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BCHW SAAPHI

October 27, 2012

Health Disparities Across the Lifespan:
Addressing Gender Specific Health Inequities
Among the African Diaspora

San Francisco, CA
8AM-5:30PM



Artwork by: Cristian Chandler and Javaris Edgecombe

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October 27, 2012

Dear Friends,

On behalf of the Black Caucus of Health Workers (BCHW) and the Society for the Analysis of African-American Public Health Issues (SAAPHI), welcome to our 2012 pre-conference meeting. We hope that you find this event informative and thought-provoking, and use this event to network and form new collaborations across public health disciplines.

BCHW and SAAPHI are among the oldest national public health organizations comprised of researchers, physicians and health advocates dedicated to improving the overall health of African Americans. In the United States, racial and ethnic disparities are evident in almost all measures of health across the lifespan and the root causes of these inequities are complex. Hence, the elimination of these health disparities will require collaboration between science, practice, and policy, all of which BCHW and SAAPHI members have examined for over four decades.

The theme of this year's pre-conference meeting is: "Health Disparities across the Lifespan: Addressing Gender Specific Health Inequities among the African Diaspora". The morning session will focus on public health issues that affect maternal and infant health and provide practical examples of community-based organizations working to reduce these disparities. The mid-morning panel presentations will provide scientific and policy information regarding the epidemic of childhood obesity. The afternoon sessions will focus on issues of health equity across the lifespan. Theories and frameworks will be presented that view African-American communities in the context of their environment in which social behavior, cultural, historical, political, and economic forces influence health and disease. The goal of each session is to provide a forum for rich dialogue, discussion and solutions.

We would like to express our deepest appreciation for the support and inspiration of a BCHW legacy member and founder of SAAPHI, Dr. William C. Jenkins, along with other senior members of both organizations. We would also like to thank the diligent service of the pre-conference planning committee and scientific symposium committee. Finally we would like to thank you for participating in this year's event. Your continued participation and financial support of both organizations have made this event truly a success.

Sincerely,

Selena Smith, MPA
 BCHW President, 2010-2012

Rebecca E. Hasson, Ph.D.
 SAAPHI President, 2010-2012

2012 Meeting Agenda
**Health Disparities across the Lifespan: Addressing Gender-Specific Health Inequities
among the African Diaspora**

Speaker Biographies

- 7:00-8:00 Registration Opens
- 8:00-8:05 **Presidents' Welcome**
Selera Smith, MPA- BCHW President
Rebecca Hasson, PhD- SAAPHI President
- 8:05-10:00 **"Maternal and Infant Health"**
Presenter: *Richard David, MD- University of Illinois at Chicago*
Moderated by: *Diane Rowley, PhD, MPH- University of North Carolina at Chapel Hill*
- 10:00-10:15 Break
- 10:15-11:30 **"Childhood Obesity in our African-American Communities"**
Presenter: *Shiriki Kumanyika, PhD, MPH- University of Pennsylvania/African American Collaborative Obesity Research Network*
Presenter: *Mildred Thompson, MSW- PolicyLink*
Moderated by: *Tiffany Gary-Webb, PhD- Columbia University*
- 11:30-1:00 Lunch
Presumed Consent: Opting Out Every American has a Right To Make that Choice - Laceana Wornack
Thematic poster session
- 1:00-2:35 **"Health Equity across the Lifespan"**
Presenter: *Adewale Troutman, MD, MPH, CPH-University of South Florida/APHA President-Elect*
Presenter: *Linda Ray Murray, MD, MPH- Cook County Department of Public Health/APHA Immediate Past President*
Moderated by: *Mario C. Browne, MPH, CHES- University of Pittsburgh*
- 2:35-2:50 Break
- 2:50-4:00 **Presenter:** *Amani Nuru-Jeter, PhD- University of California, Berkeley*
Introduction by: *Kimberly Taylor, PhD, MPH- Northrop Grumman contractors*
Working with the Centers for Disease Control and Prevention
- 4:00-5:15 **SAAPHI Scientific Symposium**
Presenters: *Denise Smith- Morehouse School of Medicine; Rachel Hardeman, MPH- University of Minnesota; Dara Mendez, PhD, MPH- University of Pittsburgh; Nadi Amunali, PhD, MPH, CHES- Morgan State University*
Moderated by: *LeConte Dill, PhD- Morehouse College; Natasha Brown, PhD- University of Maryland; and Kimberly Taylor, PhD, MPH- Northrop Grumman contractor working with the Centers for Disease Control and Prevention*
- 5:30 **Closing Remarks**

Mario C. Browne, MPH, CHES, a public health administrator who has extensive experience in promoting minority health and wellness, joined the University of Pittsburgh's Schools of the Health Sciences, which includes the Graduate School of Public Health, as the director of health sciences diversity in 2011. Throughout his career, Mr. Brown's interests have been in translating research and theory into practice and empowering communities and individuals to eliminate health disparities. Mr. Browne had been a public health administrator in the Department of Epidemiology and Biostatistics at the Allegheny County Health Department. From 2002 to 2009, he was a project director and community health coordinator for Pittsburgh's Center for Minority Health (CMH), where he coordinated the nationally recognized *Take a Health Professional to the People Day*, a local initiative based on a national campaign that encouraged people to take their loved ones to see a doctor. Mr. Browne also served as the Center for Minority Health liaison to the university's health sciences community, and community-based organizations, where he was responsible for community outreach, education and health promotion. He also coordinated the "Underground Railroad Bicycle Route" and formed the Pittsburgh Major Taylor Cycling Club, both of which encouraged African-Americans to use cycling as a means to get physically active.

Richard David, MD, is an attending neonatologist and co-director of the neonatal intensive care unit at Stroger Hospital of Cook County. His clinical work involves care for newborns from a low-income minority and immigrant population in Chicago. His research has focused on perinatal epidemiology and more specifically on the relation between social inequality—especially racism in its various forms – and birth outcomes. He and his colleagues constructed a transgenerational birth file from several decades' worth of birth and death certificates and linked census data, which has allowed them to explore risk factors across the life course and the impact of the social environment on birth weight and survival. He has also studied the impact of immigrant status on birth outcomes and the changes in birth weight over generations for different ethnic populations immigrating to the United States.

Tiffany Gary-Webb, PhD, is an Associate Professor of Epidemiology at the Columbia Mailman School of Public Health. Dr. Gary-Webb is an accomplished researcher having co-authored over 90 scientific publications including journal articles, editorials, and book chapters. She is most known for her community-based intervention work which showed that nurse-case manager and community health worker team interventions improved health behaviors, health-related quality of life and reduced emergency room visits for urban African Americans with type 2 diabetes. These studies are among the largest "targeted intervention" studies in existence conducted exclusively among African Americans and have made a significant contribution to the literature. In fact, her work has been featured as part of several systematic reviews showing best practices for improving quality of diabetes care and in the recent book "Diabetes in Black America: Public Health and Clinical Solutions to a National Crisis." This work has led the way for others to replicate and translate to different populations and settings. Dr. Gary-Webb's most recent work examines the social and environmental determinants of racial disparities in obesity, particularly for African Americans. She examines whether neighborhood SES and the built environment impact weight-related health behaviors and response to weight-loss interventions. Dr. Gary-Webb holds leadership roles in several professional organizations including the American Public Health Association (APHA) and the American Diabetes Association (ADA). She is a charter member of the African American Collaborative Obesity Research Network (AACORN) whose mission is to influence healthy weight, freedom from obesity-related health problems, and high quality of life for African American youth, adults, and elders.

Shiriki Kumanyika, PhD, MPH, has an interdisciplinary background and holds advanced degrees in social work, nutrition, and public health. She is a professor of epidemiology and the associate dean for health promotion and disease prevention at the University of Pennsylvania Perelman School of Medicine. She was the founding director of Penn's Master of Public Health program, serving in this role from the program's inception in 2002 until May of 2007. Dr. Kumanyika's research focuses on ways to reduce diet-related chronic disease risks, particularly in African Americans. She has served as principal investigator or co-investigator of several multi-center and single-center randomized clinical trials or observational studies related to salt intake, other aspects of dietary intake, or obesity. Several of her studies have examined ways to promote healthy eating and physical activity in African American children or adults in clinical or community-based settings. She founded and chairs the African American Collaborative Obesity Research Network (AACORN - www.aacorn.org), a national network that seeks to improve the quantity, quality, and effective translation of research on weight issues in African American communities. Research to improve equity in food marketing environments in African American communities is a major focus of AACORN's current research. Dr. Kumanyika is also currently engaged in research collaborations that involve the use of systems science approaches to study complex public health problems. Her current research is funded by the NIH, the Robert Wood Johnson Foundation and the Aetha Foundation. She has published extensively in the scientific literature and lectured widely within the United States and abroad. Dr. Kumanyika's external activities focus on translation of evidence into nutrition and public health related policies. From 2008-2011 she was Vice Chair of the Secretary's Advisory Committee for Healthy People 2020 Objectives. She currently chairs the Institute of Medicine's (IOM) Standing Committee on Childhood Obesity Prevention, co-chairs the International Obesity Task Force of the International Association for the Study of Obesity, and is a member of the World Health Organization's Expert Panel on Nutrition. Her honors include election to membership in the IOM (2003), receipt of the inaugural Population Research Prize from the American Heart Association (2005), and receipt of the Wade Hampton Frost Lecture Award from the Epidemiology Section of the American Public Health Association (2011).

Linda Rae Murray, MD, MPH, has spent her career serving the medically underserved. She has worked in a variety of settings including practicing Occupational Medicine at a Workers Clinic in Canada, Residency Director for Occupational Medicine at Meharry Medical College, Bureau Chief for the Chicago Department of Health under Mayor Harold Washington. More recently Dr. Murray served as Medical Director of the federally funded health center, Winfield Moody, serving Cabrini Green Public Housing Project in Chicago. Dr. Murray has been an active member of a wide range of local and national organizations including serving as a member of the Board of Scientific Counselors for the Agency for Toxic Substances and Disease Registry (ATSDR), and the Board of Scientific Counselors for the National Institute of Occupational Safety and Health (NIOSH) and the Board of Directors of Trinity Health (a large Catholic Health system). Dr. Murray served as Chief Medical Officer - Primary Care for the Community Health Network of the Cook County Bureau of Health Services. The Cook County Bureau of Health is one of the nation's largest public system of medical care and operates three hospitals, the public health department for suburban Cook County, health services a County Jail and the network of health centers (ACHN) operated by the County. Today she serves as the Chief Medical officer for the Cook County Department of Public Health of the Cook County Health & Hospital System, the state certified public health agency for suburban Cook County. She practices as a general internist at Woodlawn Health Center, is an attending physician in the Division of Occupational and Environmental Medicine at Cook County Hospital and is an adjunct Assistant Professor at the University of Illinois School of Public Health.

and is an adjunct Assistant Professor at the University of Illinois School of Public Health (Occupational & Environmental Health and the Health Policy & Administration Departments). She plays a leadership role in many organizations including NACCHO's (National Association of City & County Health Officers) Health Equity & Social Justice Team, the national executive board of American Public Health Association and serves on the board of the Chicago based Health and Medicine Policy Research Group.

Amari Nuru-Jeter, PhD, MPH, is an Associate Professor of Community Health & Human Development and Epidemiology at the University of California at Berkeley. Dr. Nuru-Jeter's broad research interest is to integrate social, demographic, and epidemiologic methods to examine racial inequalities in health as they exist across populations, across place, and over the life-course. Dr. Nuru-Jeter considers herself to be more "exposure" than "outcome" focused, which is consistent with her interests in examining social factors such as "race" and "social class" as exposures that serve as the foundation for the creation and preservation of health disparities across a number of outcomes. She is interested in how these social exposures determine life experiences and opportunities differently for different social groups and how those differences become embodied and impact mental and physical health and well being. Her current program of research consists of four inter-related areas of inquiry relevant to the study of racial health disparities: 1) the intersection of "race" and socioeconomic status and its effects on mental and physical health outcomes, 2) race and psychosocial and psycho-biological stress, 3) the measurement and study of racism as a key determinant of racial health disparities, and 4) socio-environmental context (i.e., place effects) and person-environment interactions. Dr. Nuru-Jeter is Principal Investigator of the African American Women's Heart and Health Study, which examines the association between racism stress, cardiovascular biomarkers, and biological stress among Black women in the Bay area with particular focus on coping mechanisms; and Co-Principal Investigator of the Bay Area Heart Health Study which examines similar associations among Black men with particular emphasis on coping mechanisms and internalized racism. Her research has included work on doctor-patient race-concordance, the intersection of race, socioeconomic status, and gender on risk for psychological distress, disability outcomes, adult mortality, and child health and development; racial segregation; and racism stress and mental health outcomes.

Diane Rowley, MD, MPH, is Professor of the Practice in the Department of Maternal and Child Health, University of North Carolina Gillings School of Global Public Health. She has broad expertise in perinatal epidemiology, health disparities, and community based participatory research. Her current work focuses on eliminating disparities in infant health, preterm birth and other adverse pregnancy outcomes and on preconception care as a critical component of health care for women of reproductive age. She serves on the Perinatal Health Committee of the North Carolina Child Fatality Task Force, a legislative study commission which makes recommendations to the General Assembly and Governor. Dr. Rowley began her career as an Epidemic Intelligence Service Officer at the Centers for Disease Control and Prevention (CDC). During her tenure at CDC she managed a multidisciplinary research portfolio on racial disparities in infant mortality when she was Deputy Chief of the Pregnancy and Infant Health Branch in the Division of Reproductive Health. From 1997 to 2001 she was the Associate Director for Science in the National Center for Chronic Disease Prevention and Health Promotion at CDC. Prior to joining the UNC faculty she was founder and Director of the Research Center on Health Disparities at Morehouse College, Atlanta, GA. Funded by the CDC, NIH, and the WK Kellogg Foundation, the center conducted community participatory research throughout Georgia and supported undergraduate student-faculty research teams to carry out public health research that focused on social and cultural factors that influence health.

Kimberly R. Taylor, PhD, MPH, MS is an experienced Epidemiologist in infectious and chronic diseases, Bioterrorism, and behavioral surveillance. She has coordinated epidemiologic, scientific, and technical support to states, monitored and assessed health behaviors, and conducted surveillance and program evaluation related to public health issues. She has also explored behavioral risk factors and identified environmental and social influences that affect health outcomes. Through her work in the Division of Behavioral Surveillance at CDC, Dr. Taylor has provided analytic, technical assistance, and consultation to State surveillance programs on the collection, interpretation, analysis, and use of Behavioral Risk Factor Surveillance System (BRFSS) data. She has authored and co-authored publications in peer-reviewed journals on the evaluation and the implementation of intervention programs in health care organizations and community centers. In addition, Dr. Taylor has a vast knowledge in human resources, organizational management, policy, and community assessment to effectively and appropriately identify and evaluate solutions to public health problems. Her research interests include health disparities among various racial and ethnic groups, health equity, and the impact of racism on health. Lastly, Dr. Taylor earned a Masters in Public Health in Health Administration, a Master of Science in Epidemiological Science and a doctorate in Public Health, Epidemiology.

Mildred Thompson, MSW, is Senior Director and Director of the PolicyLink Center for Health Equity and Place. She leads the work of the organization's health team, participates in research focused on understanding community factors that impact health disparities and identifying practice and policy changes needed to improve individual, family and community health. Thompson has authored several reports and journal articles focused on reducing health disparities, increasing awareness about social determinants of health and effective ways to impact policy change. Prior to joining PolicyLink, she was Director of Community Health Services for Alameda County Public Health Department, Director of Healthy Start, a federal infant mortality reduction program, and Director of San Antonio Neighborhood Health Center. Thompson has degrees in Nursing, Psychology and a graduate degree from NYU in Social Work. She has also taught at Mills College and San Francisco State University, and has worked as an Organizational Development Consultant. Thompson is frequently sought for presentations and keynote addresses and serves on several boards and commissions including: The Zellerbach Family Foundation; Co-Chair, Roundtable on the Promotion of Health Equity and Elimination of Health Disparities; CA Health Policy Institute; and Consortium to Lower Obesity in Chicago Children.

Adewale Troutman, MD, MPH, MA, CPH, identifies himself through his commitment to social justice, human rights, community activism, health equity and national and global health. His life's work has been a testimony to this fact. Dr. Troutman has over 40 years of dedication through action to the principles of universal freedoms and the elimination of racism, injustice and oppression. His unique educational background has been a major factor in this quest. Dr. Troutman has an MD from New Jersey Medical School, a Masters in Public Health from Columbia University, Masters in Black Studies from the State University of New York in Albany, and as of October 2009, board certification from the National Board of Public Health Examiners. He is a residency trained Family Physician graduating from residency at the Medical University of South Carolina. His career has included clinical emergency medicine, hospital administration, academic and public health practice. He served as an Associate Professor in the University of Louisville's School of Public Health and Information Sciences while directing the Metro Louisville Department of Public Health and Wellness. His experience includes special consultancies with the World Health Organization in Thailand and Japan, health assessment missions in Angola, Jamaica and Zaire and training in India and Austria. His commitment to

Justice has evolved into his nationally recognized efforts to create health equity and the supremacy of the social determinants of health, the founding of the first Center for Health Equity at a local health department and the creation of the Mayors Healthy Hometown Movement. He is also credited with the passage of one of the strongest anti-smoking ordinances in the country. Dr. Troutman has had multiple publications including "What if We Were Equal", co-authored with former Surgeon General and Assistant Secretary of Health, Dr David Satcher. His awards and recognitions include the Medistar physician of the year award, the St Stephens Community Man of the Year Award, the Ottenheimer Award for Social Justice, The Power to End Stroke Award and numerous others. He is featured in the nationally televised PBS series: Unnatural Causes: Is Inequality Making Us Sick? Dr. Troutman serves a member or past member of the National Board of Public Health Examiners, the Academy for Health Equity, the Health and Human Services Secretary's Advisory Committee on Health Promotion Disease Prevention Healthy People 2020, the Health and Human Services Secretary's Advisory Committee on Infant Mortality, the Board of Directors of Public Health Law and Policy, the Executive Board of the American Public Health Association the African American Heritage Center and the National Association of County and City Health Officers. Dr Troutman is the American Public Health Association's newly elected President Elect. A nationally known speaker, Dr Troutman is an accomplished African Percussionist, a SCUBA diver, published poet and writer. He is married with 4 children.

Community Garden Programs and Interventions: Implications for Food Deserts in Atlanta- Denise Smith, MPH (c), Stephanie Miles-Richardson, DVM, PhD, LeConté Dill, DPH, MPH, Elaine Arche Booker, EdD, Morehouse School of Medicine

Objective: Food deserts are defined as low-income communities without availability to healthy, fresh food within a 1-mile radius of their residence. The limited access to healthy foods in urban African-American communities poses a critical need to develop a plan to address these disparities in neighborhoods. Research has shown community gardens as promising interventions for addressing food quality and access issues. This study aims to assess whether improving the local food environment can increase accessibility to healthy foods through community gardens in Metropolitan Atlanta communities assumed to be food deserts. **Methods:** A systematic literature review was conducted to identify best practices of community garden projects to address food deserts in metropolitan cities. Next, a windshield survey was conducted in the Adamsville community in metropolitan Atlanta, Georgia to determine if a food desert was present, and to provide an analysis of the local food environment. **Results:** Twenty-nine articles were reviewed and eight best practices were identified as effective strategies in metropolitan cities. Even so, community gardens had only minimal impact on food access issues in urban communities, due to seasonal accessibility and low yield. The windshield survey revealed that the Adamsville community was not a food desert, due to food access within .5 miles. **Conclusion:** The literature review offers food policy advocacy and supermarket tax incentives as ways to promote healthy community development. However, the specific neighborhood which was the focus of this project was found not to be a food desert.

On being Black and Female in Medical School: An examination of the differences in well being between African American women and their white counterparts and the role of racial identity as a protective factor- Rachel R. Hardeman, MPH, University of Minnesota, School of Public Health, Division of Health Policy & Management

Objective: The first year of medical school is often the most stressful due to significant academic pressure and unfamiliarity in a new environment. Studies also indicate that female medical students perceive more stress and experience more symptoms of depression and anxiety than male students. Minority medical students are more likely to report feelings of social isolation and elevated stress. Thus, African American female medical students may be at elevated risk for poor well being (e.g. perceived stress, feelings of exclusion and isolation, lower self-esteem, lacking social support, and feeling as though they lack control over their lives). The goal of this study is two-fold: (1) To determine whether African American female medical students experience lower levels of well being than their white female counterparts and (2) To explore if racial identity might act as a protective factor against poor well being for African American female first year medical students. **Methods:** Data come from the 198 African American women and 1397 White women who completed the baseline measurement of a longitudinal cohort study of 4764 medical students attending a stratified random sample of 50 medical schools. **Results:** Analysis of covariance examined differences in African American vs. White female student well being, independent of SES. Dependent variables included feeling accepted in medical school; perceived stress; fatigue; social support; mastery; and symptoms of anxiety and depression. African American women report significantly ($p < .05$) lower feelings of acceptance, lower feelings of personal power and control, higher perceptions of stress, more fatigue, and less social support. Black identity (measured with the Multidimensional Inventory of Black Identity) appears to be a protective factor for African American female students. Those with high black identity were significantly more likely to have higher self-esteem, stronger

feelings of personal power and control, less stress, less depression and more social support to cope with stress. **Conclusions:** African American female medical students' score lower than whites on measures that impact or reflect their overall wellbeing. Positive racial identity serves as a protective factor for these students and predicts higher levels of well being and social support. The recruitment and retention of minority health care providers is an important step toward the elimination of health disparities—African American female physicians are more likely to work in underserved communities and choose a career in primary care. It is vital that we better understand the experiences of African American female medical students and the potential barriers that may contribute to their wellbeing and subsequent success in medical school.

Neighborhood socioeconomic disadvantage and the black-white disparity in poor weight gain during pregnancy- Dara D. Mendez, PhD, MPH, University of Pittsburgh

Objective: In the US, there are significant racial disparities in poor weight gain during pregnancy and neighborhood contexts may contribute to the disparity beyond individual-level characteristics. We examined whether neighborhood disadvantage was associated with poor weight gain during pregnancy and if it contributed to the black-white disparity. **Methods:** We used data from Allegheny County, Pennsylvania 2009 birth records (N=8142) of non-Hispanic black and white mothers without congenital anomalies linked with data from the 2000 US Census. The primary outcome was inadequate versus adequate weight gain based on the 2009 Institute of Medicine weight gain recommendations. We calculated a neighborhood (census tract level) socioeconomic disadvantage index from 12 census variables such as neighborhood poverty, percent unemployed, and percent on public assistance. We used multilevel logistic regression and adjusted for education, cigarette use, and prenatal care use. **Results:** Non-Hispanic black women were more likely to be obese before pregnancy, have inadequate weight gain, and live in more disadvantaged neighborhoods compared to non-Hispanic white women (all $p < .001$). Women with inadequate weight gain (mean disadvantage score=21.9) were more likely to live in disadvantaged neighborhoods compared to women with adequate (mean=20.0) and excessive (mean=21.0) weight gain ($p < .001$). An increase in neighborhood disadvantage was associated with inadequate weight gain (10% increase, AOR=1.1, 95% CI: 1.1, 1.2). Neighborhood disadvantage explained a portion of the black-white disparity in inadequate weight gain after adjustment for individual factors. **Conclusion:** Public health policies and interventions should consider how neighborhood socioeconomic characteristics influence adverse pregnancy outcomes such as gestational weight gain and the racial disparity in these outcomes.

Neighborhood Level Disadvantage, Race/Ethnicity, and Infant Mortality in Washington DC- Ndidi Amutah, PhD MPH, CHES, Morgan State University School of Community Health and Policy

Objective: This study examined the effects of neighborhood level disadvantage and individual level characteristics such as race/ethnicity on infant mortality. Social determinants of health theory and ecological theory were used to construct a neighborhood disadvantage index for Washington DC. **Methods:** Secondary analyses were conducted using linked birth/death certificate and census data from the DC State Center for Health Statistics. Live births (55,938) and infant deaths (607) occurring in Washington DC from 2001-2007 were examined. Multilevel modeling techniques were utilized to determine the relationship between individual and neighborhood level factors on infant mortality. **Results:** Whites had the lowest rates of infant mortality (2.8/1000), followed by Hispanics (7.4/1000), with Blacks having the highest rates (15.2/1000) after adjusting for age, education, and marital status. These findings are consistent

with previous research affirming a relationship between race/ethnicity and infant mortality. Infants born in disadvantaged neighborhoods are 1.63 times more likely to die before their first birthday than those born in advantaged neighborhoods. The odds for infant mortality compared to Whites decreases especially for Blacks (5.39 to 3.10, 42% change), living in disadvantaged communities even when race was interacted with the neighborhood disadvantage index. **Conclusions:** The importance of place (disadvantaged or advantaged neighborhood) in relation to infant mortality in addition to improving individual level factors is discussed for program development and policymakers. The research conducted emphasizes the need for additional tools and policies that measure social capital and stress, and the relationship to the social determinants of health for minority women.

SAAPH Thematic Poster Presentation Abstracts

Incidents of Non-Armed Conflict Forced Pregnancy among Women of African Descent in South Africa, Jamaica, and the United States- Anya Bazzell, M.P.H., Morehouse School of Medicine

Forced pregnancy is defined by the International Criminal Court as a crime that is committed when captors forcefully impregnate women and hold them hostage until they cannot safely abort the unborn child. Because of this definition's underlying emphasis on widespread, systematic attack, ethnic cleansing, unlawful confinement, and military control, this crime is most often associated with armed military conflict. However, this act of injustice may also have implications for the reproductive health of women outside of armed conflict settings, resulting from rape/sexual coercion and lack of contraception control—factors that also facilitate armed conflict forced pregnancy. Women of African descent disproportionately experience these factors. To demonstrate that forced pregnancy can take place outside of armed conflict, this study used a cross-sectional correlational approach to examine the relationship between rape/sexual coercion, lack of contraception control, and unwanted pregnancy among women of African descent in South Africa, Jamaica, and the United States. Results conveyed that rape/sexual coercion and lack of contraception control can increase the risk for unwanted pregnancy, indicating that armed and non-armed conflict forced pregnancy have the same facilitating factors occur within a different context, and have the same outcome—unwanted pregnancy that results from force. This exploratory study shows that non-armed conflict forced pregnancy is a global health issue that warrants further research in order to determine more causal associations between non-armed conflict forced pregnancy and its facilitating factors. Through further research, the health-related needs of affected women and children can be addressed in an evidence-based and systematic way.

Access To Health Care In Urban Vs. Rural Areas Of Florida Among African Americans: Results From The 2010 BRFSS- Kimberly Cohen, JD, MSW, Florida Department of Health

Objective: There is a recognized lack of equity in Access to Health Care (AHC) between African Americans and Caucasians in the United States. The purpose of this study was to delve deeper and analyze AHC disparity between rural and urban African American adults as well as other sociodemographic factors within the population that reduce AHC. **Methods:** This was a cross-sectional study analyzing 2010 Florida County-level Behavioral Risk Factor Surveillance Survey (BRFSS) data. Place of residence was ascertained by re-coding the state/county FIPS code as either urban, rural or neither based on statutory definitions. AHC was based on six self-reported indicators. **Results:** The 2010 sample include 2,565 African American respondents representing approximately 2.1 million adults. A significantly higher percentage of rural African

Americans reported fair or poor health, 28.0% (95% CI 23.4-32.4) versus those living in urban areas 15.3% (95 CI 13.2-22.0). Over half of African Americans living in rural areas had not visited a dentist in the past year, 53.4% (95 CI 48.4-58.4). This was significantly higher than among urban African Americans, 42.8% (95 CI 35.5-47.1). Risk factors for reduced access to health care included living in a rural area, having less than a high school diploma, never marrying and being male. **Conclusion:** Inequities in access to health care along the rural-urban continuum exist and can be masked when evaluation is done at a larger scale with gross indicators of rural-urban. Understanding the relationship between rural-urban, race-ethnicity and other determinants will help policy makers to target interventions more appropriately.

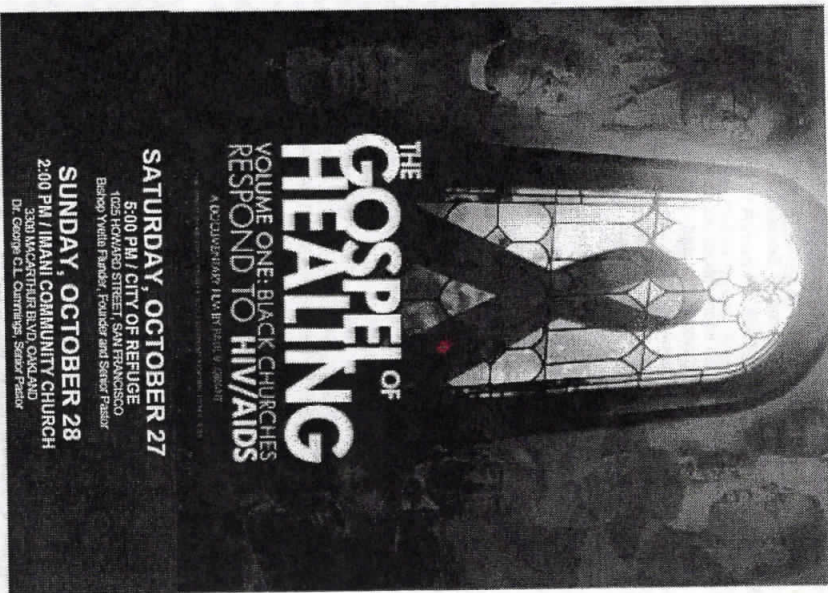
My Brothers' Keepers: Revisiting Null Results of a Sexual Risk Reduction Intervention for Formerly Incarcerated Men (and why null results may not be such a bad thing)- Samantha P. Williams, Ph.D., Centers for Disease Control and Prevention, National Center for HIV/AIDS, Hep, STDs & TB Prevention, Division of Sexually Transmitted Disease Prevention, Social & Behavioral Research & Evaluation Branch

Objective: Sexual risk reduction interventions are considered successful when results support the hypothesized change in condom use and disease prevention. However, the value of behavioral interventions, particularly for those tailored for men once incarcerated, may be better assessed by other indicators of change and health. Authors revisited study results of the MISTERS Project, a sexual risk intervention tailored for post-release men. **Methods:** Participants were African-American, 18-60 years, <45 days post-release, with substance use histories and self-reported HIV-. The study was led and conducted by a reentry CBO. Participation included randomization into a 5-session intervention or control group, four interviews and STD testing. **Results:** One-quarter of participants (N=265) reported at least one lifetime STD; 7% in the year prior to arrest. Baseline STD prevalence was 10% (3.4% Chlamydia, 2.6% gonorrhea, 2.6% syphilis, 2.2% HIV). Although significant differences were found between groups over time (i.e. condom use during oral sex with the main partner (P < .05)), condom use increased for both groups once type of sex was ignored over time. **Conclusion:** Residential overlap, shared incarceration history, and pre-intervention interaction, increased the probability of the participants across cohorts, knowing, or having known of each other prior to study implementation. Reexamination of the null STD outcome results revealed possible intervention bleed and unintended outcomes that benefited all participants. Lessons learned from the MISTERS intervention have been garnered and incorporated into the lead CBO's reentry programming for men seeking assistance with substance use recovery, HIV prevention and treatment, family reunification, and recidivism prevention.

Factors Influencing Depression and Anxiety Among Black Sexually Marginalized Men- Louis F. Graham, DrPH, MPH, University of Michigan School of Public Health

Objective: Research suggests that Black sexually marginalized men (BSMM) are disproportionately burdened by depression and anxiety. This study focuses on social determinants of mental health among Black men. The primary aim was to examine the relationships between depression and anxiety, and ethnic and sexual identity development, and discrimination and harassment (DH) among BSMM. Additional aims were to determine whether an interaction effect existed between ethnic and sexual identity and whether coping skills level moderated these relationships. **Methods:** Using an observational cross-sectional design, participants completed self-administered online surveys. Initially, all base variables were entered into a regression model predicting depression and anxiety scores, with interaction terms added last, in order to determine statistical associations for the full theorized model before beta

coefficient significance, strength of dependent and independent variable correlations, and amount of variance accounted for were taken into consideration in specifying the final model. **Results:** Sixty-four percent of the variance in depression scores and 53% of the variance in anxiety scores were explained by DH and internalized homonegativity together. Thirty percent of the sample had scale scores indicating likelihood of depression and anxiety. The racial identity development term, intersectionally term, coping, and all coping interaction terms drop out of all models. **Conclusion:** Experience of DH and internalized homonegativity explained a large portion of the variability in depression and anxiety. The study showed high prevalence of mental distress among this sample.



BCHW presentations during the 2012 APHA Annual Meeting

- Saturday, October 27, 2012**
 8:30 AM-5:00 PM BCHW and SAAPHI Business Meeting (103.0)
- Sunday, October 28, 2012**
 4:00 PM-5:30 PM Black Caucus of Health Workers 101 (197.0)
 6:00 PM-8:30 PM Black Caucus of Health Workers Business Meeting (225.0)
- Monday, October 29, 2012**
 8:30 AM-10:00 AM New Findings on U.S. Trends in Alcohol Use Problems and Services Use (3002.0)
- Health Equity: Are We Making Progress? (co-organized by APHA-Equal Health Opportunity Committee, APHA-Committee on Women's Rights, American Indian, Alaska Native and Native Hawaiian Caucus, Asian Pacific Islander Caucus for Public Health, Black Caucus of Health Workers, Community Health Planning & Policy Development, Community Health Workers, Disability, HIV/AIDS, Latino Caucus, LGBT Caucus of Public Health Professionals, Medical Care, Oral Health, Women's Caucus) (3013.0)
- Addressing Health Inequities: Health Department Strategies (3016.0)
- Immigrant, migrant, and transnational perspectives on API health (3017.0)
- African American Males: Obesity, Exercise, and Nutrition (3018.0)
- Grass Roots: Home Grown Intervention From, By and For the Community (3116.0)
- Evidence-Based Community Health Interventions for African American Communities (3117.0)
- Invited Session - Health Equity: Are We Making Progress? Through a Social Justice, Women's, Persons with Disabilities and LGBTQ Lens (3120.0)
- Health Disparities: Trends, Tracking, and Tools in Technology (3140.0)
- EHOC Lunch with Special Populations Caucus Chairs (252.0)
- Health equity for AANHPIs: Are we making progress? (3216.0)
- Mobile Apps in Effective Learning and Communication Part I (3237.0)
- 12:30 PM-2:00 PM
- 10:30 AM-12:00 PM

HIV and Alcohol, Sex Exchange, and Substance Abuse (3239.0)
Weight management in low resource communities. A lens across life stages (3244.0)
Health Equity: Are We Making Progress through a Communities of Color Lens? (3313.0)
Patient Centered Care Collaborative to Improve Minority Health (3320.0)

Effectively Using Media and Social Networking in Public Health Settings (3338.0)

HIV and AIDS in Racial and Ethnic Minority Populations in the US (3345.0)

Health Equity for the African Diaspora: The Interplay of Biology and the Environment in Determining Health Outcomes and Status (3416.1)

Community-Based Practice in HIV Prevention and Care (3430.0)

Health equity for Latinos: Are we making progress? (3434.1)

BCHW Student Network Session (273.0)

Tuesday, October 30, 2012
8:30 AM-10:00 AM

Wisdom from the Youth and Elders: An Intergenerational Perspective on Public Health (4008.1)

Social epidemiology of mental health in API populations (4012.0)

HIV/AIDS: Research, Prevention and Education for African Americans across the lifespan (4013.0)

Invited Session - Minority Participation in Health Research: Creating Community Partnerships (4018.0)

HIV and Women (4044.0)

10:30 AM-12:00 PM
Achieving Health Equity Across the Lifespan: An Interdisciplinary Team Approach (4094.0)

Workforce Development: Preparing the Next Generations of Minority Public Health Leaders* (4099.0)

Gospel of Healing: Black Churches Response to HIV/AIDS (4100.0)

12:30 PM-2:00 PM

Gospel of Healing: Black Churches Response to HIV/AIDS (4100.0)
Invited Session - Social Determinants of Health: Moving from Concept to Action (4104.0)

Access to Care (4113.0)

Social Determinants of Health: Improving Health Outcomes and Reducing Inequalities (4194.0)

Leadership Development Models in Public Health Practice Settings (4219.0)

Reducing the Prevalence of HIV/AIDS in Historically Black Colleges and Universities: Using Real-time (4221.1)

Substance Use and HIV Risk in MSM Across the Lifespan (4224.0)

2:30 PM-4:00 PM

Immigrant and Minority Health and Aging (4274.0)

Translational research on chronic disease in API populations (4289.0)

Reaching Key Audiences through Media & Social Networking - Experiences from Communities Putting Prevention to Work (4313.0)

Care Coordination and Health IT (4315.0)

Healthy People 2020: Accessing Data (4316.0)

Can community health workers be the solution to family wellness? (4323.0)

Thriving Not Surviving: Self Management of Chronic Diseases- Beating the Odds (4382.1)

This is Public Health Tool: On Being a Health Administrator (4401.0)

Black Caucus of Health Workers Annual Hildrus Poindexter Dinner and Awards Ceremony (4434.0)

7:00 PM-10:00 PM

Wednesday, October 31, 2012
8:30 AM-10:00 AM
Linking Vulnerable Drug Using Populations to Quality Care and Services (5032.0)

Gift of Life MOTTEP. The Detroit Department of Health and Wellness Promotion and Wayne State University School of Medicine: Presumed Consent Opting Out Every American Has A Right To Make That Choice (5037.0)

Obesity Among African American Children Creating Healthy Schools, Homes and Communities (5037.1)

Invited Session - Innovative Prevention Strategies that Impact the Health & Wellbeing of African American & Hispanic Communities Across the Lifespan: Centers for Medicare & Medicaid Services-Funded Research (5041.0)

Translating the Affordable Care Act – What is the Role of Public Health? (5043.0)

Strategies for Community Health Improvements from Community Members and Activists (5044.0)

The Developmental Origins of Chronic Disease: How Poor Nutrition in the Womb Creates Susceptibility to Hypertension, Diabetes, Obesity, and Coronary Heart Disease (5049.0)

Models for Successful Leadership Development Programs for Health Administrators (5058.0)

10:30 AM-12:00 PM Current Practices of Faith Based Organizations in Chronic Disease Prevention and Treatment (5112.0)

Food and Nutritional Needs across the Lifespan to improve health outcomes in African American Communities (5112.1)

Health Care Reform (5126.0)

Consumer Health: Use of PHRs and EHRs (5129.0)

12:30 PM-2:00 PM Social Determinants of Health: Evidence-based Initiatives & Policies to Create Sustainable Change and Healthy Communities (5168.0)

International Issues in HIV Prevention: Africa and Central America (5188.0)

SAAPHI Events during 2012 APHA meeting

SAAPHI Mentoring Breakfast (tickets required)

Sunday, October 28, 2012 from 8:00 AM to 9:30 AM (EDT)
MCC South Room: Esplanade Ballroom 302
APHA Event # 1872.0

You are cordially invited to attend the Inaugural SAAPHI Mentoring Breakfast! Come to hear and learn from leaders in public health, including: Drs. Richard David (UIC), Laurie Elam-Evans (CDC), Darrell Gaskin (Johns Hopkins-Bloomberg), William "Bill" Jenkins, Camara P. Jones (CDC), Debra Perez (RWJF), Diane Rowley (UNC), and Lovell Jones (MD Anderson).

SAAPHI Business Meeting

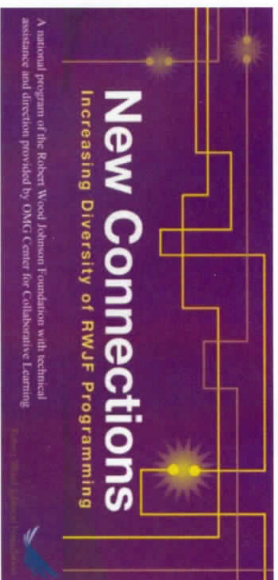
Sunday, October 28, 2012 from 10:00 AM to 11:30 AM (EDT)
MCC South Room: Esplanade Ballroom 301
APHA Event # 1873.0

SAAPHI Governing Board Meeting

Sunday, October 28, 2012 from 2:00 PM to 3:30 PM (EDT)
MCC South Room: Esplanade Ballroom 309
APHA Event # 1874.0

RWJF New Connections/SAAPHI Reception (RSVP required)

Sunday, October 28, 2012 from 6:00 PM to 9:30 PM (EDT)
MCC South Room: Esplanade Ballroom 305
APHA Event # 1799.0



With generous financial donations from New Connections: Increasing Diversity of RWJF Programming, six scholars were provided funding to travel to the BCHW/SAAPHI Pre-conference meeting to present their research.