

Center for Research on Ethnicity, Culture and Health



Newsletter
Winter 2005

University of Michigan
School of Public Health

CRECH: What Lies in the Future?

Since assuming the Directorship of CRECH, my central goal has been to continue the proud tradition of research and education begun in 1998 by CRECH Founder, Dr. Sherman James. Dr. James had the foresight to anticipate the important leadership role schools of public health should play in raising awareness of and addressing racial and ethnic disparities in health. Due to his vision, the University of Michigan was one of the first schools of Public Health to establish an independent research center dedicated to this important health problem. To this end, CRECH has continued to disseminate important information on racial and ethnic disparities in health and disease. For example, CRECH has continued the very popular Annual Lecture in Public Health and Human Rights. In October 2004, Dr. Mindy Fullilove delivered a lecture based on her latest book, *Root Shock*. We also, in 2004, supported campus lectures by Dr. Collins Airhihenbuwa, Dr. William Cross, and Dr. Ruth Zambrana. These are just three examples of the activities for which CRECH will continue to be noted. I am most proud of the education and training mission that continues to grow here at CRECH. We continue to provide support for early career scholars working on health disparities through our Paul B. Cornely Postdoctoral Program and for graduate students through our two NIH-funded research training programs. I am especially happy to report that our doctoral educational program, "Promoting Ethnic Diversity in Public Health," which was initiated in 2000, saw its first three graduate students (Ana Ortiz, Carla Stokes, and Edna Viruell-Fuentes) complete doctoral studies in 2004. We expect many more to follow in the next few years. Similarly, the CRECH Bridge to the Doctorate Program saw two of its students successfully enter doctoral training in 2004. In short, CRECH remains strongly committed to the goal of preparing the next generation of research scientists for addressing the public health needs of an increasingly diverse society by providing a forum for basic and applied research on racial, ethnic and gender differences in health and disease. In this issue of the newsletter, we highlight activities and events that CRECH will continue in the future.



Harold W. Neighbors, PhD
CRECH Director

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CRECH is administered by the
University of Michigan
School of
Public Health

CRECH's goal is to prepare students to address the public health needs of an increasingly diverse society.

News from the Director

The Paul B. Cornely Postdoctoral Program in Ethnicity, Culture & Health

New Cornely Postdoctoral Fellow On Board!

Dr. Breeden earned his PhD in Social and Behavioral Sciences in the Department of Health Policy and Management at the Johns Hopkins University Bloomberg School of Public Health in August 2004. He completed his MPH in Health Services at the University of Washington in 1998.

The aims of his dissertation research, funded by the National Institute of Drug Abuse, were to investigate which childhood, adolescent, and young adult factors determined perceptions of racial discrimination and their impact on frequency of cocaine and marijuana drug use. He also explored gender differences in these factors.

Funding from the UCLA Family Research Consortium IV [click here for website](#) through the

National Institute of Mental Health has allowed him to continue his research as the Paul B. Cornely Postdoctoral Scholar at the Center for Research on Ethnicity, Culture and Health (CRECH) at the University of Michigan. His primary research interests lie in exploring the inter-relations among perceived discrimination, mental health, gender and race over the life course among minority populations. Dr. Breeden also wants to study the relation between perceived discrimination and other health and social outcomes, such as suicidal behaviors, criminal activity, depression, and stress. He would also like to determine whether ethnic identity mediates or moderates these relationships.

Upon completion of the

Gregory Breeden, PhD



postdoctoral training program, Dr. Breeden intends to teach in a university setting and maintain an ongoing research program in minority health.

Tamara Baker Off to the University of South Florida!

Tamara Baker, PhD
Former Cornely Postdoctoral Fellow



Four years ago when I first stepped on the grounds of the University of Michigan as a CRECH Postdoctoral Fellow, I could never imagine that I would one day have the title Assistant Professor on the placard outside my office door.

Who knew that all the education, training, and past

professional experiences would afford me the opportunity to be the one planning the lectures, devising course curriculums, designing research protocols and hiring Research Assistants. Being an Assistant Professor at the University of South Florida (Tampa, FL) in the School of Aging Studies has been both challenging and extremely rewarding.

I can definitely say that my experiences as a CRECH Postdoctoral Fellow helped me matriculate into this tenure track position. They provided me with the skills needed to be an efficient and productive researcher, instructor, and colleague. My mentors, Drs. Linda Chatters, Carmen Green, and Woody Neighbors, have positively influenced my life and have provided invaluable words that

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have and will continue to help me to be a productive and proficient Assistant Professor.

I can now say that tackling the snow and bitter cold and the hour commute to and from the university was all worth it! Yes, life as an Assistant Professor is extremely busy, but the pros definitely outweigh the cons, and in the infamous words of my mentor, Dr. Carmen Green... "It's a beautiful thing!"

The Healthy Environments Partnership: Social and Physical Environments and Health Disparities

Principal Investigator, A.J. Schulz, Ph.D.

Co-Principal Investigator, S. Kannan, Ph.D.

Co-Investigators: J. T. Dvonch, J. House, B. Israel, S. James, J. Keeler, E. Kieffer, J. Lepkowski, E. Parker, T. Robbins, A. Villarruel, University of Michigan; M. Koch, Brightmoor Community Center; M. Sasser, Bouleyard Harambee; W. Ridella, I. Arya, P. Max, Detroit Department of Health and Wellness Promotion; V. Brock, Detroit Hispanic Development Corporation; Z. Rowe, Friends of Parkside; D. White-Perkins, Henry Ford Health System; P. Miller, Southwest Solutions; A. Benjamin, Southwest Detroit Environmental Vision; and C. Stokes, University of Detroit Mercy.



(l-r) Cassandra Parks, Amy Schulz, Sheryl Weir, Tim Dvonch and Srimathi Kannan

While cardiovascular disease has declined steadily in the United States over the past 30 years, that decline has been uneven across racial and ethnic groups. In 2000, African Americans' risk of heart disease was 1.49 times that of white Americans. While several studies in the 1990s reported that Hispanic Americans experienced a lower risk of heart disease than either white or African Americans, other more recent studies have suggested higher risks. As the largest contributor to all-cause mortality in the United States, it is important to understand the mechanisms that shape these continuing – and in some cases, increasing — disparities in the risk of cardiovascular disease. What role do differences in socioeconomic status – both individual and neighborhood level -- play in racial and ethnic disparities in cardiovascular disease? What are the social, economic, behavioral and biological mechanisms that shape risk or protective factors, and that ultimately translate into differential risks for cardiovascular disease?

There is clear evidence that socioeconomic status is related to cardiovascular disease. Several recent studies have documented a relationship between the rate of decline in mortality from heart disease and a community's level of

social and economic development. Uneven socioeconomic development and economic opportunity are often associated with racial or ethnically-based residential segregation, and therefore such segregation must be considered a factor in racial and ethnic disparities in cardiovascular disease.

A team of Detroit community-based organizations, health service organizations and UM researchers led by Dr. Amy Schulz (Health Behavior and Health Education-[click here for website](#)) and Dr. Srimathi Kannan (Environmental Health Sciences-[click here for website](#)), with funding from the National Institute of Environmental Health Sciences (Grant # RO1ES10936), is investigating the role of social and physical environments as they contribute to racial and ethnic disparities in cardiovascular risk. The Healthy Environments Partnership (HEP-[click here for website](#)) is a community-based participatory research effort affiliated with the Detroit Community-Academic Urban Research Center and with the Center for Research on Ethnicity, Culture and Health. Community members, practitioners and academic researchers are working together to understand relationships between socioeconomic position, the physical environment

(e.g., airborne particulate matter), the social environment (e.g., exposure to discrimination, inadequate municipal supports), and the physiological pathways through which these environmental factors translate into racial disparities in cardiovascular disease. The study focuses on three geographic areas within Detroit with different demographic and air quality characteristics.

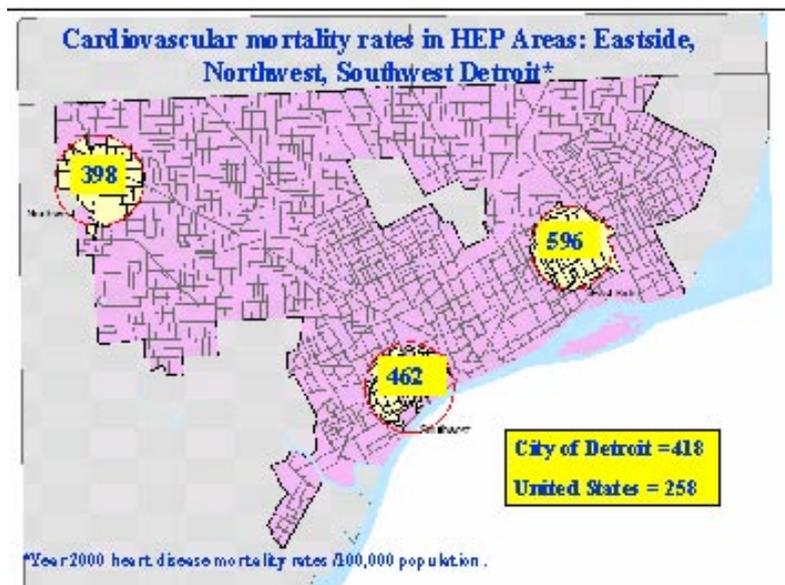
The study will relate physiological indicators of CVD risk (e.g., blood pressure, blood lipid levels) to individual social, economic and behavioral indicators (e.g., income, social support, dietary nutrient intake), census block group social and economic indicators (e.g., race-based residential segregation, concentration of poverty), and exposure to airborne particulate matter (PM2.5 and PM10). Air quality was monitored between January 2000 and December 2002. Stressors, community and interpersonal dynamics and health indicators were collected through a random sample community survey (n=919) between April 2002 and March 2003. A subset of survey respondents also participated in a biomarker component of the study, allowing analysis of lipid levels and salivary cortisol.

(continued on page 4)

(continued from page 3)

Finally, observational data were collected on a sample of 550 blocks in the areas in which survey respondents lived, providing detailed information about physical characteristics of the study communities. Analyses of these data are now in progress.

Detroit community partners are actively involved in every stage of the design and implementation of HEP. HEP has adopted a set of principles intended to ensure equitable participation and influence in all aspects of the study and its dissemination. Teams of community and academic partners worked together to develop the survey instrument, determine protocols for biomarker data collection, and design mechanisms to ensure that study participants received results from analysis of their dietary nutrient levels and – for those who chose to participate in the biomarker component of the study – the results of their blood lab work.



The HEP Steering Committee is currently working together to define core analyses, and results of those analyses will be disseminated through academic and non-academic channels (e.g., peer reviewed journals, community forums). Furthermore, the partnership will

disseminate findings through local and regional policy networks to inform policy makers about, for example, relationships between industrial land uses, adherence to emissions standards, race-based residential segregation and racial disparities in health.

Working Conference on Gender, Race, Class and Health



From the Top (l-r): Debbie Barrington, Emily Martin, Pamela B. Jackson, Cheryl Mwanda, Amy Schulz, David Williams, Lynn Weber and Summer Wood. Second Row: (l-r): Cleo Caldwell, Sandra Morgen, Elizabeth Baker, Leith Mullings, Marianne Brown, and Mary Anglin.

Last April, the Institute for Research on Women and Gender and the Center for Research on Ethnicity, Culture and Health hosted a working conference. It involved an interdisciplinary group of social scientists and public health scholars who were brought together to examine and address persistent disparities in health that arise from intersections of racial, socioeconomic, and gender inequalities in the US.

The two-and-a-half-day round table allowed the participants to discuss, synthesize and exchange ideas regarding their ongoing efforts to understand and eliminate health inequalities structured around intersections of gender, race and class. The entire group reviewed draft chapters, provided feedback, and suggested revisions to the volume co-editors (Amy Schulz and Leith Mullings) for this publication, tentatively titled "Health and Illness at the Intersections of Gender, Race and Class." The anticipated release date for the volume, to be published by Jossey-Bass Publishers, is fall 2005.

VIEWPOINT by Harold W. Neighbors, Ph.D. “Cultural Variation, Color Blindness and Racial Profiling”

According to Dr. Neighbors, it is interesting that the mental health field has taken the position that for clinicians to become culturally competent diagnosticians, they must acknowledge differences among patients due to race and ethnicity. This has profound implications because it means that to conduct a reasonable clinical interview, clinicians must know how to word questions using language that is understandable to the culturally different client. It means learning the local idioms of distress and even more challenging, how to adjust the assessment of patient self-reports on the basis of factors like racial/ethnic identity, religiosity, or whether normative feelings of suspicion or distrust should be considered as indicators of pathological paranoia. This position makes it very clear that if we take the notion of cultural variation seriously, a “color blind”

clinician will not be able to see clearly with respect to how to treat the patient that differs from the cultural framework represented by the DSM-IV. A doctor who chooses to treat all patients the same regardless of race or ethnicity will fall prey to diagnostic mistakes to the extent that any particular patient’s presentation differs from the prototypical descriptions upon which current conceptualizations of mental disorder are based. This does not mean “profiling” individual African Americans by assuming, a priori, that each African American differs from the White client. Given the pervasiveness of acculturation processes in the United States, we know that all African Americans are not alike. (The same can be said for Latinos and Whites). Thus, not all patients of color will differ from the prototypical White clinical case descriptions. The point is that

clinicians must be able to make such difficult and challenging within-race and between-race distinctions. The larger question is how institutions of higher learning will prepare them to do so. For a more in-depth discussion of Dr. Neighbors’ views on these and other issues relevant to the mental health of African Americans, readers can refer to Chapter 6, “The Epidemiology of Mental Disorder: 1985-2000” (pp. 99-128) in R. Braithwaite and S. Taylor (Eds.), *Health Issues in the Black Community* (2nd Edition), and to Neighbors et al. (2003), “Racial Differences in DSM Diagnosis using a Semi-Structured Instrument: The Importance of Clinical Judgment,” *Journal of Health and Social Behavior*, 44(3), 237-256.

TO DENIGRATE, IGNORE, OR DISRUPT Racial Inequality in Health and the Impact of a Policy-induced Breakdown of African American Communities

*Arline T. Geronimus
Department of Health Behavior
and Health Education,
University of Michigan
J. Phillip Thompson
Department of Urban Studies
and Planning,
Massachusetts Institute of Technology*

In this manuscript, the authors seek to show that prevailing ideological viewpoints on Black health misinterpret Black behavior, and that dominant racial ideologies themselves have negative health effects on

African American communities. The researchers show that public policies and practices reflecting prevailing ideological viewpoints harm African American communities. Together, these ideologies and policies undermine Black health by adversely impacting the immune, metabolic, and cardiovascular systems, fueling the development or progress of infectious and chronic disease. They argue that health reform pursued within the same prevailing ideological viewpoints that misinterpret Black health problems have limited

effectiveness. They also reason for culturally appropriate public policies that value African American social perspectives and coping mechanisms. They suggest that substantive health reform is best pursued through a democratic movement that challenges dominant ideological commitments.

Click to view this article in its entirety.

Are African Americans Really Less Prone to Depression and More Likely to Have Schizophrenia?

In a talk delivered at the 2004 Annual Meeting of the American Public Health Association, Harold Neighbors explained that many mental health researchers have inferred the presence of misdiagnosis because African Americans are typically less likely than White Americans to be diagnosed with major depression or manic episode, and more likely than Whites to receive a diagnosis of schizophrenia. These relationships are usually found for a hospital's admitting diagnosis, but not when researchers use more controlled diagnostic interviewing procedures.

In research conducted in Detroit, and contrary to other studies, Neighbors and his colleagues found that African American psychiatric inpatients were less likely than White inpatients to receive a diagnosis of bipolar disorder and manic episode (but not major depression), even under more controlled interviewing conditions where clinicians are instructed to maintain strict adherence to DSM criteria and to employ a semi-structured diagnostic instrument. These findings were true irrespective of the patient's gender, age, or education. Furthermore, clinician race had no effect on these diagnostic patterns.

Neighbors concluded that such findings make it more difficult to conclude that misdiagnosis is the ultimate explanation for racial differences in diagnosed mental disorder, although clinician bias remains a plausible hypothesis in need of further exploration. Neighbors also argued that these findings underscore the importance of subjective clinical judgment in the process of diagnosis within the context of race. Neighbors



front (l-r) Steven Trierweiler, PhD (University of Michigan, Institute for Social Research), Harold Neighbors, PhD (University of Michigan, School of Public Health), Briggett Ford, PhD (University of Michigan, School of Social Work). Standing (l-r) Jordana Muroff, PhD, (University of Michigan Postdoctoral Scholar), Lani Jones, PhD (University of Albany), Julia Hastings, PhD (University of California, Berkeley)

concluded that, to the extent African Americans and White Americans do indeed differ in the presentation of symptoms, clinicians, both Black and White, will have to find some way of taking those sociocultural differences into account in making judgments about the presence or absence of psychopathology.

This work raises two important issues for future research on race and mental illness. First, if the DSM-IV Cultural Formulation is not adopted, from where will the cultural lens through which clinicians must view symptoms come? Second, given the importance of clinical judgment for incorporating sociocultural context in diagnosis, how will psychiatric epidemiology, which has de-emphasized the role of clinical judgment in the case-finding process, incorporate cultural context while implementing DSM criteria?

Neighbors also presented a content analysis of four Black and four White clinician focus groups that addressed the issue of race and treatment. Results revealed meaningful differences between themes expressed

by the Black and White clinicians. White clinicians saw no meaningful racial difference between patients, while Black clinicians strongly endorsed the idea of differences. Black clinicians were also more likely to comment on the shortcomings of diagnosis, some even questioning the utility of diagnosis in general. Black and White clinicians cited different reasons for diagnostic challenges. Black clinicians more often raised issues of bias, which included comments about stereotypes, faulty assumptions, and over-generalizations based on client race. Religious differences and differences in idioms of distress were cited as two specific sources of cultural misunderstandings contributing to diagnostic difficulties with Black patients. Both Black and White clinicians saw socioeconomic disadvantage as contributing to behavior that might appear disordered in Black patients.

Neighbors concluded his talk with the statement, "Clinical judgment is the doorway through which culture will enter the diagnostic process."

Bridging the Gap

Now in its third year, the Michigan Bridge to the Doctorate Program (M-Bridge) has become a critical part of a web of diversity training programs developed by CRECH. This unique training program is designed to increase the pool of ethnic minority students from underrepresented groups who move from master's training to doctoral programs in schools of public health. With leadership from CRECH Director Harold Neighbors, the M-Bridge program continues to maintain and build upon the partnerships established with master's programs from Eastern Michigan University, the Morehouse School of Medicine, and the University of Texas at San Antonio. The M-Bridge program supports two master's students each year from the three minority serving institutions. Students are appointed as research assistants at their institutions during the academic year. During the summer between their first and second years of master's training, Bridges students spend

two months in Ann Arbor conducting research with UM faculty, preparing for the GRE, networking with minority doctoral students and master's students, and taking courses in statistical/data analysis skills and research methods. Attending conferences, presenting papers and oral presentations at local, regional, and national meetings help the Bridges students recognize the significant contributions they offer to public health and to society. The summer component is supported by in-kind contributions from the UM Rackham Graduate School. At the end of the Michigan summer, students are exposed to the responsible conduct of research by bioethicists from the Tuskegee University Center for Bioethics in Research and Health Care. The Michigan Bridge to the Doctorate Program is funded by the National Institute of General Medical Sciences (NIGMS), a subdivision of the National Institutes of Health. (Grant # R25GM066329-02).



Clockwise from left: Antonio Castro, UTSA Bridges student; Jane Nolasco, UTSA Bridges student; Menelik Hardy, EMU Bridges student; Julie Williams, MSM Bridges student; Angela Williams, EMU Bridges student, Kanika Harris, MSM Bridges student, and Harold Neighbors, PhD, CRECH Director.

National Institutes of Health Midwest Regional Bridges Conference "Building Partnership for the Future"

The Midwest Regional Bridges Conference provides the opportunity for Bridges students to participate in research presentations. It also brings together students, faculty and staff, as well as program directors, who are all part of the same national program. The 2004 M-Bridge students presented posters of their research conducted during the Summer Program at the University of Michigan.

University of Texas at San Antonio Jane Nolasco

UM Mentor: Stephen Trierweiler, PhD
"Comparing Perspectives of Experienced African Americans and European American Clinicians in the Mental Health Treatment of African American Patients"

A. Antonio Castro

UM Mentor: Hector Gonzalez, PhD
"Exploratory Investigation of the Center for Epidemiologic Studies Depression Scale (CES-D) from Elderly Mexican Americans: Factors, Finger Tapping and the Brain"

Eastern Michigan University Angela Williams

UM Mentor: Cleopatra Caldwell, PhD
"Correlates of Intentions to Avoid Risky Health Behaviors in African American Males"

Menelik Hardy

UM Mentor: Richard Hirth, PhD
"Health Insurance Premium Design: The Effect Financial Incentives Have in a Multi-Choice Setting"

Morehouse School of Medicine Kanika Harris

UM Mentor: Larry Gant, PhD
"The Relationship between HIV Risk, Unmittigated Communion, and Relationship Power in African-American Women"

Julie Williams

UM Mentor: Amy Schulz, PhD
"Particulate Matter, Cardiovascular Disease, and Allostatic Load: Laying the Groundwork for a Meta-Analysis of Potential Mechanisms"

ETHNIC DIVERSITY IN PUBLIC HEALTH TRAINING

In April 2004, Harold W. Neighbors, Director of the Center for Research on Ethnicity, Culture and Health (CRECH), announced that the program "Promoting Ethnic Diversity in Public Health Training" had been funded by the National Institute of General Medical Sciences for an additional four-year period. This program for students from population groups traditionally underrepresented (African American, Latino, American Indian) in public health, supports both previously funded and new doctoral students as well as master's students interested in pursuing doctoral work. The expanded program includes two SPH departments (Environmental Health Sciences and Biostatistics) along with departments previously involved with the training program (Epidemiology, Health Behavior & Health Education, and Health Management and Policy).

In the summer of 2004, I completed a PhD in Epidemiological Sciences from the University of Michigan. Now I am an Assistant Professor at the Biostatistics and Epidemiology Department at the Medical Sciences Campus of the University of Puerto Rico. Here I am currently teaching courses in chronic and infectious disease epidemiology. I am also collaborating with the OBGYN Department, in the realization of the project Health and Menopause in Hispanic Women in Puerto Rico, intended to further develop our understanding of the menopausal transition in Hispanic populations and its impact on women's health. As part of my appointment, I also work with the U54 PRCC/MDACC Partnership for Excellence in Cancer Research, a National Institutes of Health Partnership between the University of Puerto Rico Cancer Center and the University of Texas M. D. Anderson Cancer Center. Recognizing that significant

disparities in cancer incidence and outcomes exist among ethnic minority populations, the main goal of this partnership is to establish a comprehensive long-term partnership aimed at understanding the reasons behind cancer disparities and their impact on minority populations. By way of this partnership, I am currently working as a coordinator of a Shared Resource Core. This unit intends to develop new cancer-related research projects and provide support to other researchers at both institutions in the areas of epidemiology and biostatistics.

I would like to express my appreciation to CRECH for the support this remarkable program provided me during my educational formation. As a Puerto Rican woman and researcher working in a minority institution, I truly appreciate how this

program helped me understand the importance of ethnicity and culture for health status. CRECH gave me the tools I need to develop quality research, aimed at better understanding and reducing health disparities in Puerto Rican, Latin American, and other minority populations.

Thanks!



Anna Ortiz, husband Carlos and daughter Adriana

Carla Sokes, Ph.D.
(Former predoctoral Trainee)



A graduate of Spelman College, Carla earned a Master's of Public Health degree from the University of Michigan. Dedicated to raising awareness about HIV/AIDS and women's and girls' health issues, she developed and taught two original undergraduate courses at the University of Michigan: "Representations of Black Women in Popular Culture: The Hip Hop

Influence" and "Black Women's Health and Social Issues."

In October 2004, Carla defended her dissertation and completed her PhD in Health Behavior and Health Education in November. For her dissertation, Carla conducted a qualitative study that investigated the negotiation of sexuality, gender-role

ETHNIC DIVERSITY IN PUBLIC HEALTH TRAINING (continued)

identity, and romantic relationships in 216 Internet home pages constructed by black adolescent girls residing in southern states with the highest rate of HIV/AIDS among black Americans. This research highlights the significance of the Internet and hip hop culture in shaping the sexual development

of black adolescent girls coming of age in the HIV/AIDS era. It also provides recommendations for the development of culturally relevant and youth-friendly HIV risk reduction initiatives for black adolescent girls.

Dr. Stokes is currently a Post-doctoral Fellow with the HIV

Prevention Communities of Color Research Fellowship at CDC in Atlanta, Georgia, where she will be writing articles from her dissertation and working on a variety of research projects related to HIV prevention among black women and girls.

Alexis Handal, MPH
Pre-doctoral Fellow 2002-03



My research interests have always included investigating the social and environmental issues that affect the health of the Ecuadorian population. It was through a connection with my master's thesis mentor in Ecuador, Dr. Fernando Ortega, that I found out about a large health study on the effects of the Ecuadorian cut-flower industry that was about to be launched by researchers at the Health Research and Advisory Center (CEAS) in Quito, Ecuador. The director of CEAS happened to be Dr. Jaime Breilh, a well-known Ecuadorian social epidemiologist. I met with Dr. Breilh in Ann Arbor in the fall of 2002 when he presented at CRECH's Public Health and Human Rights lecture to discuss the possibility of working with him on the EcoSalud Project.

After working closely with Dr. Breilh and my committee here at UM, we developed a proposal for a preliminary investigation into the

potential neuro-behavioral risks of exposure to organophosphate and carbamate pesticides in young infants and children living in the Cayambe-Tabacundo region of Ecuador. This study would be conducted under the umbrella of CEAS' EcoSalud Project.

I traveled to Ecuador at the end of September 2003, after being awarded a Fulbright grant to do my research. From September to January, I worked on establishing contacts in the communities where I wanted to conduct my study. I also worked on developing my research instruments. On all aspects of survey development, community contact, and researching background information, I worked closely with researchers at CEAS, who had been working in the region for several years before my arrival preparing for the launch of EcoSalud.

Beginning in February, I began the actual process of data collection. I worked in the field for three and a half months, collecting data on a total of 221 women and 287 children. During my final months in Ecuador, I worked closely with the researchers at CEAS and the community leaders in Cayambe developing materials to distribute and to use as guides for workshops in the participating communities. I returned to Michigan at the end of August 2004 to begin the analysis of my data. I am currently writing my dissertation with the

goal of completing and defending it by June 2005.

Without the support from CRECH, as well as grants from Fulbright, the University of Michigan International Institute, and the University of Michigan Rackham Graduate School, I would not have been able to complete a project of this magnitude and importance.

Research in this field has not previously been conducted in the Cayambe-Tabacundo region of Ecuador, where exposure to OP and carbamate pesticides is high. There is an urgent need for studies such as this one that will provide baseline data, evaluate the potential adverse health impacts of exposure to OP and carbamate pesticides in these communities, and aid in defining the need for establishment of regulations and enforcement of policies concerning worker exposure as well as environmental contamination.

The flower industry in Ecuador has provided a much-needed economic boom and put Ecuador in the global competitive circle. However, we cannot turn our heads from the havoc that this industry has caused and continues to cause in terms of health to the Ecuadorian population. It is possible to work together with these industries to provide safe work conditions and develop sound environmental and social policies that will benefit all Ecuadorians.

In its sixth year, the CRECH Annual Distinguished Lecture on Public Health and Human Rights was held on October 6, 2004 in the Commons Building, one of a complex of buildings designed to accommodate the newly created Life Sciences Institute at the University of Michigan.

Mindy Thompson Fullilove, MD



Dr. Mindy Thompson Fullilove, a board-certified research psychiatrist at New York State Psychiatric Institute and a professor of clinical psychiatry and public health at Columbia University, presented on the psychosocial consequences of massive displacement. Her lecture entitled "Title Needed: Land, Housing and Human Rights" touched upon many aspects of her study of the long-term consequences of urban renewal for African American communities.

Dr. Fullilove also serves as co-director of the Community Research Group of New York State Psychiatric Institute and the Mailman School of Public Health at Columbia University.

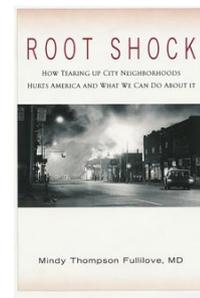
The Community Research Group conducts research examining the links between health and the city. Upheaval is a topic of great interest to this research group. With her colleagues, Dr. Fullilove developed the concept of "root shock," which refers to the psychosocial consequences of massive displacement. The group's work in this area includes: the study of the long-term consequences of urban renewal for African American communities, efforts to strengthen families, and responding to the disaster of 9/11.

Dr. Fullilove's lecture focused on the US government's inaugurated program of destroying "blighted" city neighborhoods so that the land could be used for other purposes. Under the banner of "urban renewal," large swathes of land were bulldozed, their contents destroyed, and their residents displaced between 1949 and 1973 in cities across the United States and especially African American neighborhoods.

Dr. Fullilove examined the links between root shock and a decline in health as illustrated in the diagram below.

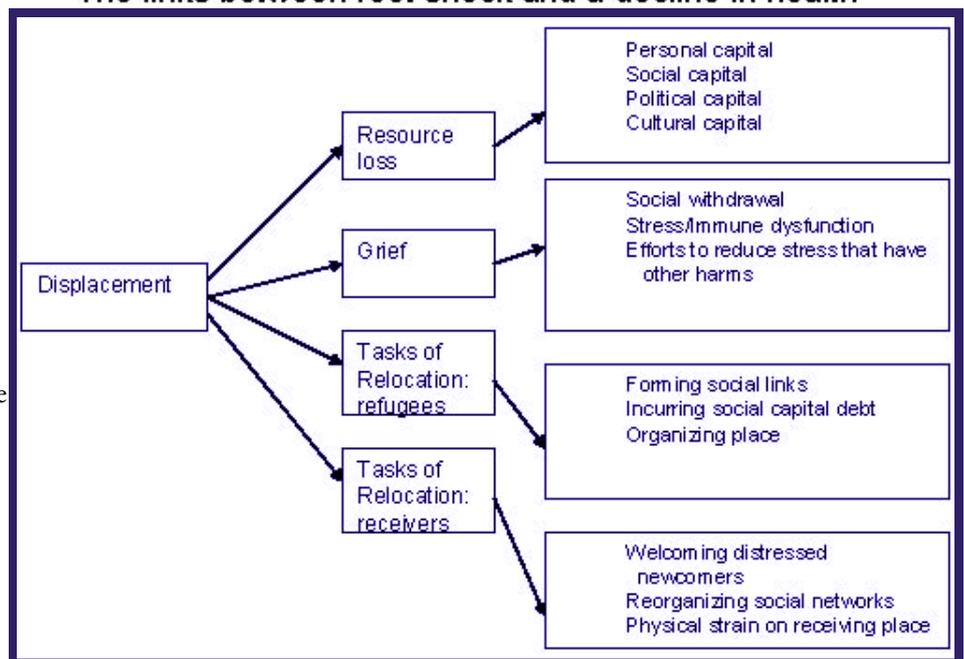
Her most recent book, ROOT SHOCK: How Tearing Up City Neighborhoods Hurts America and What We Can Do About It, was published in June 2004. This book focuses on three very different urban settings -- the Hill District of Pittsburgh, the Central Ward in Newark, and the small Virginia city of Roanoke. Dr. Fullilove states, "I venture to propose that displacement is the problem the twenty-first

century must solve. Africans and aborigines, rural peasants and city dwellers have been shunted from one place to another, as progress has demanded, "Land here! or "People there!" In cutting the roots of so many people, we have destroyed language, culture, dietary traditions, and social bonds. We have lined the oceans with bones, and filled the garbage dumps with bricks. What are we to do?"



A book signing that was partnered with Ann Arbor-based Shaman Drum Bookshop immediately followed Dr. Fullilove's talk.

The links between root shock and a decline in health



CRECH Lecture Series 2003-04

The Center continues to host an annual lecture series for the fall and winter semesters and occasional special talks that allow a variety of national and local scholars in the School of Public Health to speak on central questions in the study of culture, ethnicity, race and health. These seminars are intended to stimulate dialogue across disciplinary boundaries toward the goal of integrating current theoretical perspectives from the disciplines with new scholarship addressing issues related to culture and ethnicity and their relationship to health.

Fall 2003

Reynolds Farley, PhD

University of Michigan's Dr. Reynolds R. Farley (Sociology/ISR) kicked off the fall series on October 21 with a presentation entitled "Racial Residential Segregation: Changes in the 1990s." Dr. Farley conducts research concerning population trends in the United States, focusing on racial differences, ethnicity and urban structure. He teaches courses in urban sociology, population, race, demographic techniques, and introductory sociology.

Ana V. Diez-Roux, MD, MPH, PhD

An associate professor of epidemiology at the UMSPH, Dr. Diez-Roux delivered her talk entitled "Neighborhoods and Health: Evidence and Challenges" on November 11. Dr. Diez-Roux is an epidemiologist with an interest in the social determinants of health. Her empirical work has focused on the examination of social factors in relation to cardiovascular disease, especially the role of neighborhood environments in shaping the distribution of cardiovascular risk.

Linda M. Chatters, PhD

Dr. Chatters holds a joint appointment as an Associate Professor in the Department of Health Behavior and Health Education (School of Public Health) and in the School of Social Work and is the faculty coordinator of the Dual Degree Program in Social Work and Public Health. Dr. Chatters is also a Faculty Associate with the Program for Research on Black Americans, Institute for Social Research at the University of Michigan. On December 2, Dr. Chatters spoke to a public health audience on "Religion in the Lives of African Americans: Research on Health and Social Outcomes." This talk encompassed her research studying adult development and aging as it relates to the mental and physical health status and functioning of older persons in a variety of social contexts.

Winter 2004

Arline T. Geronimus, PhD

On March 23, Dr. Arline T. Geronimus (Professor of Health Behavior & Health Education, Research Professor, Population Studies Center, Institute for Social Research) finished the lecture series with her presentation on "Deepening Pluralism: The Moral Boundaries of Building Solidarity to Eliminate Racial (Health) Inequality." Dr. Geronimus developed an analytic framework which posits that the health of African Americans is subject to early health deterioration as a consequence of social exclusion. Much of her scholarly work is related to developing and testing this framework.

Throughout the 2003-04 academic year, CRECH collaborated with other UM organizations to bring **Special Invited Lectures** relevant to its mission and to provide the opportunity for interested parties to come together and exchange ideas.

William E. Cross, Jr., PhD



William E. Cross, Jr., Ph.D. (Professor and Program Head, Doctoral Program in Social-Personality, Department of Psychology, CUNY) presented to a large audience on “Black Identity and Stress: Some Interesting New Findings That Will Not Spoil Lunch” at the SPH on November 25, 2003. Dr. Cross is considered one of the leading experts on the study of African American Racial Identity Development. His text, *Shades of Black: Diversity in African American Identity*, is considered a classic. His model of African American identity development has been the focus of many essays and numerous empirical studies, and the distinction he makes between personality and group identity in the dynamics of African American identity, is the focus of scholarly debate within the fields of psychology and African American Studies.

Ruth E. Zambrana, PhD



Ruth E. Zambrana, PhD (Professor and Graduate Director, Department of Women’s Studies, Director of Research, Consortium on Race, Gender and Ethnicity, University of Maryland College Park) presented a talk to an overflowing audience on April 2, 2004 entitled “Why are we still here?: Critique of the construction of race, ethnicity and gender in social science and public health communities.” Dr. Zambrana presented this lecture in conjunction with her attendance at a joint CRECH and IRWG working conference on Gender, Race, Class and Health on April 2-4, 2004. (See page 4 of this publication for details on the conference). Dr. Zambrana has worked in the area of low-income children and families for over 25 years. Her research focuses on Latino studies, with an emphasis on women’s and children’s concerns. Dr. Zambrana is recognized by her peers as an expert in the field of racial and ethnic health disparities and institutional barriers to health care.

Collins Airhihenbuwa, PhD



With an overflowing audience, Collins Airhihenbuwa, Professor of the Department of Biobehavioral Health at Pennsylvania State University and Director of the Center for Health and Culture, delivered his lecture on October 21, 2004 entitled “Public Health and the Multiverse of Cultures: When ‘Behavior’ is Simply Not Enough.” Dr. Airhihenbuwa is known for his research on culture and health behavior for which he authored the PEN-3 cultural model. Dr. Airhihenbuwa is currently involved in HIV/AIDS research in South Africa and Senegal. Dr. Airhihenbuwa’s slideshow is available for review [click here for slideshow](#). This lecture was sponsored in collaboration with the Center for Afroamerican and African Studies (CASS), W.K. Kellogg Community Health Scholars Program, Project Export, UM-Flint. Public Health Students of African Descent (PHSAD), and La Salud Student Organization of the School of Public Health.

KUDOS!

Congratulations to Kai Bullard, Mahasin Mujahid, Latetia Moore, Haslyn Hunte, Lisa Lapeyrouse, and Paul Burns who successfully passed their Prelims!

Way to Go!
Darrell Hudson has been accepted into the Doctoral Program in Health Behavior and Health Education Program