FINAL PROGRESS REPORT

Grant #: P20MD003373

Project Title: Exploratory Center on Minority Health and Disparities in Smaller Cities

Grantee Organization: The Research Foundation of SUNY

Project Period: 1/1/2009-12/31/2013 with no-cost extension from 01/01/2014-08/31/2016

PD/PI: Lawrence M. Schell
OVERVIEW: Exploratory Center on Minority Health and Disparities in Smaller Cities
Lawrence M. Schell (PI)

Final Progress Report

THE GOAL AS STATED IN THE PROPOSAL:
“The proposed Exploratory Center on Minority Health and Disparities in Smaller Cities will support and promote researchers from multiple disciplines to perform research with community partners to better understand the multiple determinants of health disparities in smaller cities and test ways to reduce them. The overall goal of the Exploratory Center on Minority Health and Disparities in Smaller Cities is to identify sources of health disparity and, by working with community groups, to test programs that may reduce barriers and improve utilization, and ultimately health. These goals will be achieved through the activities of each core as stated in the Specific Aims of each.

The focus of the Exploratory Center of Excellence (ECoE) has not been on one specific disease or condition but on the problem of minority health disparity characterizing smaller cities and towns. Our focus does not include New York City. Although some conditions plague minorities consistently across communities, others differ considerably. For example, a major concern of the Akwesasne Mohawk community is health effects of toxic materials released into the St. Lawrence River and its tributaries that have contaminated the local food chain with impacts on diet, health, cultural practices and even tribal sovereignty. However, in the small city of Hudson NY, a problem prioritized by the community is underutilization of available reproductive health services.

The Exploratory Center of Excellence Award was processed through the Center for the Elimination of Minority Health Disparities (CEMHD), one of the UAlbany’s (University at Albany) research centers. CEMHD was founded in 2004 through the award of an EXPORT center grant from then NCCHD (now NIMHD). The Center’s faculty is drawn from across the campus’ academic units (public health, education, social work, arts and sciences) and so embodies multiple perspectives on health disparities and facilitates multidisciplinary collaborations. Multiple perspectives are especially beneficial owing to the heterogeneity of influences on disparities in smaller cities and towns, and the Center’s researchers bring those multiple perspectives and expertise from epidemiology and biostatistics, anthropology, communication, economics, environmental health, public health, social work, and sociology to focus on the complexities of health disparities. What unifies the Center is the focus on minorities in smaller cities and towns.

The primary goal of the ECoE was met by the three primary research projects conducted and completed during the grant period (5/2009-8/2016). All three projects completed data collection, data analyses and produced numerous publications, presentations, and some doctoral dissertations. A complete description of their accomplishments can be found in the report from the Research Core. There were some 38 publications produced from the work of these three projects, and several others to be submitted soon for peer-review.

Furthermore, the two community-based research projects, “Overcoming Barriers to Underserved and Minority Women’s Reproductive Healthcare Seeking” in Hudson, NY, and “Environmental Contaminants and Reproductive Health of Akwesasne Mohawk Women” in Akwesasne, NY, have led to additional work there. The project in Hudson has continued through 2016 with funds from the Gavin and Dyson Foundations, two local private sponsors. The Akwesasne project was viewed so very positively by the community and the Tribal Chiefs and Council that they have requested that additional research projects are conducted there to address continuing and developing concerns. A RO1 type grant application has been submitted to NIH to consolidate data sets produced through past NIH supported work to continue to address new questions.

In addition to the research goals, the ECoE also sought to increase research in health disparities by improving the training of advanced graduate students and junior faculty working in this area. Our efforts helped the students complete the requirements of their degree programs up to and including the doctoral dissertation, and assisted junior faculty in writing research report for peer reviewed publication.

To facilitate and encourage health disparities research, the ECoE sought to improve knowledge of health disparities through greater communication about health disparities to several audiences. The ECoE published quarterly bulletins and maintained a website to reach community members, partnering organizations,
researchers, students, university administrators and associates of the CEMHD. These are described more fully in the administrative core report.

Additional successes in reaching our goal of stimulating research in health disparities were achieved in supplementary ways. The administration core obtained funds from the university totaling $75,000 over the five year award period to promote the development of studies of health disparities beyond the pilot study level to enable applications to external sponsors such as NIH. (A list of these projects’ titles is provided in Appendix). Additionally, the P-20 grant and resulting strengthening of the university research center, Center for the Elimination of Minority Health Disparities (www.albany.edu/cemhd/) stimulated interest in health disparities across the full range of academic units at the university (School of Public Health, School of Social Welfare (social work), School of Education, College of Arts and Sciences, School of Criminal Justice, Rockefeller College (public policy) and School of Business.

One type of evidence to gauge the impact of the ECoE to enhance the university’s focus on health disparities is the number of applications to external agencies seeking funding for health disparities related research. Approximately 153 applications between 2009 through 9/2016 sought support for such research and training. (This number is certainly an underestimate because it is difficult to determine the health disparities component to lab-based research on disease based solely on title.) Additionally, the ECoE has had an impact on other research centers at the university. The Center for Social and Demographic Analysis, a university research center that became an NICHD Population Center in 1997, officially adopted two health disparities related themes since the ECoE award: Health, Health Disparity and Biodemography; and Immigration and Internal Migration. Their focus on vulnerable populations intersects well with the goals the ECoE and CEMHD.

So much activity in the area of health disparities has occurred since the ECoE award in 2009 that CEMHD held a symposium in the spring of 2014. The symposium commemorated the 10th year of operation of the CEMHD since its founding through the award of the EXPORT center grant in 2004. The university provost and the deans of the four units most involved began the day’s presentations. After the lunch break the university president spoke and delivered a strong statement of support for the research and the community engaged approach. The kickoff, keynote talk was given by Bruce Link, then Co-Director of the Center for the Study of Social Inequalities and Health at the Mailman School of Public Health, Columbia University, “Social Conditions as Fundamental Causes of Health Disparities”. Following the keynote address, the entire day was composed of reports on work supported by the ECoE and CEMHD either as one of the three main projects supported entirely by the ECoE, or by the $75,000 university funds devoted to advancing health disparities research. Twelve presenters were selected and provided summaries of their research each followed by a discussant and then questions and comments.

Well before the 10th anniversary symposium the activities supported by the P-20 ECoE award had caught the attention of senior UAlbany administrators. This has led to more support for research and other academic activities in addition to the work directly supported by the P-20 award. Health disparities is now one of the primary research foci of the university and the university bills itself as a center for health disparities work in the greater northeast. The activities supported by the P20 Exploratory Center of Excellence award spurred the University at Albany to elevate health disparities to one of its top research and training priorities throughout UAlbany. Today, nearly 100 UAlbany faculty scholars are engaged or interested in health disparities research and training.

UAlbany now recognizes its strength in health disparities and wants to capitalize on this by collaborating with the Downstate Medical Center (DMC) in Brooklyn, NY. The DMC is another SUNY campus and includes the Brooklyn Health Disparities Center with its diverse minority community. The university commissioned a SWOT analysis (Strengths Weaknesses Opportunities and Threats) to guide its collaboration. The DMC is currently a holder of an Exploratory Center of Excellence award from NIMHD and is affiliated with the Arthur Ashe Institute. It works closely with an intensely urban population and provides an exact counterpoint to our center’s focus on minorities in smaller cities and towns. In May of 2015, the Vice President for Research at this university collaborated with the Vice President for Research of DMC to hold a Health Disparities “Charrette” to explore overlaps and coincidences of research interests between researchers on the two campuses. The goal was to learn how research projects on one campus could be enhanced or launched with staff and networks on the other complementary campus. Each campus’ community population complements the other’s. At the first
charrette participants from Brooklyn traveled to Albany for a day-long meeting to discover one another’s research interests and develop research collaborations between members of the two campuses. A year later, a health disparities summit (the summit name replaced charrette) was held in Brooklyn with approximately 60 faculty participants from both campuses. Five workgroup breakout sessions were organized with specific research themes: 1) behavioral & social science, 2) health promotion/services and communication, 3) obesity and children and families, 4) cancer, and 5) HIV/AIDS. The workgroups focused on developing research frameworks in response to a specific NIH funding opportunity announcement and reported on specific aims and future collaborative research plans. New, enhanced, collaborative projects in health disparities and new grant applications lead to a P-20 application for a cancer center which is underway. This collaboration also resulted in an application for a U-54 grant focused on diabetes-kidney disease progression with complimentary studies in Brooklyn and Schenectady, NY. Unfortunately, this particular project was not funded. New collaborations are ongoing and a joint application for a NCI P-20 planning grant is to be submitted in January 2017.

To facilitate and stimulate health disparities research collaborations between the two campuses separated by 160 miles, as well as among units within campuses, a novel cloud-based collaboration platform for faculty to share information and work more effectively together was developed at UAlbany expense. Referred to as the Health Disparities and Inequalities Collaboration Platform (HDIC), this cloud-based environment allows health disparities researchers at UAlbany and SUNY to develop scientific/research proposals in the cloud, while at the same time, providing access to a wide range of resources and information including federal funding opportunity announcements; faculty/researcher/clinician profiles; publications and papers; federal awards databases; national data analytic resources; a communications and notification/alert portal; along with other assets and tools. This HDIC platform earned UAlbany and SUNY Downstate a Best of New York Information Technology Award in the category of Best IT Collaboration Among Organizations.

In 2015, UAlbany applied for and received from NIMHD an S-21 endowment grant, “The Endowment for Community-based Health Disparities Research and Training”. This 10 million dollar award will take full advantage of the resources developed through the EXPORT center and the P-20 center awards. Supporting the S-21 endowment grant program, the university made a substantial investment in health disparities research, training and outreach with over $2 million in financial commitments since 2012-13 including support for CEMHD leadership such as course releases/buyouts, stipends for summer support, administrative/program support, and community task forces. Moreover, UAlbany is investing in 1) health disparities research focused workshops; interinstitutional collaborations on health disparities; 2) new grants development efforts with the employment of consultants and external proposal reviewers; 3) an award winning, internet based health disparities collaboration platform; and 4) presidential seed funding dedicated to health disparities research. Additional funding commitments are to UAlbany’s recently awarded NIMHD S21 Health Disparities endowment grant for leadership support, faculty hires, tuition for doctoral fellowships, community engagement resources, a presidential health disparities speaker series, and more.

Overall, we believe we have accomplished the goals of the ECoE award and our accomplishments have exceeded the goals stated in our proposal. We have conducted the research projects as described in the proposal and produced significant contributions to the literature on health disparities that can guide policy at several levels and can guide on-the-ground interventions as well. We have built trust with local communities involved in ECoE funded research such that additional work is welcome in those communities. Finally, we have served as an anchor for faculty who are working to eliminate health disparities and have stimulated the university to support more work on health disparities in numerous ways.
Administrative Core (AC)
Lawrence M. Schell (PI)

A. SPECIFIC AIMS (SAs)

1. To provide scientific leadership, direction and integration of the cores so as to promote a productive and multidisciplinary program of research, community engagement, research training and education; and in so doing, to conduct state of the art research in minority health and health disparities.

2. To coordinate the cores by a) facilitating the flow of information among them; b) providing information to them about other events relevant to the mission of our COE Exploratory Center that are occurring at other institutes and centers within the university and external to it; and c) overseeing the scheduling of cores’ colloquia, workshops, symposia, etc. to avoid scheduling conflicts and excess scheduling over short periods.

3. To direct a public information activity through which the communities are provided information about minority health and health disparities through the research performed by this and other research institutions. The target of this information activity is both the specific partnering communities involved in the COE Exploratory Center, the greater public and health care practitioners, and governmental and federal agencies involved in health policy and its implementation. Among the avenues for dissemination are internet web technology and liaison with local journalists.

4. To provide fiscal management of the resources provided by this grant through responsible setting of policies and program effective and cost effective utilization of shared resources, and to provide central resources such as fiscal management support.

5. To organize regular meetings of the Program Advisory Committee, the Program Executive Committee, the investigators, community partners, and students so as to promote the development and conduct of research in minority health and health disparities at the University at Albany, and for partnering with minority communities to improve health through educational and other interventions.

6. To coordinate the center’s liaisons with the university administration, and the local, state and federal governmental agencies on all specific activities at this site, as well as general research results. On the state level this particularly involves the NYS Department of Health’s Office of Minority Health.

7. To coordinate review of the program on an annual basis by a distinguished Program Advisory Committee, and to implement the recommendations provided by this Committee to the greatest degree possible.

Throughout the 2009-2013 period the AC provided scientific leadership to the ECoE/CEMHD community and worked to integrate the cores through sharing reports of activities in meetings (Program Executive Committee (PEC) and one on one meetings with the PI), through outreach communication (bulletins and websites), and symposia including guest speakers (SA #1). The AC held bi-monthly meetings of the PEC (consisting of eight core directors and co-directors, both faculty and community persons) and annual meetings of the Program Advisory Committee (PAC, external) (SAs #1, 2, 5, 7). To maintain the integrity of the committees the AC had to replace two members of the PEC who left the area or left service for other reasons. The two losses and replacements involved community members of the PEC and as the committee consists of directors and co-directors of the cores, the co-directorships of the research core and the community engagement core were replaced (reported in annual reports). Likewise, one member of our external Program Advisory Committee left (Dr. M. Van Ryne) and was replaced with another (Dr. Lisa Chasen-Taber). Thus, both the PEC and the PAC maintained appropriate, representative memberships and performed their responsibilities as described in the proposal.

Over the course of the original award period (2009-2013) the AC maintained financial oversight and control of all expenditures by cores and projects (SA #4) while operating under the umbrella of a university research center, The Center for the Elimination of Minority Health Disparities (CEMHD). To improve financial management skills of directors and co-directors of cores and projects, it also provided monthly reports to them of expenditures and balances to enable them to track their balances and thus, maintain fiscal control over their projects. In no-cost extension years (2014-8/2016), balances were small but projects and cores with remaining balances were informed also. The AC also provided training in using the university’s system of budget monitoring to leaders of cores and projects.
In the first year of the ECoE award [2009] the Administrative Core re-established the center as a presence on the campus and reinvigorated its relationships with community partners (SA #1, 2, 3, 6). This was necessary because the EXPORT center expended funds by the end of the third grant year and so activity in the bridge years, 4 and 5, was reduced though not absent (university bridge funding was invested to maintain community engagement activities). This less active phase continued until the award of the P-20. Thus, there was some catching up to do with center associates and community partners and supporters. Through the outreach of the administrative core, the center is now seen as a vibrant and important feature of the university and a locus of support for community groups focusing on health.

The AC maintained excellent relations with the senior administrative offices of the university (SA # 1, 6). Promised funding from the university was awarded and used for contracted purposes by the CEMHD to advance the goals of the ECoE. In addition, at the beginning of year three the university completed its renovation of space on campus for the center offices affording the ECoE approximately 600 square feet including three separate offices, a reception area and a conference room with excellent audiovisual and communication technology for meetings.

The PI met with New York State Department of Health (NYSDOH) officials and presented a full description of the work of the center to a grand rounds type assembly at the NYSDOH (SA # 6). We maintained communication on many issues with the NYSDOH Office of Minority Health and Health Disparities Prevention. The director, Wilma Waithe, was one of our PAC members and after she retired in 2010, she collaborated on our research and mentoring core. We now have excellent relations with the same office through Yvonne Graham, Associate Commission and Director of the office. The ECoE also involved leadership personnel from the Albany County Department of Health (ACDOH) in its Albany Minority Health Task Force organized through our Community Outreach and Engagement Core (SA #6) and met with officials of the Schenectady County Department of Health to explain the center’s work and learn of health disparity issues in that county.

The ECoE continuously worked to expand its reach and message (SA #1, 5). Towards that end, the ECoE conducted a one-day workshop in the spring of 2010 of health disparities researchers from SUNY campuses in the eastern half of New York (excluding NYC) to test the waters and see if there was interest on other campuses and to learn of their activities. Many campuses are quite rural and focused on teaching. Providing leadership, social, intellectual, and methodological support for health disparities research was thought important (SA #1). The workshop was entitled, “Campus-Community Partnerships: Works in Progress Research Workshop" and consisted of 12 presentations of 10-15 minutes each followed by a discussion.

Seven of the 12 were given by ECoE/CEMHD researchers and five by researchers from other campuses. The workshop proved very successful and was much appreciated and praised by the participants and attendees. The following fall a longer, two-day workshop was held to accommodate researchers who had not presented before and for more detailed updates from those who had. The first day keynote speaker was Dr. Garth Graham, then Deputy Assistant Secretary, Office of Minority Health, Dept. of Health and Human Services. Thirteen talks were given providing a broad scope of current work with a focus on health disparities. A student luncheon with Dr. Graham was provided for stimulating interaction. The second day keynote was delivered by Wilma Waithe, Ph.D., director of the Office of Minority Health (NYSDOH). There were four speakers from other SUNY campuses in eastern NY and 44 participants in all. The center established itself as a leader in health disparities research while also supporting related activity on smaller campuses in eastern New York (SA #1).

To facilitate and encourage health disparities research on our campus, the AC worked to improve knowledge of health disparities through greater communication about health disparities to several audiences (SA # 1, 2, 3). The ECoE published bulletins with several goals in mind: 1) to make the campus aware of the issue of health disparities; 2) to explain the activities of the ECoE to the campus community and to the local health disparity communities; 3) to make the campus community aware of health disparity issues in the community that they could address; 4) to provide information to the community about health disparities issues; and finally, 5) to provide information to the community from university projects on health disparities in the community. The bulletins were in English and Spanish. These were published on paper and were also available through a link on our website. These bulletins were distributed electronically by email and printed versions were also sent to partnering organizations in the community, to members of the two minority health task forces, to associates of the ECoE (CEMHD), and to administrative offices on campus. Our first and most recent bulletin are included in
Appendix. The first was issued under the EXPORT program award in the fall of 2006. Although there were some infrequent gaps in publication (primarily during the summer), bulletins were issued quarterly.

The AC developed and maintained a website as the university research center, CEMHD http://www.albany.edu/cemhd/ (SA # 3, 2). The home page of the website provides information about center and community events, provides a “factoid” about health disparities that changes frequently, and a list of community partners. Additionally, there are links to our new health disparities fellowship program in health disparities research training (information and application instructions). Furthermore, it also has a clear statement of the mission and goals of the center. Other pages are devoted to 1) our S21-funded Fellowship Program in Health Disparities Research Training; 2) to CEMHD people (members of the program executive committee, the program advisory committee, the associates, and staff); 3) synopses of research projects; 4) information for media; 5) a photo gallery of past events, and finally 5) instructions for donating to the center. The website is updated weekly and comprises almost 200 pages all together. The university only recently contracted with Google Analytics to evaluate hits on university website pages. From April 1st 2016 to December 5th the CEMHD home page recorded 1,655 unique hits (hits in separate visits) and 328 unique hits to the page describing our fellowship program and over 300 unique views of our page describing our health disparities certificate program. The website does provide web visitors with information about our activities and available resources.
Research Core  
David Strogatz (PI), Recai Yucel (Co-I)

A. SPECIFIC AIMS (unmodified from original)

**Aim 1:** To support the implementation of the proposed research projects.

**Aim 2:** To support the development of additional applications for funding of studies that will address health disparities in small cities and towns and that are planned and conducted through collaboration between university-based and community-based partners.

**Aim 3:** To provide expertise on statistical issues in designing and conducting studies, analyzing the data and interpreting and presenting the results.

**Aim 4:** To increase interactions and exchanges across units of the University at Albany and between university-based and community-based groups to discuss the significance of health disparities and to identify new opportunities for multidisciplinary collaboration in research to understand and reduce health disparities.

B. ACCOMPLISHMENTS AND RESULTS

Regarding the first Specific Aim, the Research Core continued quarterly meetings of the Principal Investigators for each project with the Core Director (Dr. Strogatz) and the Core Biostatistician (Dr. Yucel). The standard agenda included review of accomplishments since the last meeting, discussion of problems in accomplishing project goals, a summary of goals to be achieved by the next Research Core meeting, and recommendations for how to address unresolved problems in project implementation. Examples of more direct and extended involvement include Dr. Strogatz’s participation with Project 3 on analyses of newly geo-coded data from the National Health Interview Survey to examine the separate and joint associations of race-ethnicity and rural-urban residence with trends in screening for cervical, breast and colorectal cancer in counties spanning the urban-rural continuum. Dr. Yucel’s expertise in imputation methods has relevance for each project of the Center, given the ubiquitous challenge of incomplete data.

The Research Core and the Training Core both contributed to the second Specific Aim through support for Dr. Akiko Hosler’s emerging program of research on diabetes in the Indo-Guyanese community of Schenectady. Dr. Hosler received funds from the Training Core to determine the feasibility of the internet and smartphones as channels for interventions to promote glycemic control in diabetics. The Research Core assisted on a more basic level by establishing the excessive prevalence of diabetes among the Indo-Guyanese compared to other racial and ethnic groups in Schenectady and determining if correlates and complications of diabetes are also unique among the Indo-Guyanese. Dr. Strogatz and colleagues from Ellis Hospital in Schenectady conducted a retrospective study of medical records in the Department of Family Medicine that provided the first empirical evidence for what had been anecdotal impressions of increased risk of diabetes and its complications among the Indo-Guyanese (Back, Bachwani, Sherman & Strogatz, 2012). Dr. Hosler has subsequently collected and analyzed additional data for community-based interventions to address these recognized health needs (Hosler & Lu, 2014; Hosler & Michaels, 2014; Hosler, Solanki & Savadatti, 2015). Also, related to the second specific aim, Drs. Schell, Gallo, Carpenter and Yucel developed an application for a new project on toxicants and minority health in Anniston, Alabama. The application is being revised for resubmission. A application for a project that will combine data sets from previous studies to test many health outcomes and toxicant levels among the Akwesasne Mohawk nation is under development as well.

Progress towards accomplishing the second specific aim was made through the competitive program of support using university funds. The goal was to support investigators seeking to enhance development of application for health disparity studies beyond the pilot stage. The development grants were awarded to six investigation teams between 2009 and 2014 (see appendix for list of investigators, titles and award dates).

While supporting the three research projects of the Center, the Research Core co-director and biostatistician have also sought to facilitate new research and population-based programs addressing health disparities with an expanded network of collaborators, as represented in aims 2 and 4. Dr. Strogatz provided technical assistance to two community partners (a network of African American churches and a non-profit organization...
supporting community gardens and access to healthy foods) for developing an R21 application to the National Institutes of Health for implementation and evaluation of a van-based mobile farmers’ markets to serve urban church congregations in Albany and Troy, New York. As a member of the Advisory Board of the Pediatric Asthma Coalition of the Capital Region, Dr. Strogatz contributed to the evaluation design for a community-based intervention involving health care providers, pharmacists and school nurses in a coordinated effort to improve self-management skills for pediatric asthma in children from low socioeconomic households. He subsequently collaborated with staff from the Whitney M. Young Jr. Health Center, a federally designated neighborhood health center and primary partner of the CEMHD, on the successful application to the New York State Department of Health for the 2012-2016 cycle of funding for regional asthma coalitions. Dr. Strogatz designed the evaluation for interventions to include adults as well as children, guided by the Chronic Care Model to work with community resources to reinforce successful self-management skills for asthma.

For the third and fourth Specific Aims, Dr. Yucel provided statistical and methodological support for students and faculty from the College of Arts and Sciences and the Schools of Education, Public Health and Social Welfare on projects related to health disparities. He served as a member of multiple dissertation committees addressing research questions on health disparities (e.g. publications from the dissertation projects of PhD students Insaf and Shrestha). Dr. Yucel also completed first-author and co-authored manuscripts based on parametric and non-parametric methods he has developed for imputation methods with missing categorical data such as race, ethnicity and indicators of socioeconomic status (e.g. Yucel, He & Zaslavsky, 2011; He, Yucel & Raghunathan, 2011).

In support of the community dimension of the fourth Specific Aim, Dr. Strogatz established collaboration with the Office of Minority Health and Health Disparities Prevention (OMHDP) of the New York State Department of Health on two projects. The Rural Minority Health Project was a two-year pilot program to address health disparities affecting minority populations in rural communities of New York. The Empire State Public Health Training Center funded a graduate student internship for this project, and Dr. Strogatz served as the student’s mentor as she conducted the needs/resources assessment for racial and minority populations in the three counties funded for the project (Chemung, Jefferson and Sullivan) and developed the pilot interventions conducted in 2013 and based on results from the needs/resources assessment. The student intern presented her work at the December 2012 meeting of the National Rural Health Association and was honored with one of the two awards for the outstanding poster at the meeting. The second project with the OMHDP was a random digit phone survey of New York State residents funded by the New York State Department of Health and concerning social media and technology use patterns, the use of various sources for health information and preferences for and credibility of health information sources. Of particular relevance for CEMHD, the survey oversampled rural and Hispanic residents to ensure an adequate sample size for these subgroups. Dr. Strogatz and Dr. Jennifer Manganello (a Center Associate) guided the development, implementation and analysis of this survey, and have produced findings on disparities in access to and use of technology for health information relating to health literacy (Manganello et al., 2016a) and affecting Hispanic (Manganello et al., 2016b) and rural residents (Manganello et al., 2016c) of the state.

To support the fourth specific aim, researchers supported by the center presented results of their research to the two Albany Minority Health Task Force and the Amsterdam Minority Health Task Force and received feedback from community members on the task forces.

Rural communities have been recognized and designated as health disparity populations by the National Institute on Minority Health and Health Disparities, with excess risk of cardiovascular disease contributing substantially to the overall burden of morbidity and mortality for rural residents. Dr. Strogatz’s previous work in this area included the development and promotion of resources to facilitate walking in rural areas for increased physical activity (Riley-Jacome, et al., 2010). More recently he has extended these efforts into additional rural communities in central upstate New York, with funding from the National Heart, Lung and Blood Institute in collaboration with investigators from Cornell University (Seguin et al., 2016). This project uses an experimental design with communities as the unit of randomization and includes interventions for improved diet, strength training and civic engagement to promote cardiovascular health as well as aerobic exercise.
In addition to the initiation of new projects, funding has been secured for one of the main projects of the Center. With the support of health and human service organizations in the community, continued interest on the part of women who fill the role of peer health advocates, and funding from local private foundations, Project 1 has continued its work in the community. In 2015-2016, significant grants from two local organizations, the Gavin and Dyson Foundations, supported the continuation of community health interventions led by the peer health advocates. In addition to continuing community events and outreach, the Project has been working intensively to integrate more strongly with the identified priorities of local community based health and human service organizations, with the goal of focusing the efforts of the Project in areas of locally identified need (while still maintaining a primary focus on women’s reproductive health concerns), and helping local CBOs leverage their efforts through the resources represented by the Project and especially the peer health advocates. The Project has been working particularly closely with the Columbia County Community Healthcare Consortium and its Cancer Services Program (CSP) (an organization that the Project has a long-standing relationship with, and one whose priorities are an especially good match with the mission of the Project). The Project has begun to collaborate with the CSP on involving the peer health advocates in CSP’s outreach and screening events; and it is the relationship with them that has made it possible to schedule a 5-day training session for Community Health Workers in December 2016 administered by a national training organization (under the sponsorship of the Hudson River Healthcare Center, another community partner, which is also a local federally qualified health center). It is expected that participating in this program will have a significant impact on the Project’s peer health advocates, which will be documented through observation and interviews. Further support from the Dyson Foundation is pending, and if forthcoming, we envision the Project moving into a new phase of its development in 2017, with the enhancement of the peer advocates’ capabilities and closer partnerships with community organizations.

Members of the Project 1 research team have also begun to explore research questions in two areas that emerged from the original Project focus, with funding from additional sources. The impact of conditions associated with low-wage service work (a sector of the labor force where women and minorities are over-represented) on healthcare seeking practices is being explored with intramural funding from the University at Albany’s Faculty Research Award Program. The same intramural program has also provided funding to explore questions regarding of the relationship between health-related media use and community characteristics, including size and ethnic composition.

C. SIGNIFICANCE

The existing and emerging research projects of the Center continue to focus on conditions (e.g. reproductive health, breast and cervical cancer, asthma, diabetes) that are major sources of health disparities and major concerns of the communities in which the projects are located. The Center’s projects include quantitative and qualitative research; studies addressing etiology and prevention of disease; the use of primary and secondary data; and disparities affecting a variety of racial and ethnic groups. This diversity is also a strength of the Center.

D. PLANS

During the last year of funding, the Research Core continued its support of the Center’s main research projects and new projects through regular meetings with the project Principal Investigators and through collaboration with the other Cores of the Center on activities to foster skills and interest for research on health disparities. Special emphasis was placed on development and submission of manuscripts to document the accomplishments of the projects and their contribution to the literature on health disparities.

E. Publications: Please see compiled bibliography for all projects.

Presentations: Please see compiled bibliography for all projects

F. Project-Generated Resources: None
Project 1.
Overcoming Barriers to African American Women’s Reproductive Healthcare Seeking
Annis Golden (PI), Matthew Matsaganis (Co-I), Anita Pomerantz (Co-I)

Final Progress Report

A. Background and Significance

African American women suffer significant disparities in disease incidence and health outcomes in relation to reproductive health, including HIV/AIDS, STIs, breast and cervical cancer. National Healthcare Disparities Report (2004) identifies the community as the most actionable level of intervention. Community-based participatory research on African American women’s reproductive health has largely been conducted in urban communities. A growing number of African Americans are moving away from the traditional urban minority population centers and into suburban and exurban areas, which include small towns and smaller cities. These settings present unique contextual challenges for promoting reproductive health, which have received limited attention.

A.1. Specific Aims of Proposed Research

Aim 1: Evaluate the impact of intervention strategies for overcoming the following barriers to reproductive healthcare seeking for African American women residing in this study’s setting: (a) lack of knowledge regarding guidelines for routine reproductive healthcare and health maintenance; (b) fear of discovering a health problem, such as cancer; (c) lack of awareness of the match between their needs and services provided by the local publicly funded reproductive healthcare provider; (d) transportation problems in accessing the local publicly funded reproductive healthcare provider; (e) privacy concerns associated with reproductive healthcare seeking, social identity, and organizational image.

Aim 2: Increase by at least 25% the number of African American women in Hudson, New York and environs who are receiving reproductive healthcare as demonstrated by increased clinical attendance at the local publicly funded reproductive healthcare provider, UHPP.

B. Accomplishments and Results

The Project, which was undertaken in collaboration with the local, publicly funded reproductive healthcare provider and several other local health and human service organizations, was informed by social ecological approaches to public health, health promotion, and communication and principles of community-based participatory research. A social ecological perspective foregrounds the importance of considering the impact of multiple levels of context for health-related behavior (individual, organizational, community, cultural) in contrast to more individually oriented models of attitude and behavior change. This multi-level approach informed interventions and data collection. The Project’s accomplishments can be described in terms of (a) summative outcomes (i.e., impacts on community residents in terms of health related behaviors; and impacts on community-based health and human service organizations [CBOs]); and (b) key findings on the processes underlying summative outcomes, based on analyses of qualitative interviews with community residents, peer health advocates, and CBOs; survey of community residents to document communication resources residents mobilized to stay on top of community affairs and obtain health information; and ethnographic field observations by research team members. With respect to the summative outcome of Aim 2, by the end of Year 4, the research team achieved the key goal of increasing by 25% the use of the local publicly funded reproductive healthcare provider among African American women in the community (Matsaganis, Golden & Scott, 2014).

Barriers to reproductive healthcare seeking that were identified by the Project (at both the formative stage and as part of its ongoing data collection) for the low income African American women living in this smaller urban population center included: limited numbers of reproductive healthcare providers (particularly providers who will accept Medicaid or accept as patients women who are among the working poor with no form of health insurance), difficulty in traveling to and from providers’ locations (because of lack of affordable public transportation), privacy concerns (given the sensitive nature of reproductive health in general, negative cultural stereotypes about African American women’s sexuality, and the difficulties of maintaining privacy in smaller
urban settings), lack of knowledge about screening guidelines and health risks, lack of knowledge about available health-related resources in the community, fear of results of screening processes, and mistrust of organizations (Golden, 2014; Golden & Pomerantz, 2014; Scott, Elia & Golden, 2015). The researchers developed the construct of a “field of health action” (FHA) to provide a framework for understanding how a community’s material environment and residents’ understandings of that environment influence health. Within a particular FHA, residents may be more or less inclined to seek health-related information and services, and respond favorably to a health-promotion intervention. A FHA is thus both a physical locale, including its health-related resources (e.g., health service-related facilities), and meanings that residents attach to these structural elements, as revealed in their accounts of health-related practices (Matsaganis & Golden, 2015). In this project we have identified how elements of the material environment are mediated by residents’ communal construction of their FHA, and continue to consider how the local FHA may be positively modified by increasing residents’ self-efficacy in relation to managing reproductive health risks, through the combined efforts of peer health advocates (PHAs) drawn from local neighborhoods, CBOs, and healthcare providers.

The interventions the Project implemented, based on these findings, were aimed at strengthening connections between community-based health and human service organizations and women in the community, heighten awareness among residents of the benefits of preventive reproductive healthcare services, and provide transportation. The Project built relationships and trust with residents by establishing a field office in the town’s public housing complex, where the greatest number of low income African American women reside. The field office was staffed by a community outreach associate with ties to the area and served as a base for her interactions with residents, as well as a location from which local health and human service organizations offered on-site services to neighborhood residents (such as HIV/STI screening, health information resources, safer sex supplies, and nutrition classes). The Project built relationships with community-based organizations through the development of a community advisory board comprising 10 local health and human service providers, who then collaborated with the Project on bi-monthly community health education events/resource fairs (44 events since the Project’s inception, including 12 conducted with support from private foundations after NIMHD funding for the Project concluded in August 2014), mostly in the community room of the public housing complex, where women and their families could meet face-to-face with organization representatives, learn more about their services, and receive transportation vouchers to obtain services. In Year 3, the Project initiated more frequent, weekly outreach sessions at the public housing complex in collaboration with its key community partner, Upper Hudson Planned Parenthood in order to bring residents into more direct contact with the healthcare provider. After three months, building on the spontaneous involvement of residents who encouraged their friends and neighbors to connect with the outreach efforts, the Project initiated a peer health advocate program in collaboration with UHPP and community residents. Seven women from the community were trained as peer health advocates; they perform weekly reproductive health outreach (distributing information on reproductive health issues and safer sex supplies), and assist with promoting and carrying out health events. Near the end of Year 3, health events were expanded to include what became known as “ladies night” events (6 events through the end of Year 5) at which appointments for mammograms and annual G-Y-N exams were coordinated for residents as a group, transportation by van to the healthcare providers was provided, and the peer health advocates served as escorts and role modeled participation. In terms of outcomes, in their first 12-month period of activity, the peers made 650 contacts with community residents through outreach activities and helped to facilitate 61 reproductive health-related screenings (including annual GYN exams, mammograms, and HIV/STI screenings). In addition, interviews with the peers document the positive impact of the experience on their own healthcare seeking practices, in the realm of reproductive health and more generally (Golden & Matsaganis, 2013; Golden & Andaya, 2014).

Analysis of interview data with CBOs, residents, and peers, contextualized with ethnographic observations, points to several key process-related findings (Matsaganis et al., 2014). (1) The research team and, subsequently, the emergent group of peer health advocates functioned effectively as interstitial actors who helped bridge the communication disjuncture between micro level actors (community residents) and meso level actors (CBOs), through such activities as the establishment of the Project field office, the CAB, and community health education events. (2) Challenges to collaboration with CBOs were posed by the turbulent policy and funding environment faced by health and human service organizations. (3) Particular place-based challenges of a smaller urban setting – both structural/material (e.g., lack of public transportation, and a paucity of public communication resources, which contributed to reliance on interpersonal networks) and socioemotional (i.e., privacy concerns) needed to be addressed in interventions to encourage reproductive healthcare seeking
Because women in this community relied heavily on interpersonal networks for information about health (Matsaganis & Golden, 2015; Brandow & Matsaganis, 2015), and because of weak connections between CBOs and residents, the emergent peer health advocate program provided the strongest direct evidence of success in helping to overcome barriers to reproductive healthcare seeking; they did so by serving as interstitial actors in a communication ecology, by providing interpersonal social support in overcoming barriers that are not place-based per se but more broadly cultural, such as fear and fatalism, and by increasing other women’s self-efficacy through role-modeling screening behaviors (Golden & Matsaganis, 2013).

Significance of results and directions for future research

The peer health advocate initiative represents an intervention that has contributed to the achievement of the Project’s aims and (a) is emergent from the Project’s engagement with community residents and the primary partner (UHPP) and therefore reflects their interests and commitments (affirmed in resident, peer, and CBO interviews); (b) builds the health promotive capacity of the community through educating community members who diffuse health knowledge and attitudes toward preventive healthcare seeking through their social networks and act as role models in healthcare seeking practices, while at the same time providing direct benefits to themselves; (c) serves as a potentially sustainable bridge between the local health and human service resources and community residents.

With the support of health and human service organizations in the community, continued interest on the part of women who fill the role of peer health advocates, and funding from local private foundations, the Project has continued its work in the community. In 2015-2016, a significant grant from the Dyson Foundation, supported the continuation of community health interventions led by the peer health advocates. In addition to continuing community events and outreach, the Project has been working intensively to integrate more strongly with the identified priorities of local community based health and human service organizations, with the goal of focusing the efforts of the Project in areas of locally identified need (while still maintaining a primary focus on women’s reproductive health concerns), and helping local CBOs leverage their efforts through the resources represented by the Project and especially the peer health advocates. The Project has been working particularly closely with the Columbia County Community Healthcare Consortium and its Cancer Services Program (CSP) (an organization that the Project has a long-standing relationship with, and one whose priorities are an especially good match with the mission of the Project). The Project has begun to collaborate with the CSP on involving the peer health advocates in CSP’s outreach and screening events; and it is the relationship with them that has made it possible to schedule a 5-day training session for Community Health Workers in December 2016 administered by a national training organization (under the sponsorship of the Hudson River Healthcare Center, another community partner, which is also a local federally qualified health center). It is expected that participating in this program will have a significant impact on the Project’s peer health advocates, which will be documented through observation and interviews. Further support from the Dyson Foundation is pending, and if forthcoming, we envision the Project moving into a new phase of its development in 2017, with the enhancement of the peer advocates’ capabilities and closer partnerships with community organizations.

In addition, members of the research team have begun to explore research questions in two areas that emerged from the original Project focus, with funding from additional sources. The impact of conditions associated with low-wage service work (a sector of the labor force where women and minorities are over-represented) on healthcare seeking practices is being explored with funding from the University at Albany’s Faculty Research Award Program (FRAP) (Golden, Medved & Andaya, 2016). The FRAP program has also provided funding to explore questions regarding of the relationship between health-related media use and community characteristics, including size and ethnic composition (Brandow & Matsaganis, 2015).

The following activities in no-cost extension years were funded without NIH funds. In 2013, the last year the Project was fully funded, five “meet the organization” open house events were held, attracting nearly 100 participants; two multi-organization community health promotion events, which included eight health and human service organizations, attracted close to 70. The Project offered five group screening events in collaboration with local healthcare providers at which 23 women received annual well-women exams and/or mammograms. The peer health advocates, in addition to assisting with these events, conducted the
weekly outreach sessions in the public housing complex and the neighborhood to offer information on reproductive health, making more than 1,000 contacts with community residents.

In 2014, 2015, and 2016, with financial support from local foundations (including the Dyson Foundation, the Galvan Foundation, Hudson River Bank and Trust Company Foundation), the interest and participation of local health and human service organizations, the Project continued to hold community health education events, group screening events, open house events to promote connections between community residents and local health and human service organizations. A total of 14 community events were conducted, with 265 participants; and 40 women received annual well-women exams and/or mammograms with assistance from the Project. The peer health advocates continue to conduct neighborhood outreach, averaging well over 700 contacts each year. In December 2016, the 5 members of the peer health advocate group participated in a 40-hour training program to certify them as Community Health Workers, an initiative that was made possible through the collaborative relationships the Project has developed with the Columbia County Community Healthcare Consortium, a rural health network, and the Hudson River Healthcare Center, a federally qualified healthcare provider. In addition to continuing the community events and outreach described above the Project has been working intensively to integrate its activities more strongly with the identified priorities of local community based health and human service organizations, with the goal of focusing its efforts of in areas of locally identified need (while still maintaining a primary focus on women’s reproductive health concerns), and helping local health and human service organizations leverage their efforts through the resources represented by the Project and its peer health advocates.

C. **Publications**: Please see compiled bibliography for all projects.

   **Presentations**: Please see compiled bibliography for all projects.

D. **Project-Generated Resources**: None
Inclusion Enrollment Report

This report format should NOT be used for data collection from study participants.

Study Title: Overcoming Barriers to African American Women's Reproductive Healthcare Seeking
Total Enrollment: 623
Protocol Number: 09092
Grant Number: P20MD003373

**PART A. TOTAL ENROLLMENT REPORT:** Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race

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**PART B. HISPANIC ENROLLMENT REPORT:** Number of Hispanics or Latinos Enrolled to Date (Cumulative)

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* These totals must agree.
** These totals must agree.
Project 2
Toxicants in the Ecology of Reproductive Health.
Lawrence M. Schell (PI), Mia V. Gallo (Co-I), David Carpenter (Co-I)

Final Progress Report

A. Specific Aims (unmodified from original)

Our project seeks to test the relationship between PCBs and certain other toxicants, and menstrual cycle characteristics of young adult women. The specific aims are as follows:

**Aim 1:** To determine the relationship between the body burden of PCB congeners and measures of reproductive function in females, specifically: a) pituitary function as indexed by gonadotropin levels (luteinizing hormone, LH; follicle stimulating hormone, FSH), b) gonadal function as indexed by estradiol (E2) and progesterone (P) levels to characterize both i) their values in different functional phases of the cycle and, ii) the shape each cycle as whole, and c) other characteristics of the menstrual cycle as reported through diary and questionnaire. Since some PCB congeners may act as agonists and others antagonists, this specific aim is stated in general terms, although hypotheses under test will posit directional relationships between individual congeners, or groups of each, and reproductive function measures.

**Aim 2:** To determine the relationship between lead levels and measures of reproductive function as described in aim 1 above.

**Aim 3:** To determine whether there are moderating factors (includes susceptibility factors) that influence effects of PCBs and lead on measures of reproductive functioning. These factors include body composition, diet, lifestyle factors; socio-demographic factors; other toxicants (mirex; dichlorodiphenyldichloroethylene, p,p’-DDE; hexachloro-benzene, HCB); a marker of autoimmune disease (TPOAb antibody); and thyroid function (triiodothyronine, T3; thyroxine, T3; free thyroxine, fT4; free triiodothyronine, fT3; and thyrotropin, TSH); and, because, PCBs and Pb may act as modifiers of one another, their potential interaction is distinguished from those of other modifiers by the curved connector between PCBs and Pb.

B. Accomplishments and Results

To address concerns of the Akwesasne Mohawk community in upstate New York regarding women’s fertility and reproductive disease endpoints in the context of known PCB exposure, at the outset of the award period we recruited two members of the Mohawk community with health delivery experience to work as recruiters and data collectors. Over the following four months we developed together a culturally sensitive protocol and attractive materials to engage Mohawk women to participate in the study.

Our Mohawk collaborators recruited in a culturally sensitive manner 215 women between 2009 and 2013, to assess the relationship between environmental toxicants and reproductive function, specifically menstrual cycle characteristics. To be eligible for the project, women were required to be Akwesasne residents and between 21 and 38 years of age. Women could not participate if they were: 1) taking any form of hormonal birth control; 2) pregnant or nursing (though could reapply after 6 months); and 3) taking any medications for thyroid dysfunction. If the participant missed more than two sequential days of saliva collection during their menstrual cycle, they were asked to start the collection process over at the beginning of their next cycle.

Of the 215 women recruited, 31 eventually withdrew or became ineligible to continue and 29 women were enrolled but never started the saliva collection protocol. As such, 184 women completed interviews, had their anthropometric measurements taken, and had their blood drawn for persistent organochlorines (PCBs, p,p’-DDE, HCB, and mirex), blood lead (Pb) analysis and clinical chemistries (including serum levels of triglyceride, cholesterol, HDL, LDL, VLDL, progesterone, β-estradiol, luteinizing hormone, follicle stimulating hormone, thyroid hormones [ free triiodothyronine (fT3), triiodothyronine (T3), free thyroxine (fT4), thyroxine (T4), thyroid stimulating hormone (TSH)], anti-thyroid peroxidase antibody (TPOAb), glucose, iodine) but did not complete saliva collection. Blood was drawn on menstrual cycle Day 3 in order to best assess a woman’s reproductive function.
function. Of these, 155 women did collect saliva over the course of their menstrual cycle allowing for analysis of daily estradiol and progesterone levels and the determination of ovulatory status.

The data set consists of over 3400 variables and data cleaning such a large dataset required a full year. Once completed, statistical analyses began. An unusual amount of variability in lab results on salivary estradiol and progesterone was discovered. A sample of salivary lab results were checked by a second laboratory. Despite the variability in daily levels it was possible to determine which cycles were ovulatory from the pattern of rising and falling levels of progesterone and estradiol levels over the one cycle collection period using the method of Lipson and Ellison (1992, 1994, 1996) as described in the proposal.

Based on the clinical chemistry results, we determined that 24% of women had elevated cholesterol levels (174.8), yet average cholesterol levels were significantly lower as compared to CDC data on women of the same age. According to the Adult Treatment Panel III Guidelines, 82% of women had depressed HDL levels, significantly lower when compared to CDC data on women of the same age. Over 18% of women had elevated glucose levels, and 19% depressed iodine levels. Thyroid hormone levels fT3, T3, and fT4 fell within the laboratory reference ranges, however 14 women (8%) had elevated TSH levels and 31 (17%) women had elevated TPOAb levels. According to CDC BMI cut points only 19% of the women in this project were of normal weight, while 24% were overweight, and 58% considered obese. The mean BMI was over 30 kg/m² and significantly greater when compared to CDC data on women of the same age (28.25 kg/m²).

These results suggest that many Akwesasne women, coupled with the high rate of obesity, have a higher risk for 1) heart disease with the elevated cholesterol and triglyceride levels, very low HDL, and high LDL, and 2) diabetes or other autoimmune disease given their elevated TPOAb and glucose levels. (Articles in progress)

Mean PCB levels detected in 50% or more of the sample fell above the 90th centile of women within the same age range in the general US population (source: CDC 2009 4th National Report on Human Exposure to Environmental Chemicals). However, mean p,p'-DDE and HCB levels fell significantly lower than the US average. Less than 6% of the women had detectable mirex levels. None of the women had elevated blood lead levels: only four women had blood lead level over the laboratory limit of detection of 2 μg/dL, three with a level of 3 μg/dL and one with a level of 5 μg/dL.

Preliminary analyses suggest a strong positive correlation between p,p'-DDE and fT₄ (r=0.23), and a negative correlation with TPOAb (r=-0.20). Also, serum levels of T₃ decrease with increasing HCB levels. A more rigorous analysis is required adjusting for covariates and confounders.

Of the women with complete salivary data (n=155), median cycle length was 29 days. After aligning the cycles, 110 women were considered ovulatory and 45 (29%) anovulatory. Concentrations of groups of more persistent PCBs congeners, HCB, and p,p'-DDE did not differ significantly with ovulatory status. However, a sub-group of low-chlorinated PCB congeners, classified as estrogenic in the literature, were significantly higher among anovulatory women. In a multivariate models including HCB and p,p'-DDE, levels of sum MonoOrthoPCBs20% is a significant predictor, and there is a three times greater likelihood of not ovulating for every unit increase in the sum of the mono-ortho substituted PCBs found in at least 20% of the sample (β =1.091, p=0.02, Exp(B) = 2.98). This model explained nearly a third of the variance (29%) in ovulatory status. For full results, please see Gallo et al. 2016. This analysis has accomplished specific aim 1 and 2. We have determined the association between one of the most salient measures of female reproductive function, ovulation, and toxicants (PCBs, lead, DDE, HCB and mirex). Aim 3 was partially accomplished by this analysis also as important social and biological covariates and confounders were included in the analysis. Additional work on aim 3 will continue as we consider specifically the effect of estimate body burden of POPs (concentrations stored in adipose tissue depots).

Additional work on aims 1 & 2 has been performed. Over 30% of the women in this project had FSH levels considered indicative of premature ovarian aging, and 10% had LH levels outside the referent range. In a preliminary analysis, an increase in FSH:LH ratio is observed with an increase in a women’s serum PCB level (article in progress). Furthermore, serum cycle Day 3 progesterone levels increased significantly with increasing p,p'-DDE levels (article in progress).
These findings suggest that certain POPs, ubiquitous in our environment, may adversely affect menstrual cycles and thus have the capacity to impair reproductive function, including likelihood of conception.

**C. Plans:**

1. To continue analyses focusing on moderating factors (Aim 3) and the associations of toxicants with other markers of reproductive function (Aim 1), and to publish results of these studies in peer reviewed journals.

**D. Publications:** Please see compiled bibliography for all projects.

  **Presentations:** Please see compiled bibliography for all projects.

**E. Project-Generated Resources:** None
Inclusion Enrollment Report

This report format should NOT be used for data collection from study participants.

Study Title: Toxicants in the Ecology of Reproductive Health.
Total Enrollment: 215  Protocol Number: 09-093
Grant Number: P20MD003373

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Project 3
Decomposing Racial/Ethnic Disparities in Health
Kajal Lahiri (PI), Pinka Chatterji (Co-I)

A. Specific Aims (unmodified from original)

The goal of Project 3 was to estimate and decompose income-related health inequalities and health disparities in the US by using the latest methods, as well as developing new methods, in applied econometrics. Our work draws on a variety of large, nationally representative data sets. Below, we describe our main findings by topical area.

Aim 1: To estimate and compare quality of health by racial/ethnic group; by state; by community size; and to examine trends over time in quality of health.

Aim 2: To estimate within-group total and income-related health inequalities and their decomposition.

Aim 3: To decompose between-group health inequalities into their determinants with special emphasis on the role of community size.

B. Accomplishments and Results

Income-related health inequality, health disparities among the elderly, and disparities in chronic disease

In this group of papers, we address Aims 1 and 2 above by estimating and decomposing racial/ethnic and education-related disparities in chronic disease among the elderly, and by estimating trends in income-related health inequality among the elderly. Our focus is to address methodological issues in this area that can seriously bias estimates of racial/ethnic disparities in elderly health, and the estimation of health inequality among the elderly. In this group of papers, we find that accounting for issues such as sample selection and non-random attrition have important implications, and in some cases, are at odds with the results of other studies that have not considered these issues. Data come from the 1992-2010 waves of the Health and Retirement Study (HRS) and various waves of the NHANES.

Related to estimation of health disparities, our results suggest that among the US elderly, disparities in chronic disease are magnified when we take into account selection issues and racial/ethnic differences in undiagnosed disease [1]. In addition, among individuals with diabetes, although some studies show that trends in control of cardiovascular risk factors have improved over time, we find that these improvements have been concentrated in non-Latino white and higher educated populations [2]. Similarly, when accounting for undiagnosed chronic disease, education-related disparities in chronic illness start to emerge [3].

Finally, many studies in economics show that the well-documented relationship between income and health weakens around age 65, suggesting that social support programs such as Medicare may be playing a role in reducing income-related health inequality. Our findings, however, show that this weakening relationship is spurious. Instead, we find that non-random attrition (namely, the sickest, poorest individuals dying sooner) leads to the false impression that income-related health inequality improves as people age [4].

Income-related health inequality and health disparities among children

These papers address Aims 1 and 2. Data for our studies on children come from various waves of the Panel Study of Income Dynamics (PSID) and the 1997-2009 Child Development Supplement (CDS). In the area of child health disparities, we find that the main factor underlying income-related child health inequality is family income itself, although other factors, such as maternal education, also play a role. Decomposition of income-related health mobility indicates that health changes over time are more favorable to children with lower initial family incomes vs. children with higher initial family incomes. However, offsetting this effect, our findings also suggest that as children grow up, changes in family income ranking over time are related to children’s subsequent health status [5]. Moreover, we find that higher risk of onset of new chronic disease in low-income families is an important mechanism underlying the child health-income gradient in the US [14].
Economics research has shown that disparities in birthweight have lasting impact on later-life outcomes such as educational attainment and earnings. We study the role of health at birth in determining academic achievement in childhood, which may provide information regarding the link between birthweight and adult outcomes. We propose a nested error-component two-stage least squares (NEC2SLS) estimator that uses internal instruments from alternative dimensions of the panel data set. In particular, this alternative estimator allows us to exploit the information on children with no siblings in the sample, which comprises over 40 percent of the observations in our sample, as well as to obtain coefficient estimates for the time-invariant variables such as race and maternal education. This would not be feasible with the usual fixed-effects estimation. We obtain modest but significant effects of fetal growth rate on math and reading scores, with the effects concentrated in the low birthweight range. However, infant health measures appear to explain little of the well-documented black-white gap in test scores [6]. In another paper, we examine effects of the fetal growth rate on neuro-behavioral outcomes using sibling difference models. We find only modest effects, in contrast to previous work in the public health literature which has not taken into account fixed, unmeasured attributes that siblings share which also may affect birthweight and outcomes [7].

Disparities in mental health outcomes and effects of mental health on human capital accumulation

These papers are related to Aim 2. Data for these studies come from National Comorbidity Survey Replication I and II and the National Latino and Asian American Study. These data sets are unique in that they contain diagnostic batteries for psychiatric disorders, and well as offer very large samples of racial/ethnic minorities. The objective of this study is to identify the mechanisms, or most important symptoms, through which psychiatric disorders affect labor market outcomes, and we examine racial/ethnic disparities. In one paper, we focus on Major Depressive Episode, Panic Attack, Social Phobia and Generalized Anxiety Disorder. Our approach builds on prior work in that we consider the effects of symptoms both among individuals meeting and among individuals not meeting diagnostic criteria for mental disorders. Specifically, we use a structural equation model with latent indices for mental disorders, where the indices are generated from the model using multiple indicators (symptoms) and multiple causes of the disorders. We find that for Major Depressive Episode, symptoms of insomnia/hypersomnia, indecisiveness, severe emotional distress, and fatigue are crucial for labor market outcomes. In the case of Generalized Anxiety Disorder, the length of the episode, symptoms relating to difficulty controlling worry, and symptoms of worry/anxiety/nervousness causing significant emotional distress are most detrimental for work outcomes [8]. We do not find differences by race/ethnicity in the pattern of symptoms that affect labor market outcomes.

In another paper, we extend this work by addressing the potential endogeneity of mental illness using a Lewbel instrumental variables approach [9]. In two new papers in progress, we examine longitudinal effects of mental illness on work outcomes, and the effects of childhood onset disorders such as ADHD [16].

Local inequality and its effects on community health

Primarily to address Aim 3 which focuses on community size, we use pooled data from the 2000-2009 Behavior Risk Factor Surveillance System (BFRSS) to examine how local income inequality affects health. In this paper, we examine the effect of income inequality at the state and county level on overall self-assessed individual health. We also test whether public health spending is one of pathways linking local inequality to health, and finally we test whether the effects of income inequality are different by income group and geographic area.

Due to the limited years available from the decennial US Census and the lack of county information from the Current Population Survey data, we use multiple imputation methods applied to the BRFSS income data to derive synthetic Gini coefficients at the state level and at the county level for each year. Then we use ordered probit model to study the effect of income inequality. Our findings show that both state level and county level income inequality is negatively associated with health status after controlling for individual-level factors. Furthermore, this paper shows that provision of health related public goods is one of the pathways through which income inequality influences health. Income inequality has the largest negative effect on poorer people and smaller negative effects on people living in big cities [16-17].
Disparities in cancer screening and the role of community size

In order for us to obtain data on community size that can be linked with the National Health Interview Survey (NHIS), we are collaborating with Dr. Sandra Decker at the National Center for Health Statistics. We are have pooled several recent years of the NHIS to investigate racial/ethnic disparities in cancer screening. We focus on African-Americans, Latinos, and non-Latino whites since small sample sizes do not allow analysis of Asians and other ethnic/racial groups. Our initial results show little evidence of racial/ethnic disparities in cancer screening. However, disparities may vary by city size. To study this issue, we are merging into the NHIS data on Rural-Urban Commuting Area (RUCA) codes, which is a measure of community size. We are now examining whether disparities change when we assess them by community size. This paper addresses the latter part of Aim 3 related to community size, which could not be adequately addressed using other data sources which did not have information on local community size [14].

Disparities in access to dental services

Using data from the 2000-2009 BRFSS, we examine income-related inequality in access to dental care and outcomes related to access. We find evidence of pro-rich inequality and inequity in dental care utilization. We find evidence suggesting that conventional horizontal inequity index underestimates the need-justified index of inequity in the presence of heterogeneity in use/need relationship [12]. In addition, we find little evidence that recent Medicaid expansions have remediated disparities in dental care utilization [13].

C. Publications: Please see compiled bibliography for all projects.

Presentations: Please see compiled bibliography for all projects.

D. Project-Generated Resources: None
A. **Specific Aims**

The specific aims of the Community Outreach/Engagement Core are:

- **Aim 1**: To continue the development and dissemination of general and Center-specific health information.
- **Aim 2**: To encourage and equip the community for participation and partnership in research studies and interventions.
- **Aim 3**: To empower the community with responsibility and ownership of addressing health disparities.

B. **Progress towards meeting these aims**

Through trust building activities, ongoing interaction with key constituencies, and joint planning and conducting of a variety of activities, the Outreach Committee made progress in meeting all three aims. Close collaboration with community members allowed the Outreach Committee to shape activities to anticipate and address community needs even as the local, state, and national health care climate shifted. The three key constituent partners are:

1. **Healthcare Organizations** including providers and organizations providing support services such as information, referral, screenings, and facilitating enrollment in government programs;
2. **Community Organizations** that include the health and well-being of their members as part of their mission, but are not expressly formed to address the health issues of members; and,
3. **Individuals** who are willing to share their experiences accessing the health information and services they need.

**Aim 1. Develop and disseminate general and Center-specific health information.**

All information developed and/or disseminated by the Outreach Core is designed to not merely inform community members but to be complete and specific enough for recipients to be able to take action – whether learning about and accessing an affordable health care provider or learning what to do to obtain insurance under the Affordable Care Act or establishing more culturally effective practices in health care settings. Thus, many of the activities designed to meet Aim 1 also served to advance Aims 2 and/or 3. This section highlights activities whose primary purpose was to provide information relevant to a community, based on invitations from that community or identified by a community-based task force as an area of need. A full listing of presentations, discussions, and sponsored events can be found in the Appendix.

For example, the Core co-directors gave many presentations to state and local organizations, and were featured guests on local TV and radio programs. In addition, the Core sponsored programs and events to which it invited speakers to address pressing topics. A representative sample of these presentations and discussions include the following:

- **Colleges and universities**: University at Albany: A discussion about the Health Disparities Certificate Program and presentations about “The Role of Culture and Language in Health Care” and the work of the CEMHD to pre-med students (School of Public Health); dissemination of information at the NAACP Health Fair. Russell Sage College: “Introduction to Health Professions”, “Cultural Perspectives of Health, Disability and Wellness”, and “Language Access Resources in the Health Care Community”. Siena College WVCR 88.3: An interview and presentation about the work of the Center; also, see below. A presentation to Albany Medical College which included data compiled by the CEMHD Research Core: “Health Disparities in Our Community”. On March 28th, CEMHD hosted the day-long 10th Anniversary Disparities Symposium featuring 12 faculty presenters.
- **State Agencies**: NYS Office of Mental Health: “Addressing Mental Health Disparities”, “Bridging Cultural Distance: Strategies for Working with Interpreters to Enhance Mental Health Care for Patients with Limited English Proficiency”, and a Webinar: “Interpreters: Why Language and Culture Matter in

- **K-12 education:** Shared information on health disparities with fathers during Take Your Child to School Day (13 Albany City Schools); a presentation on Minority Health Disparities to mentees, mentors, program support staff, and parents (Albany High School Mentoring Program, cosponsored by the Capital Region Chapter of the National Black Child Development Institute); presentation and discussion about health disparities with grade 10-12 health classes (Albany High School).

- **Community organizations and individuals that serve minority communities:** Progressive New York Citizens in Action: “Addressing Health Disparities”. 4th Annual Latino Youth Conference Capital District YMCA: “Healthy Choices/Healthy Outcomes”. The Community Cradle: “Culture, Language and Health Disparities: Working with Hispanic/Latino Women and Families”. Siena College/Macedonia Baptist Church Urban Scholars Mentoring Program students and staff: presentations about health disparities to those who mentor and tutor students from local elementary schools, “Mentoring for Your Health: How Mentoring Can Address Health Equity: A Dialogue with Mentoring and Health Advocates”, which received a proclamation signed by NYS Governor Andrew Cuomo; Macedonia Baptist Church: “Black Male Empowerment Summit: Perspectives on Policies”. The Amsterdam Minority Health Task Force (AMHTF) hosted an “Eating Healthy on a Budget” event in February 2014.

- **Health care organizations:** “Healthcare Reform: Engaging the Communities of Color”, presentation of top issues important to immigrant communities and communities of color and health care reform and what it means to these diverse communities. Guest Speaker: Valda Boyd Ford;

- **Community Members:** Time Warner Cable News, Capital Tonight: “Language Access in New York State: A Snapshot from a Community Perspective”. This interviewed discussed a report stating the challenges with compliance from NYS agencies with Gov. Andre Cuomo’s decree for state agencies to provide translation and interpreting services to its consumers. CEMHD events to provide information to the Capital District communities on the Patient Protection and Affordable Care Acts: “The ACA and Our Communities” and “The ACA and the NYS Health Benefits Exchange”.

Among the networks that facilitated sharing information about health disparities and the work of the CEMHD with those in minority communities were the following:

- Nationally: Membership on the National Institute of Medicine Health Literacy Roundtable Advisory Board, HHS Office of Minority Health; National Project Advisory Committee for the Revision of CLAS Standards; National Quality Health Care Diversity Rx Advisory Board; and the National Council on Interpreting in Health Care.

- At the state level: Family Planning Advocates of NY State; NY State Office of Mental Health Bureau of Cultural Competency and the NY State Language Access Task Force.

- And locally: Albany County Leadership Transition Team Health Task Force Subcommittee; Albany Network of Hispanic Service Providers; and Capital District Latinos.

**Aim 2. Encourage and equip the community for participation and partnership in research studies and interventions**

The work of Aim 2 has been undertaken in partnership with the community, in particular, the:

- **Amsterdam Minority Health Task Force** (AMHTF) – Amsterdam area primarily Hispanic community members, support services, and healthcare providers;

- **Albany Minority Health Task Force** (AIMHTF) - Albany African American and Hispanic community members, support services, and healthcare providers;

- **Provider Consortium** - Hospital human resource, training and compliance personnel; and,

- **K-12 Minority Health Task Force** – Guidance and nursing staff from surrounding school districts.

To make progress on Aim 2, it is essential to establish trust. The Outreach Core was able to build on the trust built during the first five years of the center to help both the Amsterdam and Albany communities tackle some
health disparities issues that they had been unwilling to partner about earlier. These issues were, in particular, young, unwed, and out-of-school mothers in Amsterdam, and issues of mental health and violence among youth, particularly minority males, in Albany. Community members, especially those who may not be familiar with research and its vocabulary, also need to gain the confidence that medical research is accessible. Therefore, any of the presentations mentioned above as well as those that follow include as an essential element presenting research and medical information in lay terms. Team members took care to provide the best evidence-based education in furthering the aim of encouraging and preparing community members to be willing and able to participate in future research studies. Examples are described in the following sections.

Amsterdam Minority Health Task Force (AMHTF): The AMHTF is dedicated to addressing needs accessed by the community through the creation of partnerships among the Center, community organizations, and the University at Albany.

Adolescent Health Project. When the Latino community members of the AMHTF identified an increase in adolescent sexual activity, which was resulting in an increased pregnancy rate for females as young as 12 years old, the Center, in partnership with the AMHTF, developed a series of workshops called “Moms on a Mission.” These workshops were designed to attract and build a trusting and nonjudgmental environment among females within the Latino community. The first of the series was aimed at females who were no longer enrolled in school due to pregnancy and who encountered challenges such as a lack of adequate health care for themselves and their infants. Their partners were also invited and encouraged to attend. This first workshop resulted in several participants enrolling in CNA programs and GED classes and in providing the AMHTF with a list of additional topics participants wanted more information on. In response, the AMHTF identified academic, not-for-profit and state agencies that provided resources to address the identified needs, e.g., domestic violence, education, adolescent health, mental health and healthy financial practices. (This series was featured in a segment on the PBS/WMHT American Graduate Project, American Day Broadcast in Year 4). Albany Minority Health Task Force (AMHTF). The Outreach Core was responsible for making arrangements for CEMHD-affiliated researchers and grant applicants to present their research results and/or grant proposals to the Albany task force. The purpose of these presentations was to inform the research as well as to increase task force members’ familiarity with and willingness to participate in future research studies. For example, task force members reviewed the research proposed by CEMHD researchers Drs. Jennifer Manganello and Janine Jurkowski (School of Public Health) to involve working with community partners to determine the best ways to provide health-related information to members of vulnerable populations. Their study, “New Technology and Social Media for Health Improvement: A Discussion with Mothers from Vulnerable Populations in the Greater Albany area” asked Head Start mothers about their access to media and technology, media use, and the sources of information on health and healthcare they prefer. Taskforce members were able to suggest areas which might present challenges when working with adolescents since this might be a difficult group to engage and maintain for the purposes of data collection; they agreed with the utilization of focus groups and additional factors consistent with community values and that the proposed plans for dissemination of findings were effective.

Other Partnerships. Partnerships are a key component of outreach. Throughout the past five years, the Outreach Core has continued to build relationships and identify potential community partners and supporters. The list of active partnerships grew to include the Black Child Development Institute of Albany, Macedonia Baptist Church, Sigma Pi Phi/Beta Psi Boule, Trinity Alliance/SNUG, PBS/WMHT, and Occupational and Environmental Health Center of Eastern New York. Some of these expanded partnership opportunities are the result of a change in key community partnerships that had been established during the first five years of the Center. In Amsterdam, the change was the result of the elimination of Catholic Charities due to the severe budget constraints for New York State. In that case, community liaison Nilda Giraldi retained her position with the Center, serving as an independent consultant. In Albany, Healthy Capital District Initiative (HCDI) stepped down during Year 2 of funding due to time management commitments. This vacancy was filled by Greg Owens, LMSW who brought to the role of community liaison a keen awareness of the health care disparities issues within the African American population and a sophisticated knowledge of the needs of the African-American community relevant to issues contributing to health disparities. In addition, he brought a network of relationships and organizations locally, statewide, and nationally that have contributed to the Center’s outreach efforts in Years 3-5.
Aim 3. Empower communities with responsibility and ownership of addressing health disparities

Some of the activities undertaken to advance Aim 3 are included above, for example, informational presentations (Aim 1) were always designed to provide actionable knowledge for individuals and community organizations. Perhaps of greater significance, several activities furthered this aim by increasing the capacity of community healthcare organizations to address disparities in service.

For example, through a needs assessment conducted with the Provider Consortium, hospitals identified a need to obtain resources on how to provide safe and effective health care services to their non-English speaking populations. To that end, the Outreach Core organized a series of presentations and brought in experts to address various aspects of the topic. These included, for example, “Language Access: The Rights of Limited English Proficient (LEP) Patients” (Mike Mule, Staff Attorney of the Empire Justice Center); “Immigrant: Access to Health Care: An Overview of NY and Advocacy Opportunities” (Jenny Rejeski, Health Advocacy Coordinator, NY Immigration Coalition); “Certification and Healthcare Interpreters: What does this mean for your organization?” (Mara Youdelman, Senior Attorney, National Health Law Program and Grace Mose, Director, Immigrant Women’s Health Initiative, Family Planning Advocates of New York State). In addition, in an effort to address the linguistic needs of their changing demographics and patient population, a 60-hour interpreter training course was completed with St. Peter’s Hospital staff. Due in part to this course, St. Peter’s Hospital has developed and implemented a language access program in order to better provide culturally and linguistically appropriate health care services.

Other activities designed to build community capacity included mentoring programs – “Mentoring for Your Health: How Mentoring Can Address Health Equity: A Dialogue with Mentoring and Health Advocates; New York State Office of Mental Health Town Hall Meetings and “Mentoring, Fatherhood and Gang Violence,” the Albany Chapter of the Black Child Development Institute; and the AMHTF “Moms on a Mission” workshop series described above (under Aim 2).

The Core also participated in reviewing and assisting with dissemination of the research initiatives of two organizations: The NYS Center for Popular Democracy’s “Equal Access to Services: Equitable & Effective Government Initiative” project; and “Make the Road New York, the YMCA’s Community Health Worker Initiative.

C. Significance

The Community Engagement/Outreach Core has been an essential component of the Center. It has developed and maintained strong relationships with the populations experiencing health disparities. Building a foundation of mutual respect and an understanding of cultural and linguistic differences and similarities has been crucial to creating an environment of trust. Establishment of trust then provides an opportunity to develop and disseminate resources that will resonate with the community members. All activities undertaken by the Outreach Core have contributed to creating awareness of patient rights and the right of all members of the community to receive services that are culturally and linguistically appropriate, therefore decreasing barriers that contribute to health disparities. Through surveys and ongoing dialog with community-based organizations, particularly the members of the task forces, the Outreach Core has sought feedback to services, workshops and resources. Responses have indicated that these services have addressed issues impacting the community in the areas of empowerment and self-advocacy in order to access health services.

Activities during 2014-8/2016 (period following the initial award period):

The activities and accomplishments of the Community Outreach / Engagement core presented above concern the period of the initial award, 2009 through December 31, 2013. By the beginning of 2013 NIH funds for the operation of this core were expended completely. However, the university provided bridge funding to the CEMHD to maintain some of the activities of the Community Outreach / Engagement core, specifically the two minority health task forces.

The Albany Minority Health Task Force continued to meet as before and with the same leadership and administrative support. There were 7 meetings in 2014 and 7 more in 2015. There have been 8 meetings to
date in 2016. Most meetings were held at the Macedonia Baptist Church in Albany, NY, and on average 8 people attended in addition to leadership personnel.

The Albany task force took up a number of issues. It contributed to the planning of a conference entitled, *Stress, Trauma and Violence* to be held in early 2017 with community and university people in equal numbers. The conference will be held in a World Café format and will take advantage of knowledge in academic and community to identify resources to address the problem, and what the university can do in terms of research interventions and consultancies to community organizations.

Other conference developments include the participation of the task force in the conference on Mindfulness and Implicit Bias hosted by the Council for Children and Families to be held on March 27th, 2016. Members of the task force will focus on immigrant populations, evidence based disparate outcomes by race and ethnicity, related to rates of school suspensions and expulsions, entry into foster care and promising strategies on a systemic and local level. The conference will include members of the community, neighborhood association members, civil service providers, faith based organizations and local groups. Judge Rivera and Judge Walsh will also be present at the conference.

The task force planned ways to contribute to the success of the Presidential Fellows in Health Disparities Research and Training, focusing on social support and providing access to community organizations with which the task force members are involved. The task force frequently invited representatives from community groups that serve health disparity populations to present descriptions of their portfolio and work to the task force. The task force reviewed a proposal from Prof Allison Appleton of the School of Public Health for a research project on stress and early infant development, questioned some aspects of the methodology, and provided recommendations for changes in protocol which were well received by Prof Appleton. The task force has received frequent reports from Prof Appleton regarding the progress of the study and preliminary findings.

Community updates are a regular part of each meeting. Announcements of events are important ways for different groups in the community to learn about activities across the community, for example, programs to facilitate applications to college by foster care youth, Pre-diabetes program at the YMCA for individuals who may be at-risk of developing the disease and Infant- Mother workshops for mothers in the capital region at the Baby Institute, a non-profit organization dedicated to increasing the literacy and language skills of children ages 0-3 years of age in conjunction with Albany Medical Center.

The Amsterdam Minority Health Task Force (AmMHTF) experienced a gap in leadership in early 2014 when the core director resigned after all NIH funding for this core was expended. Using university funds rebuilding began with the hiring of another core director, Hector Ramirez who had excellent community organizing experience. Unfortunately Mr. Ramirez became disabled before rebuilding was well underway and another period of inactivity followed at the end of 2014. However, at the start of 2015 the search for new leadership of the Amsterdam Minority Health Task Force was underway. Patricia Cabrera, CEMHD’s new Community Outreach Liaison, began the task of reactivating the task force. The primary focus of the Task Force throughout this year was to rebuild membership, encourage further community participation, and tailor University at Albany faculty involvement according to research expertise. In doing so, current Amsterdam community needs were re-assessed and prioritized in an effort to maximize the effectiveness of the Task Force. Community perspectives included those of St. Mary’s Healthcare employees (specializing in outreach, women’s services, pastoral care, and immigrant/migrant populations), the Montgomery County Department of Health, Planned Parenthood, and Bassett Research.

The current status of the AmMHTF is much improved. At the beginning of this year, CEMHD transitioned in a new director for the Task Force, Dr. Blanca Ramos of the University at Albany’s School of Social Welfare along with a new Amsterdam Community Outreach Liaison, Lauren Dasen. Both have ties to the Amsterdam community; Dr. Ramos has engaged the community on several projects over a long period and Ms. Dasen is engaged in mental health work there now. For the 2016 year, the Task Force has held a total of 10 meetings, occurring approximately monthly. Over the course of these meetings, the Task Force has continued to build upon the previous efforts to strengthen participation and encourage effective partnerships between CEMHD and Amsterdam community groups. In order to increase awareness of the Task Force’s role in the community, CEMHD tabled at Amsterdam’s SummerFest August 20th. Based on the needs voiced by Task Force
members, combined with information derived from a community health needs assessment conducted by St. Mary’s Healthcare, CEMHD has facilitated the following projects:

- Dr. Christine Bozlak, a University at Albany faculty member in the School of Public Health, required her graduate students to develop health promotion projects specifically for the Amsterdam community. Julia Shafer, Director of Women’s Services at St. Mary’s, is helping to combine and implement two of these projects that aim to promote breastfeeding among young Latina mothers.
- Dr. Jiang Yu, a University at Albany faculty member in the School of Social Welfare, has commenced the process of coordinating SBIRT training for physicians and health service providers at St. Mary’s in order to meet their desired need for increased substance abuse education, screening, and treatment options.
- Dr. Tomoko Udo, a University at Albany faculty member in the School of Social Welfare, has arranged to provide both education and validated treatment options at no cost to the St. Mary’s and Amsterdam community related to Binge Eating Disorders, as a need to address healthy eating behaviors was indicated.
- Sister Christine Mura, who works with immigrant and migrant populations through St. Mary’s, has advocated for the health education of these special populations. To assist her in this mission, CEMHD is developing educational materials related to oral care, stress management, and eating for nutrition; the center will also translate these materials into the Spanish appropriate for this population.
- Due to the need for increased assistance and support services within Amsterdam community organizations, CEMHD has also completed the necessary steps to facilitate UAlbany graduate student internships in such organizations as Centro Civico Amsterdam. Through partnership with David Jordan, director of the Montgomery County Office of the Aging, and Centro Civico Amsterdam, the AMHTF is facilitating the establishment of a Latino food pantry.

Significance of post-award activities

The University at Albany has demonstrated strong support for the mission and activities of the CEMHD by supporting critical activities initially supported by the P-20 ECoE award. The Amsterdam and Albany communities have shown their willingness and enthusiasm for collaborating with university personnel on projects in their communities towards the elimination of minority health disparities.

The plan for the future is to continue to maintain and build the task forces so as to enable additional collaborations with university personnel to address community health concerns.

D. Publications: Please see compiled bibliography for all projects.

Presentations: Please see compiled bibliography for all projects.

E. Project-Generated Resources: None
B. **Specific Aims** (unmodified from original)

**Aim 1:** Research Colloquia series designed to introduce issues related to minority health and health disparities to students in the Educational Opportunity Program (EOP) and the Honors College (HC) at the University at Albany.

**Aim 2:** Network building colloquia and discussion groups for advanced graduate students and untenured faculty.

**Aim 3:** A series of workshops on conducting responsible research for new Research Associates of the Center.

B. **Accomplishments and Results**

In the undergraduate community, The Educational Opportunity Program and The Honors College of The University at Albany were designed to target students with unique academic abilities. Some students in both programs come from families that typically experience disparate health outcomes. Providing opportunities for students to consider the structural factors that result in such disparities was the goal of the first aim.

To that end, ten presentations were offered to the Educational Opportunity Program and Honors College students and 345 students participated in the presentations. The goals of the Center and the Core, descriptions of ongoing research, and invitations for participation in the identified research projects were provided.

The Core provided oversight for The Health Disparities Certificate program. The program was designed to help students with undergraduate degrees enhance their preparation for additional academic or professional training. Two people earned certificates during the grant period.

Two sets of activities were conducted to satisfy the second aim. The first activity was in-depth exposure to populations experiencing disparate health outcomes. The second activity included training opportunities in research methodology and data analysis. 11 presentations occurred with 366 participants.

In the first set of activities, the Core developed brown bag colloquia to help students and researchers network and learn about populations with unequal health outcomes.

1. The disproportionality of youth of color in foster care and juvenile justice systems. 18 people attended the session. Mr. Greg Owens, 20 people, attended.
3. LGBTQ Youth and Young Adults: Coming Out, Coming Home: Helping Families Adjust to a Gay or Lesbian Child, Michael LaSala, Ph.D.; 45 students attended.
4. Identity and Intimacy within the Academy: LGBTQ College Students Today, Paul Cody, Ph.D. 32 students attended.

Also, there were several video presentations:

1. “Changing Our Minds: The Story of Dr. Evelyn Hooker” (research on homosexual and heterosexual people); 22 students attended.
2. “No Secret Anymore: The Times of Del Martin & Phyllis Lyon” (political consciousness raising); 19 students attended.
3. “Gen Silent” (aging issues in homosexual persons) Including a discussion with the filmmaker Stu Maddux; 45 students attended.
4. “Daddy and Poppa: An exploration of the personal, cultural, and political impact of gay men who are making a decision that is at once traditional and revolutionary: to raise children themselves”; 24 students and community members attended.

The RTE Core also collaborated with the Sexual Orientation and Gender Identity Project to sponsor the following training events:
1. Full day training: Working with Transgender People and their Families: Clinical competencies with Transgender Individual and Families, Shannon Sennott, LICSW; 26 students participated.

2. Between Pink and Blue: Supporting Couples and Families Across the Gender Spectrum, Jean Malpas, LMHC, LMFT; 43 students participated.

3. QueerAbility: An examination of meaningful intersections, strengths and needs of queer and disability identities and communities from intrapsychic, interpersonal and social justice perspective. Andrea Neumann-Mascis, Ph.D. clinical psychologist. 55 students participated.

Given the potential wider reach to various populations, larger training and conferences were produced. The Core sponsored two conferences with 142 student participants.

A Fall Conference on SUNY projects working on health disparities was sponsored by the CEMHD. The Plenary speaker for the first day of the conference was Dr. Garth Graham, Deputy Assistant Secretary for Minority Health. He shared a lunch with twenty students who were interested in minority health and health disparities, answering their questions and increasing their interest in health disparities. The second day of the conference included a keynote talk by Wilma Waithe, the director of the Office of Minority Health for the NYS Department of Health.

On November 7th and 8th, 2011 a conference “Health Disparities in Sexual Minorities along the Life Cycle: A Beginning Community Discussion” took place. Speakers presented their research and participated in strategy development for framing potential points of intervention to reverse the common health disparities experienced by sexual minorities who were people of color. The conference featured seven empirical papers two breakout sessions for population-specific questions, and documentary illuminating the threats to transgender adolescents. In the first breakout meeting, the speakers, many of whom are principal investigators on R01 NIH grants, discussed with both undergraduate and graduate students how they (MDs, Ph.D. nurses, counseling and clinical psychologists) frame their programs of research to include minority health and health disparities. The second roundtable breakfast meeting offered specific strategies to support beginning researchers who are pursuing federal funding. Some of the participants received feedback on their research plans.

The conference had over 122 attendees. These included students, faculty, community members (including people of color who are sexual minorities from various psycho-social and health related community-based organizations); personnel from local and state departments of health; other community leaders; community-based and health-related agency personnel; and various social science researchers.

For the second set of activities, The RTE Core provided statistical consultation for students and faculty of The University Community. The meetings were scheduled in 30-minute time periods. There were 576 appointments representing 150 unduplicated users over the grant period.

In 2012 and 2013, The RTE Core created and supported The Dissertation Writing Group. The writing group provided theoretical/substantive and methodological support for graduate students and recent doctoral degree recipients attempting to complete peer-reviewed writing projects. One book project and two dissertations were completed through this support.

The third aim, to increase skills in conducting ethical research was achieved by producing various presentations/seminars. 126 students participated in the various seminars.

The seminars on conducting responsible research were conducted by members of the University at Albany and Albany College of Pharmacy Institutional Review Board members as well as a faculty from the Department of Philosophy. A total of 93 three students and community members attended these sessions.

The RTE Core director also provided lectures on ethics in research to undergraduate students. “Health in the Black Community”; the lecture described the salient issues in conducting responsible research in underserved populations. The course is an elective in the Africana Studies Department designed to provide an overview of structural inequalities resulting in differential health outcomes for people of color and lower SES. 33 students attended.
C. **Significance**

The presentations to The Educational Opportunity Program and The Honor’s College expanded the breadth of the learning opportunities specifically to incoming freshman and generally to the larger undergraduate community. The focus on sexual minority health in the various presentations was consistent with the recommendations from the Institute of Medicine. Anecdotally, most curricula across the University do not address issues of differential health outcomes for sexual minorities, particularly people of color. The Health Disparities in Sexual Minorities conference was the first conference of its kind in the University’s history. Moreover, it was the first time that a University sponsored conference featured only presenters who were both racial and sexual minorities. Researchers with such personal attributes provided intangible supports for current and incoming students to engage in such research. After the conference, The School of Social Welfare received and admitted three doctoral applications that focused on sexual minority health issues. These students studied with the director of the RTE Core. The applicants attended the conference. The collaboration with the Sexual Orientation Gender Identity Project also increased applications to the School of Social Welfare MSW program. Eight students who were admitted to the MSW program explicitly identified sexual minority health disparities as an academic interest.

The efforts of the Core also helped to reduce the isolation faculty experienced in working on health disparities. Interdisciplinary conversations occurred with faculty from Africana Studies, Communications, Public Health, Social Work, Psychology, Education, and Latin American and Caribbean Studies. These conversations also increased the Center’s visibility for the students. These students participated both in our Statistical consultation and The Dissertation Writing Group. Two dissertations were completed (1) Corticosteroid Use, Emotional Health, Work and Regular Daily Activities: Ethnic Differences among Women with Systemic Lupus Erythematosus and (2) Disproportional Utilization of New York State Child Welfare Services: The Role of Race and Economics. A book was completed as well – African American Baptist Guide to Missions – completed by a new faculty member in the Department of Africana Studies. The weekly meetings of the Dissertation Writing Group provided both tangible and intangible supports for students who were mostly women and nearly all racial minorities. These students were not a part of a faculty-led research. They were mostly isolated in their dissertation process. The group provided both the intellectual and social support to assist in their intellectual development.

The success of the Core is found in the continuing dissolution of intellectual and academic silos around the campus. With the writing group and the statistical consultation, both the Core and The Center gained increased campus visibility. The students who participated in the ethics workshops had fewer resubmissions to The University at Albany’s IRB committee.

D. **Publications:** Please see compiled bibliography for all projects.

**Presentations:** Please see compiled bibliography for all projects.

E. **Project-Generated Resources:** None
Appendix

1. CEMHD Bibliography
2. CEMHD List of Presentations
3. Table: CEMHD University Funded Research Development Awards
4. CEMHD Bulletin in English and Spanish


CEMHD PRESENTATIONS


<table>
<thead>
<tr>
<th>Date Awarded</th>
<th>Researcher</th>
<th>Pilot study title</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>Lani Jones(^a)</td>
<td>Enhancing Psychosocial Competence of Drug-Abusing Black Women</td>
</tr>
<tr>
<td>2005</td>
<td>Janine Jurkowski(^b)</td>
<td>Social Determinants of Disease and Screening Practices among Latinas</td>
</tr>
<tr>
<td>2005</td>
<td>Robert Miller(^a), Edwina Dorch(^a), Dwight Williams(^b)</td>
<td>Identification of Barriers to HIV/AIDS Care for African-Americans</td>
</tr>
<tr>
<td>2006</td>
<td>Annis Golden(^c)</td>
<td>Promoting the Use of Reproductive Health Care Services</td>
</tr>
<tr>
<td>2006</td>
<td>Hayward Horton(^d)</td>
<td>Capitalize on Community</td>
</tr>
<tr>
<td>2008</td>
<td>Jennifer Burrell(^e), Jim Collins(^a)</td>
<td>Mexican and Central American Migration, Health Needs and Healthcare Access in the New York State Capital Region</td>
</tr>
<tr>
<td>2008</td>
<td>Kristie McClamroch(^b)</td>
<td>Improving Health of Teens At-Risk for Gang Involvement</td>
</tr>
<tr>
<td>2008</td>
<td>Sandra Austin(^a)</td>
<td>Voices of Wellness: Diabetes Self Management Program, Arbor Hill, West Hill, and South End</td>
</tr>
<tr>
<td>2010</td>
<td>Sandra Austin(^a)</td>
<td>African American Women's and Men's Perspectives on African American Men's Health</td>
</tr>
<tr>
<td>2010</td>
<td>Kristie McClamroch(^b)</td>
<td>Social Determinants of Disease and Screening Practices among Latinas</td>
</tr>
<tr>
<td>2010</td>
<td>Blanca Ramos(^a)</td>
<td>Health and Healthcare among Latina Family Caregivers</td>
</tr>
<tr>
<td>2011</td>
<td>Toni Naccarato(^a)</td>
<td>Enablers and Barriers to Obtaining and Maintaining Health Care for Youth who have Transitioned from the Foster Care System: A Pilot Study</td>
</tr>
<tr>
<td>2011</td>
<td>Akiko Hosler(^b)</td>
<td>Exploring Cyber and Community Approaches for Glycemic Control Among Indo-Guyanese with Diabetes in Schenectady: a Feasibility Study</td>
</tr>
<tr>
<td>2012</td>
<td>Jennifer Manganello(^e), Janine Jurkowski(^b)</td>
<td>New Technology and Social Media for Health Improvement: A Discussion with Mothers from Vulnerable Populations in the Greater Albany Area</td>
</tr>
<tr>
<td>2012</td>
<td>Lani Jones(^a)</td>
<td>Exploring Disease Acceptance among Black Women with Diabetes and Lupus</td>
</tr>
</tbody>
</table>

\(^a\)School of Social Welfare - SUNY Albany  
\(^b\)School of Public Health - SUNY Albany  
\(^c\)Department of Communication - SUNY Albany  
\(^d\)Department of Sociology - SUNY Albany  
\(^e\)Department of Anthropology - SUNY Albany
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CEMHD Researchers Honored with President’s Award for Exemplary Community Engagement p. 2
Outreach Core Director Attends White House Event p. 2

New Internship Program
In response to student demand, the Center has created an internship program in partnership with SNUG (“guns” spelled backwards), the Trinity Alliance’s anti gun violence program, and the Department of Communication.

Outreach Core Director Attends White House Event
With 25 years of experience in medical interpreting, our Outreach Core director, Wilma Alvarado-Little, is an expert in the field. Last year she was chosen to serve on a committee formed to update the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care. As a result of her contributions to the committee, Ms. Alvarado-Little was also invited to join other experts and U.S. Dept. of Health and Human Services staff at an April 24th event at the White House, where the updated standards were unveiled in honor of National Minority Health Month. We extend our congratulations to her for this honor.

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CEMHD Researchers Honored with President’s Award for Exemplary Community Engagement
On May 13, President Robert Jones honored a CEMHD research effort called the Women’s Health Project with one of this year’s community engagement awards.

Outreach Core Initiative led by Wilma Alvarado-Little
“Young Moms on a Mission,” aimed by young parents in Amsterdam, and a pilot project in Schenectady, “Exploring Cyber and Community Approaches for Glycemic Control Among Indo-Guyanese with Diabetes in Schenectady: A Feasibility Study,” run by School of Public Health Professor Akiko Hosler.

The High Quality of the Women’s Health Project was one of the reasons the University of Albany included CEMHD in its winning application for the 2013 President’s Honor Roll for Community Service. In addition to the Women’s Health Project, two other CEMHD research efforts were part of the application: an Outreach Core initiative led by Wilma Alvarado-Little, “Young Moms on a Mission,” aimed by young parents in Amsterdam, and a pilot project in Schenectady, “Exploring Cyber and Community Approaches for Glycemic Control Among Indo-Guyanese with Diabetes in Schenectady: A Feasibility Study,” run by School of Public Health Professor Akiko Hosler.

CEMHD Participates in Capital District Summit on Black Men and Boys
From April 25 to 27, an important summit on empowering black men and boys took place at various locations around the Capital District. The summit provided important information for both the general community and policy makers, and was so successful that the organizers are planning to make it an annual event. Co-sponsors included Macedonia Baptist Church, the Black Child Development Institute, Fathers Inc., Schenectady County Community College, and CEMHD.

Events kicked off with a screening of Hoodwinked, a documentary film that uses statistical evidence to dispel common myths about black males. The film’s star and producer, Janks Morton, gave the keynote address on mental health and presented his documentary film’s star and producer, Janks Morton, who teaches at Columbia University, Dr. Sidney Hankerson, a psychiatrist at UAlbany and local community groups that work to meet important public needs in the Capital Region and beyond. A total of nine partnerships were honored this year. The awards are part of President Jones’ efforts to advance the UAlbany’s progress as a community-engaged research university.

Participants discussed issues involved in rebuilding neighborhoods and communities, and took part in breakout sessions to discuss topics including faith, education, health and wellness, the black family, and youth.

From left to right: Gregory Owens, Wilma Alvarado-Little, Ken Braswell, Sidney Hankerson and UAlbany President Robert Jones.

From left to right: Gregory Owens, Wilma Alvarado-Little, Ken Braswell, Sidney Hankerson and UAlbany President Robert Jones.
Desde el 25 al 27 de abril, se llevó a cabo una cumbre importante en varios lugares del Distrito Capitalino sobre cómo facultar a los hombres y niños de color. La cumbre ofreció información importante tanto para la comunidad en general como para los que establecen políticas y tuvieron tanto éxito que los organizadores están planeando hacerla cada año.

Entre los coauspiciadores estaban Macedonia Baptist Church, Black Social Workers, Inc., Schenectady County Community College, Black Child Development Institute, Fathers Promise y CEMHD. La Cumbre comenzó con el documento Atomicked, que utiliza pruebas de estadísticas para eliminar mitos comunes sobre los negros. La estrella y productor de la película, Janks Morton, después sostuvo una discusión animada con la audiencia.

El 13 de mayo, el Presidente Jones honró el esfuerzo investigativo de CEMHD llamado Women’s Health Project con uno de los galarones de este año que honran la participación en la comunidad.

El galardón se otorga a las asociaciones de la UAlbany con grupos locales comunitarios que trabajan para cumplir con importantes necesidades públicas en la Región Capitalina y más allá. Este año se honraron un total de nueve asociaciones. Estos galarones forman parte del esfuerzo del Presidente Robert Jones de avanzar el progreso de la universidad como universidad de investigación que colabora con la comunidad.

Los galardones Annis Golden y Matthew Matsaganis, del Departamento de Comunicación, encabezaron el proyecto asociado con Upper Hudson Planned Parenthood y otras organizaciones comunitarias. Usan una metodología de investigación participativa basada en la comunidad para guiar el diseño de estrategias que ayuden a las mujeres y hombres de color. Esa conferencia también destacó la gran calidad del Women’s Health Project como el programa de Trinity Alliance contra la violencia con armas y el Departamento de Comunicación.

El artefacto de enfoque ciberespaciales y comunitarios para el control glicémico de indiguaneyes diabéticos en Schenectady, un estudio de viabilidad dirigido por la Profesora Akiko Hosler del School of Public Health.

La Directora de Outreach Core asiste a un acontecimiento en la Casa Blanca

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El artefacto de enfoque ciberespaciales y comunitarios para el control glicémico de indiguaneyes diabéticos en Schenectady, un estudio de viabilidad dirigido por la Profesora Akiko Hosler del School of Public Health.
This fall, CEMHD partnered with the Community and Public Service Program to develop an internship in which students assist the Trinity Alliance’s anti-gun violence program, SNUG (“guns” spelled backwards). Modeled after Chicago Cease Fire, recently renamed Cure Violence, SNUG uses a public health approach to interrupt the epidemic of gun violence before it spreads. The program hires field staff, called Violence Interrupters, from the neighborhoods it serves and trains them to work with people at highest risk for perpetrating or becoming a victim of gun violence. The program also conducts community mobilization and outreach activities to create a visible community presence after shootings and to change social norms about gun violence.

SNUG is of particular interest to CEMHD because of its public health model. This semester the Center sent three human biology majors to assist with the program: Yerusa Asher, Patrisha Kritchman, and Shanice Saunders.

These days, college students possess excellent computer and social networking skills that can be put to great use in grassroots community organizations like SNUG, which tend to operate with a bare-bones office staff. Our enthusiastic CEMHD interns have made real contributions to the organization. Among other things, they have redesigned printed materials, including posters and brochures, helped the Community Outreach and Mobilization coordinator create a website, and have improved information sharing about shooting incidents among SNUG staff. They also help update SNUG’s Facebook page, assist with planning community events, and have even attended neighborhood shooting responses. Plans are in the works to involve interns in direct involvement with the community, such as working with churches and local businesses.

In return for sharing their computer skills, the interns have learned a lot about SNUG’s public health approach to gun violence, issues facing people in poor neighborhoods, how grassroots organizations do community mobilization, and nonprofit communications.

But the experience with SNUG has meant more than that to them as individuals. (continued on next page)

Wishing You a Happy New Year!
Yerusa Asher is an international student from Pakistan. Her father is a community organizer who held high-level positions at a number of nongovernmental organizations (NGOs) before starting his own. Yerusa aspires to follow in his footsteps. She wants to become a dentist and form her own NGO to improve the oral health of people living in poverty around the world. She was interested in being an intern with SNUG in order to learn about how small nonprofits do community outreach and education. The things she has learned at SNUG have given her good ideas for running her own organization some time in the future.

Patricia Kritchman comes from a family affected by gun violence. Her father was shot as a youth and, with guidance counselors discouraging him from continuing his high school education, ended up in jail. Through the SNUG internship, she has become more aware of how gun violence can have long-term impacts on whole families, not just the shooting victim, and the importance of seeing violence as a public health issue.

Shanice Saunders is a member of the student group Third World Impact, which helped build a primary school in Uganda. She has also done health volunteer work in Madagascar. This time she wanted to be involved in making a difference locally, and was interested in observing SNUG’s public health model at work. During her internship she has been able to make real-life connections to other health-related topics discussed in her courses, which has become another source of enthusiasm for her about the field of public health.

Recent Publications


Los pasantes de CEMHD trabajan en una campaña contra la violencia con armas de fuego

Este otoño, CEMHD se asoció con el Community and Public Service Program (Programa de Servicio Comunitario y Público) para desarrollar una pasantía en la que los estudiantes ayudan con el programa contra la violencia de armas de fuego de Trinity Alliance llamado SNUG (armas de fuego “guns” en inglés, deletreada al revés). Inspirado por Chicago Cease Fire, cuyo nombre ha cambiado recientemente a Cure Violence, SNUG se enfoca en la salud pública para interrumpir la epidemia de violencia con armas de fuego antes de que se disemine. El programa contrata al personal de campo, al que llaman Violence Interrupters (Interceptores de violencia), y los capacita para que trabajen con personas que tienen alto riesgo de cometer o ser víctimas de un crimen con armas de fuego. El programa también lleva a cabo actividades de movilización y extensión comunitaria para crear una presencia visible en la comunidad después de tiroteos y para cambiar las normas sociales sobre la violencia con armas de fuego.

Para CEMHD, SNUG tiene un interés particular debido a su modelo basado en la salud pública. Este semestre, el Centro mandó a tres estudiantes de biología humana a que ayudaran con el programa: Yerusa Asher, Patrisa Kritchman y Shanic Saunders.

En la actualidad, los estudiantes universitarios poseen excelentes habilidades con el uso de la computadora y las redes sociales que pueden ser muy bien utilizadas en organizaciones comunitarias básicas como SNUG, cuya tendencia es funcionar solo con el personal de oficina necesario. Los entusiastas pasantes de CEMHD han hecho contribuciones verdaderas a la organización. Entre otras cosas, han vuelto a diseñar los materiales impresos, incluso afiches y folletos, ayudaron al coordinador de Community Outreach and Mobilization en la creación de una página web y han mejorado cómo se comparte la información sobre los incidentes de balaceras entre el personal de SNUG. También han actualizado la página de SNUG en Facebook, ayudado con la planificación de eventos comunitarios y han asistido a reuniones comunitarias en respuesta a los tiroteos. Se están haciendo planes para involucrar directamente a los pasantes con la comunidad como, por ejemplo, trabajo con iglesias y comercios locales.

A cambio de compartir las habilidades que tienen con las computadoras, los pasantes han aprendido mucho sobre cómo SNUG aborda la violencia armada por medio de la salud pública, los problemas con los que se tiene que enfrentar la gente en los barrios pobres, cómo las organizaciones básicas llevan a cabo la movilización comunitaria y también sobre las comunicaciones en las organizaciones sin fines de lucro.

Pero, la experiencia con SNUG le ha significado más a ellos como personas. (contínua e la página siguiente)

¡Feliz Año Nuevo!
Yerusa Asher es una estudiante internacional que proviene de Pakistán. Su padre es un organizador comunitario que ocupó posiciones de alto nivel en una serie de organizaciones no gubernamentales (ONGs) antes de iniciar la suya. Yerusa solo aspira a seguir los pasos, quiere ser dentista y crear su propia ONG para mejorar la salud bucal de las personas pobres de todo el mundo. Le interesaba ser pasante en SNUG para poder aprender sobre cómo las pequeñas organizaciones sin fines de lucro llevan a cabo extensión y educación comunitaria. Lo que ha aprendido en SNUG le ha proporcionado buenas ideas para dirigir su propia organización en el futuro.

Patrisha Kritchman viene de una familia que ha sido afectada por la violencia con armas de fuego. Su padre recibió un disparo cuando joven y debido a que los consejeros orientadores desalentaron a la continuidad su educación secundaria fue a parar a la cárcel. Por medio de la pasantía en SNUG, ella está más consciente de cómo la violencia armada puede tener un impacto a largo plazo en familias completas, no solo en la víctima del disparo, y de la importancia de considerar la violencia como un problema de salud pública.

Shanice Saunders pertenece al grupo estudiantil Third World Impact que ayudó a construir una escuela primaria en Uganda. En Madagascar, también ha llevado a cabo trabajo voluntario en el campo de la salud. Ella quería tener influencia positiva local y estaba interesada en observar en acción el modelo de SNUG basado en la salud pública. Durante su pasantía le ha sido posible hacer conexiones verdaderas con otros temas de los que se habla en sus cursos y que están relacionados con la salud. Eso le ha servido como otra fuente de entusiasmo hacia el campo de la salud pública.

Publicaciones recientes


Insaf TZ, Strogatz D, Yucel RM, Chasan-Taber L, Shaw BA. Associations between race, lifecourse socioeconomic position and prevalence of diabetes among US women and men: results from a population-based panel study. (Asociación entre la raza, la posición socioeconómica durante la vida y la prevalencia de la diabetes entre mujeres y hombres de EUA: resultados de un estudio con un panel basado en la población). Journal of Epidemiological Community Health. 2013; 0; 1-8. Disponible en: jech.bmj.com/content/early/2013/12/06/jech-2013-022585

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Community Partners
Amsterdam Resource Center for Independent Living • Black Child Development Institute, Albany Chapter • Centro Civico de Amsterdam, Inc. • Capital District African-American Coalition on AIDS • Capital Area School Development Association • The College of Saint Rose • Empire State College • Fathers, Inc. Fulton Montgomery Community College • HealthNow New York, Inc. • Healthy Capital District Initiative • Hudson Valley Community College • Macedonia Baptist Church • NYS Department of Health • St. Mary’s Hospital, Amsterdam • Upper Hudson Planned Parenthood • Trinity Alliance/Albany SNUG • Whitney M. Young, Jr. Health Services • WMHT
The Amsterdam Minority Health Task Force is Back!

The Amsterdam Minority Health Task Force includes stakeholders and members of the community to define, measure and address key health concerns and needs that affect the Amsterdam community. Through partnerships with faculty at the University at Albany, we aim to implement projects to address community needs.

The Amsterdam Minority Health Task Force meets almost monthly. Thus far, discussion among task force members has resulted in the identification of the following community concerns:

- **Behavioral Health/Primary Care Providers’ Services**: There is a need to train providers in cultural competency, substance abuse, and stress management in Amsterdam. Services addressing mental and physical health need to be better integrated in order to meet patients’ needs.

- **Migrant/Immigrant Populations**: There is a need to focus on culturally-competent healthcare provision for these populations and raise awareness as to the distinction between the migrant and immigrant population in Amsterdam.

- **Child Development**: There is a need to promote breastfeeding, particularly among Latina mothers. Families would benefit from increased education on childhood development.

All faculty and community members who may be interested in partnering with members of the Amsterdam community are invited to attend the next Task Force meeting. For more information or if you have any questions, please feel free to contact Dr. L. Schell at CEMHD@albany.edu

**Did you know?**

Hispanic American and Non-Hispanic Black American pregnant women between the ages of 18-49 have higher blood lead and mercury levels.

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"Research for the Community"

Exposure to PCB's and DDE (polychlorinated biphenyls and dichlorodiphenyldichloroethylene) both toxic chlorinated chemicals commonly found in the environment, have caused some concerns in the community. Although products containing PCBs are no longer produced in the US, and the use of DDE, a pesticide, is banned in this country, they can still be found in the environment putting individuals at risk for developing diabetes, cancer, and other chronic diseases.

A study was done to examine the effects of PCBs and DDE levels on the hormone testosterone in adolescent males exposed to these chemicals pre- and post-natally. Testosterone is a hormone that plays an important role in growth and development. The study revealed that these environmental toxicants disrupted the endocrine system and resulted in changes in testosterone levels. Exposure to PCBs reduced, while exposure to DDE increased, testosterone levels among adolescent males indicating that though these chemicals are alike in structure, they do not act similarly.

Effects of PCBs and DDE vary depending on race and ethnicity, gender, and level of exposure but nonetheless, have a significant effect on the development of those exposed.


Please join the Center in welcoming the newest addition to our team, Ms. Lauren Dasen!

Lauren Dasen is currently a fourth-year student in the University at Albany’s Counseling Psychology Ph.D. program. As a first-generation Panamanian/Cuban-American, Lauren's interest in CEMHD is both personal and professional. Lauren received her bachelor’s of science degree in psychology from the University of Florida. Throughout her undergraduate and graduate career, she has conducted research in various laboratories pertaining to neurophysiology, social psychology, and counseling psychology. Her academic research interests include investigating sociocultural determinants of mental and physical health among Latinos.

At the 2015 American Psychological Association convention, Lauren presented a scientific poster focused on marianismo (traditional Latina gender role beliefs) and its association with various health outcomes among recent Latina immigrants. As part of her current graduate training, Lauren also teaches undergraduate courses, assists with a graduate course on cognitive assessment, and conducts psychotherapy and psychological testing in a hospital setting. She incorporates social justice principles into her teaching, research, and clinical work (which she conducts in both Spanish and English). Lauren would like to continue her involvement in these areas after graduation and promote health at both individual and community levels.
¡El Equipo Especial de Amsterdam sobre la Salud de Grupos Minoritarios a Regresado!

El Equipo Especial de Amsterdam sobre la Salud de Grupos Minoritarios incluye a partes interesadas y miembros de la comunidad. Se unen para determinar, medir y tratar las preocupaciones acerca de la salud y las necesidades que afectan a la comunidad de Amsterdam, NY. A través de asociaciones con profesores de la Universidad de Albany, nuestro objetivo es realizar proyectos que atiendan a las necesidades de esa comunidad.

El Equipo Especial de Amsterdam sobre la Salud de Grupos Minoritarios se reúne casi todos los meses. Hasta ahora, el diálogo entre los miembros del equipo especial se ha tratado de la identificación de los asuntos siguientes de la comunidad:

Servicios Médicos y Psicológicos: Hay una necesidad de entrenar a los proveedores de estos servicios en Amsterdam acerca de la competencia cultural, abuso de sustancias y el manejo del estrés. Servicios que responden a las necesidades de los pacientes sobre la salud mental y física serían mejores si incluyen el entendimiento de estos asuntos.

Poblaciones Inmigrantes y Migratorias: Hay una necesidad de proveer asistencia sanitaria a estas poblaciones de una manera culturalmente apropiada. También se debe crear conciencia acerca de la distinción entre estas dos poblaciones importantes en Amsterdam.

Desarrollo Infantil: Hay una necesidad de promo-

ver la lactancia materna, especialmente entre las madres latinas. Las familias en esta comunidad se beneficiarían de más información sobre el desarrollo de la niñez.

Todos los miembros de la facultad universitaria y de la comunidad que están interesados en trabajar en conjunto con los miembros de la comunidad de Amsterdam están invitados a asistir a la próxima reunión del Equipo Especial. Para más información, o si tiene alguna pregunta, por favor ponerse en contacto con Dr. L. Schell (CEMHD@albany.edu).

Este pendiente por anuncios sobre: "Listening Sessions"

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Próximos Eventos y Actividades Comunitarias

"Investigaciones para la Comunidad"
La exposición a los PCBs y DDEs (bifenilos policlorados y diclorodifenilclorometano), dos químicos clorados tóxicos que se encuentran comúnmente en el ambiente, han causado ciertas preocupaciones en la comunidad. A pesar de que los productos que contienen PCB ya no se producen en los Estados Unidos, y el uso de DDE, un pesticida, está prohibido en este país, todavía se pueden encontrar en el ambiente, aumentando el riesgo de desarrollar la diabetes, el cáncer y otras enfermedades crónicas. Se hizo un estudio para examinar los efectos de los niveles de PCBs y DDEs en la hormona testosterona en varones adolescentes expuestos a estas sustancias químicas antes y después del nacimiento. La testosterona es una hormona importante que contribuye al crecimiento y desarrollo. El estudio reveló que estas sustancias ambientales tóxicas interrumpieron el sistema endocrino y resultaron en cambios en los niveles de testosterona. La exposición a los PCBs redujo, mientras que la exposición al DDE aumentó, los niveles de testosterona en los varones adolescentes. Estos resultados indican que a pesar de que estas sustancias químicas son similares en estructura, no actúan de una manera similar dentro del cuerpo. A pesar de que estos productos químicos ya se usan en los Estados Unidos, todavía tienen un efecto significativo en el desarrollo de las personas expuestas.

Vamos a dar la Bienvenida a Lauren Dasen!
Como Panameña/Cubana-Americana de primera generación, su interés en el CEMHD es a la vez personal y profesional. Lauren Dasen es un estudiante de cuarto año en el programa doctorado en psicología en la Universidad de Albany. Lauren recibió su bachillerato en psicología en la Universidad de la Florida. Durante su carrera en la universidad, ella ha contribuido a varias investigaciones en diferentes laboratorios pertenecientes a la nefrofisiología, la psicología social, y la psicología de asesoramiento. Sus intereses de investigación incluyen estudios de los determinantes socioculturales de la salud mental y la salud física de los Latinos.

En la convención de la Asociación Americana de Psicología en 2015, Lauren presentó una investigación sobre marianismo (creencias tradicionales acerca de la feminidad en la cultura latina) y su asociación con varios indicadores de salud entre mujeres latinas que han inmigrado recientemente a los Estados Unidos. Como parte de su entrenamiento doctorado, Lauren enseña cursos en la universidad, asiste con un curso del nivel doctorado que se trata de la evaluación cognitiva, y también ofrece servicios de psicoterapia y pruebas psicológicas en un hospital. Ella incorpora los principios de justicia social en sus enseñanzas, investigaciones y en su trabajo clínico (que lo hace en español y en inglés). A Lauren le gustaría continuar su participación en estas áreas después de la graduación. Ella quiere promover la salud al nivel individual y comunitario.