through six sessions. After the Photovoice sessions, a community partner and two academics conducted an extensive secondary analysis. The analysis team coded transcripts independently and collaboratively to distill key themes. **Results:** Our findings highlight the day-to-day challenges faced by DACA recipient youth in NC and provide evidence of how DACA, which was intended to improve opportunities, actually complicates familial, social, financial and educational motivations for undocumented immigrant Latino/a youth in the state. Youth describe feeling as though DACA limits their employment opportunities to low-paying jobs and feeling "locked out" of higher education because their complex legal status makes college unaffordable. **Conclusions:** DACA needs to be expanded to include all undocumented immigrants (not just a subset of the youth), to be a more permanent solution, with a clear path to residency and citizenship. Comprehensive immigration policy is imperative for society's prosperity.

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