

CRECH

CENTER FOR RESEARCH ON
ETHNICITY, CULTURE, AND HEALTH



Fall/Winter
2008 Newsletter

SPECIAL ISSUE



Harold W. Neighbors, PhD
CRECH Director

“The Center for Research on Ethnicity, Culture, and Health (CRECH) has been supporting and training the “next generation” of scholars for ten years now – since its inception in 1998.”

—Neighbors

eliminating racial and ethnic disparities in public health

Paul B. Cornely Postdoctoral Program in Ethnicity, Culture, and Health Celebrates 20 Years!

In the early 1980s, enrollment of racial and ethnic “minority” students at the University of Michigan was moving in the wrong direction -- down. Even more upsetting was the fact that the numbers for faculty of color were moving in the same direction; far too many were leaving the University. In response, campus organizations such as the Black Action Movement II (BAM II) and the United Coalition Against Racism (UCAR) were putting pressure on the University administration to address the situation. As a result, Provost and Vice President, James J. Duderstadt, organized a series of meetings in order to create what came to be known as the Michigan Mandate. The Michigan Mandate was an organizational/institutional change strategy that would, according to Dr. Duderstadt, “embrace diversity as the cornerstone of excellence” (Jane R. Elgass, *The University Record*, January 25, 1999). Among the mandate’s goals was the creation of a student body and a professoriate that reflected the racial and ethnic diversity of the broader U.S. society. To accomplish this, the Michigan Mandate focused on faculty recruitment and development, student recruitment and achievement, and improving the University environment for diversity. In short, the purpose of the mandate was to create a community that supported the aspirations and achievements of all individuals, regardless of race, national origin, or gender.

The first three Paul B. Cornely Postdoctoral Scholars with the program’s founders

WHERE ARE THEY NOW?

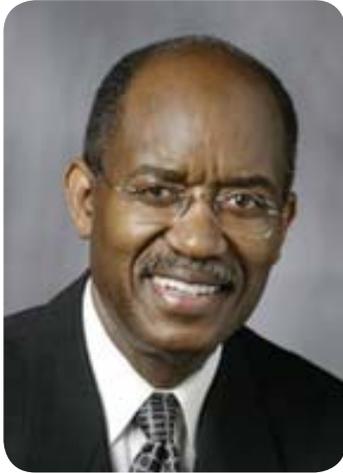


(l-r) Scholars Verna Keith, Dawn Smith, (back row) Marshall Becker, Thomas LaVeist, and Harold Neighbors

One component of the mandate’s strategy involved committing financial resources to support innovative campus programs. It is within this context that the Paul B. Cornely Postdoctoral Program was created. In effect, the Cornely Postdoctoral Program was

SPH Launches Diversity Program

MANDATE, from page 1



Sherman A. James, PhD

one of the first (but certainly not the last) programmatic responses by the University of Michigan School of Public Health to the Michigan Mandate's call for action. In 1987, Harold W. Neighbors, who had joined the UMSPH as an Assistant Professor in 1985, approached then UMSPH Senior Associate Dean for Academic Affairs, Marshall Becker, with an idea that would address the Mandate's faculty development objective. Neighbors proposed, and Becker agreed, that one way the UMSPH should address the issue of faculty diversification was to create a new postdoctoral research program focused on identifying and recruiting early career research scientists from traditionally underrepresented racial and ethnic groups. The central objective was quite simple; the UMSPH had a responsibility to recruit and train early career academicians from groups of color in order to increase the likelihood that more scholars of color would become faculty within public health and related fields.¹ Neighbors noted at the time that he was very pleased with the universal

¹Neighbors and Becker would also partner later to recruit successfully such noted UM faculty as Sherman James. Dr. James is the Founding Director of the Center for Research on Ethnicity, Culture, and Health.

support he received from the colleagues he approached within the school of public health. As a result, the idea for this new postdoctoral program began to take shape.

This idea was thoroughly vetted by many faculty members -- UMSPH faculty members who helped Drs. Neighbors and Becker launch the program were Irene Butter, Linda Chatters, Toby Citrin, Arline Geronimus, Jill Joseph, Neal Krause, Jersey Liang, Richard Lichtenstein, and Ken Warner -- who saw the program as a forward-looking opportunity to change, over time, the racial and ethnic composition of the public health academic workforce by providing mentored training for postdoctoral scholars from underrepresented groups. On February 3, 1988, with funding from the UM Office of Minority Affairs under the direction of Dr. Charles Moody, Vice Provost for Minority Affairs, funds were committed to establish the Paul B. Cornely Postdoctoral Program. The new postdoctoral program was launched immediately in March 1988 and by September of that year, the first class of Cornely scholars was in residence (see photograph of Drs. Neighbors and Becker along with Drs. Keith, LaVeist, and Smith on page one). Dr. Moody and the Office of Minority Affairs continued to support the Cornely program through 1995, at which time the School of Public Health, under the leadership of Dean June Osborn as well as the support and advocacy of Senior Associate Dean Sherman James, assumed full financial support for all aspects of the program.

In this issue of the CRECH Newsletter, we highlight the accomplishments of many of the former Cornely Postdoctoral Scholars. In reviewing the accomplishments of the featured scholars, the positive impact of the



Marshall H. Becker, PhD

Cornely Program on the wider public health community is obvious. We are sure that you will be impressed with the key leadership positions into which many of the former scholars have moved over the years. Their outstanding scientific accomplishments are also quite notable. By every measure, the Cornely Program has been a remarkable success. Also in this issue we introduce the newest Cornely Postdoctoral Scholar, Dr. Kristopher Chrishon (page 14). We mention this only to underscore the fact that the UMSPH Dean's Office remains very supportive of the overall goals and ideals represented by the Cornely Postdoctoral Fellowship. In fact, the Cornely Program is now the longest running postdoctoral program of this kind in any school of public health. CRECH takes this opportunity to thank Dr. Moody, Dr. Osborn, Dr. James and all of the UMSPH faculty who helped make the program so successful. Finally, CRECH especially wants to thank the UMSPH Dean's Office for their continued support of the Cornely Postdoctoral Program. ■

The Inspiration Behind The Cornely Program

Dr. Cornely received his A.B. in 1928, his M.D. in 1931, and his Dr.P.H. in 1934, all from the University of Michigan. His Department of Specialization was Hygiene and Public Health. Dr. Cornely's dissertation title was "A

vision. His studies of the health status of the Negro in our nation's capital demonstrated the need for a new, vigorous approach to our previously unrecognized problems. Belying personal modesty, he was forthright in affirming the right of the disinherited to an optimal physical well-being.

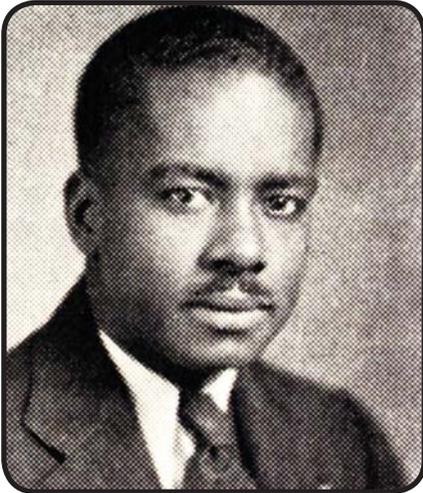
Practice of the Howard University College of Medicine.

Dr. Cornely's contributions in the field of health services administration have been significant. He was director of the Howard University Hospital for a period of eleven years and president of the Community Group Health Foundation, which administered the Office of Economic Opportunity, serving a population of 50,000 people. He pioneered the use of neighborhood health workers as early as 1958-60. He founded the District of Columbia Public Health Association and was its first President from 1962-64. Dr. Cornely was president of the American Public Health Association in 1970.

His major professional activities were in medical education, health services administration, and he was a consultant to Federal and voluntary organizations, both domestic and international. He also researched the health problems of the disadvantaged. Dr. Cornely retired in 1973 as Professor Emeritus in the Department of Community Health and Family

He conducted research studies in tuberculosis, venereal diseases, and scarlet fever, utilization of physicians' extenders and their effect on the cost and quality of health care, and the effects of social and cultural factors on health and health care utilization. He published over 100 scientific and popular articles. Dr. Cornely passed away on February 9, 2002. ■

The staff at the University of Michigan Bentley Historical Library assisted with this article. For more information on Dr. Cornely's UM honorary Doctor of Science degree, visit the University of Michigan Board of Regents Proceedings, dated August 4, 1968 at <http://quod.lib.umich.edu/u/umregproc/>.



Courtesy of Bentley Historical Library

Paul B. Cornely, M.D., Dr.P.H.

Survey of Postgraduate Medical Education in the United States and an Inquiry into the Educational Needs of the General Practitioner." On August 4, 1968 the University of Michigan Board of Regents conferred on this alumnus and medical statesman the honorary degree of Doctor of Science.

Dr. Cornely began his career in a manner admired by academicians, compiling an enviable record in three different schools of the University. As a specialist in preventive medicine, he attained a commanding professional authority culminating in his nomination to the presidency of the prestigious American Public Health Association. As a responsible public-health physician, anxious that health care be made more widely efficacious, he subsumed his technical insight into a social

His studies of the health status of the Negro in our nation's capital demonstrated the need for a new, vigorous approach to our previously unrecognized problems.

The First Three Cornely Scholars

The Paul B. Cornely Postdoctoral Fellowship was an exciting, intellectually stimulating experience that continues to impact my career. Trained in social demography and doing research on ethnicity and access to health care, I applied to the program with the purpose of incorporating social psychological perspectives into my research program and to enhance my statistical and methodological skills. The program exceeded my expectations. It provided opportunities to expand my research agenda, time to attend seminars and workshops, and time to interact with scholars conducting pioneering work in public health,

to discuss any data challenge. Moreover, as I worked on my fellowship project—an investigation of the connections among gender, stress, and mental health in older adults—Neal was an invaluable resource when it came to distilling this vast literature and understanding the key questions driving the field. I am also indebted to scholars associated with the Program for Research on Black Americans who provided substantive expertise in the health of racial and ethnic minorities. The application of the stress perspective to minority health remains the linchpin of my work today. After leaving the Cornely



Verna Keith, PhD

Society. The confidence to take on such responsibilities stems in part from various individuals that I met during the years I spent at the University of Michigan School of Public Health. They were excellent role models and I continue to draw upon what I learned from them regarding professionalism. I am

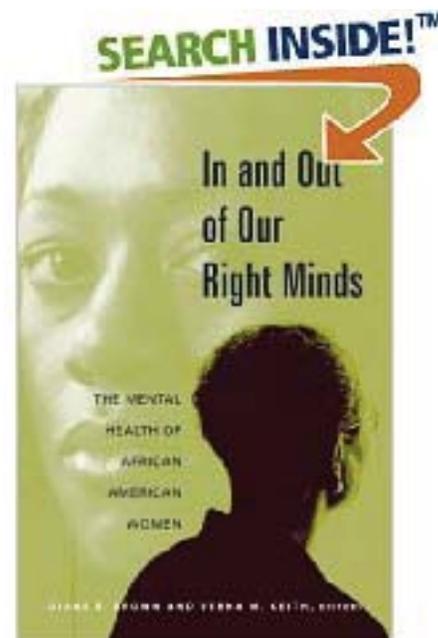
see KEITH, page 14

“The Paul B. Cornely Postdoctoral Fellowship provided opportunities to expand my research agenda, time to attend seminars and workshops, and time to interact with scholars conducting pioneering work in public health, gerontology, psychology, and sociology.”

—Verna Keith

gerontology, psychology, and sociology. After being in a faculty position for several years with the responsibilities of both teaching and research, a complete focus on research seemed like nirvana. Neal Krause, a social psychologist who served as my primary mentor, was a first-rate teacher and guide. He generously shared his time, giving advice on how to structure an article, and overseeing my introduction to advanced statistical techniques, and was always willing

Postdoctoral Program, I went in search of sunshine and spent sixteen years at Arizona State University, eventually becoming Associate Chair and then Chair of the Department of Sociology. Over the years, I have served on numerous committees and/or held elective office in the Association of Black Sociologists and the American Sociological Association, and now serve on the editorial boards of the *American Sociological Review* and *Gender and*



To learn more about Dr. Keith's research, visit her Web site at <http://fsu.edu/~soc/people/keith/>.

HIV Statistics

It is a joyful experience to testify to the critical impact that the Paul B. Cornely Postdoctoral Fellowship years have had on my career as a public health researcher. I grew up pre-civil rights and pre-women's



Dawn Smith, MD

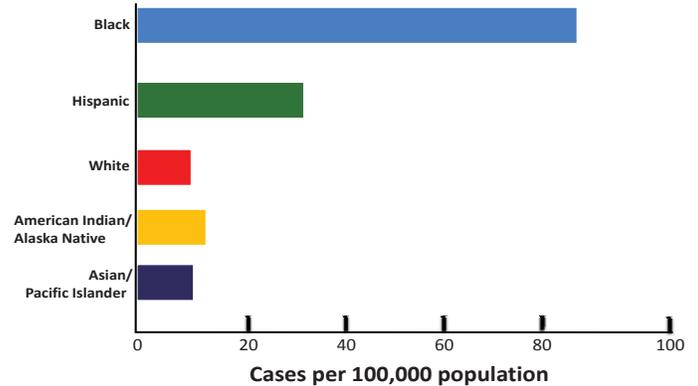
liberation in an isolated rural Michigan community where I had never seen a “Negro” or female physician. Like many African Americans, I am the first in my extended family to obtain a college education, and other than my children, still

the only one to have a post-graduate degree. Becoming a family practitioner was achieving my highest professional goals (I thought). But my first practice experience was on the Navajo reservation where I was introduced to applied public health – TB and STD contact tracing, plague response teams, and “managed care” in a cradle-to-grave entitlement health care system. I came home to Michigan to better understand the many new questions I had about public health. By the end of my two-year MPH program, I had become engaged in the HIV/AIDS epidemic. Fortunately, the Cornely Postdoctoral Program was newly established and becoming a Fellow allowed me to remain at the University of Michigan and gain the perspectives and skills to become a researcher. During the fellowship, I completed the On-Job On-Campus (“OJOC”) program in Clinical Research Design and Statistical Analysis and worked as a GRA at the Institute for Social Research. During this time, I wrote my first NIH grant applications (one funded, one not) and helped develop one of the first training programs to interest minority researchers in HIV. The opportunity to learn from, and sometimes work with, Woody Neighbors, James Jackson, Sherman James, Linda Chatters, Arline Geronimus, Toby Citrin, and so many others prepared me to develop a career that combines clinical and social approaches to HIV research domestically and in the developing world.

At the completion of my fellowship, I went to CDC to become an Epidemic Intelligence Service Officer. Based on the strength of my training, I was asked to lead the development of the first multi-site

see SMITH, page 15

ESTIMATED RATES OF NEW HIV INFECTIONS, BY RACE/ETHNICITY, 2006



HIV Incidence

- New technology and methodology developed by CDC show that the incidence of HIV in the United States is higher than was previously known. However, the incidence has been stable at that higher level for most of this decade. HIV incidence is the number of new HIV infections occurring during a certain time period, in this case, the year 2006.

- These findings, published in a special HIV/AIDS issue of the Journal of the American Medical Association (JAMA) that was released August 3, 2008, show that in 2006, an estimated 56,300 new HIV infections occurred – a number that is substantially higher than the previous estimate of 40,000 annual new infections. It should be noted that the new incidence estimate does not represent an actual increase in the numbers of HIV infections. Rather, a separate CDC historical trend analysis published as part of this study suggests that the annual number of new infections was never as low as 40,000 and that it has been roughly stable since the late 1990s (with estimates ranging between 55,000 and 58,500 during the three most recent time periods analyzed).

Visit the CDC Web site at: <http://cdc.gov/hiv/topics/surveillance/incidence.htm> to monitor emerging information on HIV incidence in the United States.

On September 26, 2008, the Institute for Health, Social, and Community Research sponsored the 2nd Annual Shaw University Disparities Conference entitled “Charting the Way to Change: Advancements in Health Disparities Research.” The Institute Director, Dr. Daniel Howard, invited Dr. Neighbors to attend this event, during which time he had a chance to conduct a brief interview with Dr. LaVeist. The following are selected excerpts from that interview.

NEIGHBORS: My first question is about your research center at Hopkins. What is your research looking at and what are some of your findings?

Thomas LaVeist: Well, the Hopkins Center for Health Disparities Solutions was founded in 2002 with a grant from the National Center for Minority Health and Health Disparities. We have a focus on social determinants of health and a heavy involvement in community outreach and community-based participatory research. The focal project is a study called EHDIC, which is Exploring Health Disparities in Integrated Communities. We’ve identified racially integrated communities throughout the country where there are no race differences in income status. So those communities do exist and what we’ve done is replicate questions from the National Health Interview survey so we would be able to have a national comparison.

NEIGHBORS: Tell me more about the main motivation for setting up the design this way?

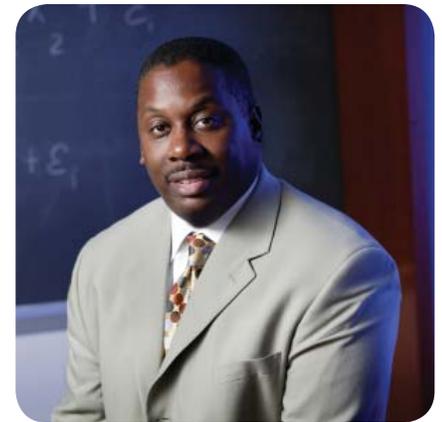
Thomas LaVeist: It was a way of trying to get at social determinants. It’s taking the social determinants

approach and putting it on its head, because instead of looking at social factors as a predictor of outcomes, what we try to do is control for those social factors using design rather than using statistical methods. The problem is that the United States is a highly racially segregated country, so when you use these national samples, most of the time you’re comparing black and white people and you’re saying, “These are race disparities.” But these people are living in very different health risk environments. So how do we know that the disparities we see in these national samples are really something about race and not the fact that race determines the risk environment that you’re exposed to?

NEIGHBORS: What would the results mean in a study like yours where we still find racial disparities?

Thomas LaVeist: There are still differences, so it may be a different risk environment, and we can control for as many of the behavioral differences as possible. We try to adjust for the environment by the way we design the sample, and then we try to control for behavior by measuring behavior and adjusting for that statistically. They may live in the same community, but they’re going to work somewhere else. We can measure that and we can do the best we can to try to control for that statistically as well. There’s also a trajectory. They may live there now, but where did they come from and what would be the long-term implications of maybe being born poor and then being upwardly mobile.

NEIGHBORS: It seems to me that you’ve been able to narrow the usual suspects somewhat. On the other hand, what if the disparities do not go away in a design like this?



Thomas LaVeist, PhD

Thomas LaVeist: At least we can now have a conversation about it. You’re still going to have to convince me that there really are biological differences across race groups, but at least you’ve accounted for these huge social factors that are almost never accounted for, and they’re certainly not accounted for in national samples.

NEIGHBORS: It has been my experience that controversies arise when we combine race with behavior and health. Can you talk a little bit about some of your experiences in studying the role of behavior within the context of Black-White health disparities?

Thomas LaVeist: The logic of the study is we run analysis in the EHDIC data set and run similar analysis in National Health Interview survey or NHANES. Then we say, “Okay, this is how much of the disparity that we find in NHANES that we’re able to explain in our data set, which is racially integrated.” So we argue that that proportion of the disparity is caused by differential environments or risk exposures. We have a paper looking at hypertension, and there we’re able to reduce the odds of hypertension by about a third in our community versus the NHANES.

see *LAVEIST*, page 7

NEIGHBORS: You mentioned earlier in our conversation that one of your hypotheses is that Black Americans and White Americans are on different social trajectories.

Thomas LaVeist: I think that's part of it. This is the uncomfortable piece that I thought you were alluding to earlier when you asked about behavior--which is this cultural factor. Because even though some of us may have higher education, higher income, and live in a very nice environment where we are advantaged in many ways, we may still be engaging in culturally-related behaviors that place us at increased risk. So eating a diet high in sodium, as the African American cultural diet is, high in fats, high in sugar, certainly would be associated with worse health outcomes. You still may have these behaviorally-related risks that you're bringing with you because of the culture.

NEIGHBORS: As a psychologist, I am very interested in behavior. I like behavior because it is closer to constructs like personal efficacy. So from a personal empowerment perspective, a behavioral analysis gives me hope that behavior is something that we as Black Americans have an opportunity to change. But you're also correct in that it makes people uncomfortable. Why is it that disparities become more controversial when people think about behavior within the context of racial differences?

Thomas LaVeist: Because people think that you're attacking the culture. But my perspective is this: African American culture is a very young culture. African American culture was formed to help Africans who were being brought across the Atlantic to become African Americans, or Afro

Brazilians, or Afro Caribbeans, and they all came from these different cultures. In order to survive the madness of the oppression that they were enduring, they had to form a new culture to take advantage of what resources they did have at their disposal. And this very new culture has been massively successful, because they survived and we're still here in the western hemisphere because of the culture that they created to make it through the madness of slavery and residential segregation. It's an incredibly successful culture that we should all be extremely proud of. Because how many cultures have had to endure that and actually be formed in the midst of that madness? The problem now is that the environment has changed and the culture is now operating in a different environment. The challenges have changed and the culture needs to evolve to the new reality. And there are aspects of that culture, some of the same aspects that caused us to survive, that are now harmful to us in the new reality that we're operating in.

NEIGHBORS: My last question focuses on the fact that you spent time here at the University of Michigan School of Public Health in the first cohort of the Paul B. Cornely postdoctoral program. I'd like to close by having you say a few words about how your postdoctoral experience contributed to your research program.

Thomas LaVeist: Oh, well, my primary public health training came in the Cornely program. It's really the experience that's defined what my career has become. I mean, my background and training are in sociology and it was after doing the Cornely postdoctoral program that it became clear to me that my future was going to be in public health, not in

sociology. What I learned at Michigan was that what public health aimed to do was to take the knowledge from the social and the biological and the medical sciences and put it to use in a way that had always been difficult as a sociologist. I had always felt that there are people dying in the streets. The social sciences have a lot to offer in terms of helping us understand why they're dying in the streets and what might be done to stop that from happening. It had always been frustrating to me that the idea of applying that knowledge was not respected as much as I thought it should be in sociology. So the Cornely Fellowship gave me training in public health, which really helped me to make that transition into the field where I think I really belong. It's Michigan's influence and what I learned there that I took to Johns Hopkins. This is why we now have the largest number of African American faculty of any school of public health and largely it comes out of what I wanted to try to create, which was something similar to the Program for Research on Black Americans (PRBA) at the Institute for Social Research. So I founded the Hopkins Center for Health Disparities Solutions and modeled it after the PRBA. That's something that we are proud of at Hopkins, but it's something that really was influenced by what Michigan had and the feeling that Hopkins should have something like this too. And that's one of the most valuable things--one of the most impressive things about Michigan and the School of Public Health. ■

Thomas LaVeist is the William C. and Nancy F. Richardson Professor in Health Policy, and Director, Center for Health Disparities Solutions at Johns Hopkins University. For details, Visit <http://www.jhsph.edu/healthdisparities/index.html>.

Cornely Postdocs — *Where Are They Now?*

Daniel L. Howard, Ph.D. is a Professor of Health Policy and Director of the Institute for Health, Social, and Community Research at Shaw University. Dr. Howard received his Bachelor's Degree in Economics from the University of Michigan in 1987 and his Ph.D. in Policy Development and Program Evaluation from the Vanderbilt University Peabody College of Education and Human Development in 1992. He completed a two-year postdoctoral fellowship at the University of Michigan School of Public Health and School of Social Work as a Paul Cornely and Ford Foundation Postdoctoral Scholar in 1994.



Daniel L. Howard

Dr. Howard's research during his Cornely Fellowship resulted in an article entitled "Disaggregating the Effects of Race on Breast Cancer Survival," published in *Family Medicine* (with Roy Penchansky). Also during his postdoctoral fellowship, Dr. Howard developed an interest in substance abuse research while working with Dr. Thomas D'Aunno. This association has resulted in several articles over the years. In fact, Dr. Howard remains active with Dr. D'Aunno on an NIDA-funded grant and has recently submitted his own NIDA Center application. His career goals involve continued research on the impact of race on the quality of medical care received by African Americans. His work has identified racial disparities that are attributable to attitudes and behaviors. Dr. Howard is committed to the development of young, extraordinary, minority social scientists in the area of public health.

Dr. Howard is a founding member of the executive committee for the Academy for Health Equity, a national organization dedicated to creating a social movement designed to ensure equal opportunity for health. He was invited to serve on and elected chairman of the external advisory board of the Winston-Salem State University Center of Excellence for the Elimination of Health Disparities, funded by the NIH Centers of Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training (EXPORT), 2007- 2012. In 2006, he received the National Role Model Researcher Award from Minority Access, Inc., a nonprofit organization that increases the pool of minority biomedical researchers by

"The growing recognition that predictors of health status, the distribution of diseases, patterns of utilization, and health outcomes are determined by social factors indicates the need to develop minority scholars who are sensitive to the range of diversity in health issues in U.S. society. It is of great import to mentor scientists who will begin to examine issues of health within the context of there being variation of culture and ethnicity in health attitudes, behavior, and medical decision-making."

identifying individual and institutional role models. In 2001, he received the Historically Black College and University Spotlight on Excellence Administrator/Faculty Award from Black Voices Quarterly Magazine and General Motors Corporation.

Dr. Howard is best known for his development of one of the first EXPORT research centers at a historically Black institution. In 2002, Shaw University, with Dr. Howard as Principal Investigator, was the only university in the nation to hold two NIH NCMHD Project EXPORT grants. It was noted by the 2004 NIH external scientific program advisory committee that "Shaw University should be viewed as the 'showcase' model for addressing health disparities." His center has been extremely important in developing a solid foundation in order to ensure that Shaw, a minority-serving institution, can take a primary role in conducting research on minorities. In this way, he has developed the capacity of Shaw, its faculty and students, to conduct rigorous scientific research. ■

To learn more about Dr. Howard's research, visit:
http://www.ihsr.org/x/basicinfo/ihsr_home.html.



David Mendez, PhD

I was trained as a Civil Engineer during my undergraduate studies in the Dominican Republic. After working for a few years as a computer analyst for the government's natural resources conservation project, I came to the US to pursue graduate studies in Systems Science and Operations

Research at Michigan State University. While completing my dissertation I started working for Ken Warner at the University of Michigan School of Public Health as a Research Associate on a project to study the cost effectiveness of radon mitigation. That project awakened my interest in Public Health and the desire to learn more about the field. I then applied for a Cornely Fellowship which was awarded when I finished my dissertation. The fellowship allowed me to learn and explore the breadth of Public Health topics. I used the fellowship to continue working on the radon project with Ken while starting to research the area of tobacco control. I attended several courses in SPH that allowed me to understand the wide scope of Public Health topics and taught a quantitative analysis course in Health Management and Policy which put me in direct contact with Public Health Master's students.

The fellowship made such an impact on my career plans that I decided to pursue a career in Public Health. When I finished the fellowship, I applied for a faculty position at Michigan's SPH and then joined the department of Health Management and Policy, where I have been ever since. I am currently an Associate Professor in the department and, following my fellowship work, I continue to do research on tobacco control. The Cornely fellowship gave me a rewarding career opportunity that I would not have been able to pursue otherwise. ■

David Mendez is an Associate Professor in the Department of Health Management and Policy at the University of Michigan School of Public Health. To obtain additional information about Dr. Mendez, visit the Department's Web site at <http://www.sph.umich.edu/hmp/>.

As a Cornely Postdoctoral Fellow at the University of Michigan School of Public Health, I began my career as a scholar of the mind-body relationship. The fellowship gave me an opportunity to investigate the relationships among psychological factors of thought and emotion and the incidence and prevalence of disease. My dissertation, "Psychosomatic Issues in Black Women's Health," led me to formulate a theory of the dynamics between emotional and mental

and value placed upon emotions in disease among the traditional medical specialists (i.e., traditional healers) of central and southern Kenya.

After the Cornely Postdoctoral period, I took a tenure track position as Assistant Professor of Psychology and Pan African Studies at the University of Louisville in Kentucky. My research interests there broadened to include biofeedback and the stress response, stress and blood pressure, asthma

prevalence and environmental pollutants, and the relationship between prayer and health. But alas, being untenured and

husband and three children. I decided to leave the university to raise my family and to home school my children. It was necessary to postpone a career as an academician to ensure the happiness of my home and children.

See CUMMINGS, page 15



Carol Cummings and family

"As a full-time wife, mother and teacher and part-time community organizer, I continue to be interested in a life of research, scholarship, and activism."

attitudes and physical health status. Also, as a Fellow, I traveled to Kenya, East Africa to investigate the role of

obligated in two different departments at the University, I found it very difficult to balance my obligations to my

My most recent appointment is the second most exciting academic challenge in my career, with the Cornely Postdoctoral Fellowship being the first. Since completing the Cornely Postdoctoral Program, I have been a very active academic with a range



Valire Carr Copeland, PhD

of activities that accompany a tenure-track faculty position. I enjoy a joint appointment in the School of Social Work and Graduate School of Public Health, which represents my long-term research interest in the health and mental health concerns of women and children. My initial work in this area focused on community health problems, programs, and policies in maternal and child health populations. I was very interested in child health policies which impact the health status of low income children. I also spent a great deal of time researching the Early and Periodic Screening Diagnosis and Treatment Program, a federally-mandated, state-administered program for Medicaid-eligible children. My research interest focused on the extent to which children actually benefited from the implementation of this program. My interest in policy implementation was one of the reasons I sought the Cornely Postdoctoral Fellowship.

My public health/social work background was well-suited to pursuing the Cornely Fellowship Program. Given my research interest, I wanted a postdoctoral experience where there was interdisciplinary work between both a School of Social Work and a School of Public Health. This fellowship was perfect to nurture my growth and development as a researcher. I learned a great deal about writing for publication in the areas of maternal and

child health and policy analysis from my mentors -- Drs. Kristine Siefert and Barry Rabe. In addition to my primary mentors, other researchers provided the support I needed to stay

focused, i.e., Drs. Chatters, Taylor, and Neighbors, who provided support to help facilitate my research agenda. Other faculty associated with the fellowship program in the School of Public Health and School of Social Work provided instrumental support. It was a collaborative effort!

My initial research agenda grew out of my dissertation and as a postdoctoral scholar, I learned that my first publications should result from my dissertation. This became a reality. Dr. Siefert was instrumental in the “carving out” process and Dr. Rabe provided the expertise in policy implementation which helped sharpen my analytic skills. I was very fortunate to be a Cornely postdoc in that I learned how to survive in academia. As a result of that experience, I have a habit of strongly recommending other Ph.D. graduates in Social Work to consider a postdoctoral fellowship before taking that initial tenure-track position. This interim position facilitates a more efficient transition into the academy.

After tenure, my research expanded from child health policy to mental health disparities in African American women and adolescents with a particular focus on therapeutic engagement. One of my current investigations is entitled “African American Adolescents’ Beliefs about Mental Illness, Treatment, and Outcome.” The purpose of this project

is to improve strategies for engaging and appropriately retaining this population in therapeutic treatment.

Over the years I have maintained my connections with my surrogate family from the Cornely Postdoctoral program, as well as the fellows in my cohort— Drs. Thomas LaViest and Verna Keith. I found the entire experience to be academically nurturing and I would not be where I am today had there not been the cadre of African American scholars in both the School of Social Work and School of Public Health who were telling me, “You can.” ■

Current Positions/ Publications

Director, Doctoral Program, School of Social Work

**Associate Professor,
School of Social Work and
Department of Behavioral and
Community Health Sciences
Graduate School of Public Health**

**Associate Director, Center
for Maternal and Child Health
Leadership, Graduate School of
Public Health**

**Faculty Affiliate, Center for
Minority Health in the
Graduate School of Public
Health
University of Pittsburgh**

Valire Carr Copeland, Ph.D., M.P.H., received her BSW from Livingstone College in her hometown of Salisbury, North Carolina, and her MSW, Ph.D., and MPH from the University of Pittsburgh. Her publications can be found in *Health and Social Work*, *the Journal of Sociology and Social Welfare*, *Journal of Health and Social Policy*, *African American Perspectives*, *Research on Social Work Practice*, *Journal of Teaching in Social Work*, *Mental Health Services Research*, and *the Child and Adolescent Social Work Journal*.

[http://www.socialwork.pitt.edu/people/
copeland.php](http://www.socialwork.pitt.edu/people/copeland.php)



Gregory Breeden, PhD

Dr. Gregory Breeden is currently an Assistant Professor in the Department of Public Health Sciences at Clemson University in South Carolina. A social and behavioral scientist trained in public health at the Johns Hopkins Bloomberg School of Public Health, his research explores the inter-relationships among perceived discrimination, mental health, gender, and race over the life course among minority populations. As the 2004-07 Paul B. Cornely Postdoctoral Fellow, Dr. Breeden continued his research in perceived discrimination, especially in relation to health and social outcomes such as suicidal behaviors among African Americans, using the NIMH-funded National Survey of American Life. In a paper published in *JAMA* on the suicidal behaviors of African Americans and Caribbean Blacks in the United States, Breeden and his Michigan colleagues found that the greatest lifetime prevalence for suicide attempts occurred among Caribbean black males. Given this important finding, Breeden is now revising a racial discrimination measure he developed in graduate school for the old follow-up study to capture cultural notions of discrimination that may explain suicidal behaviors within the Caribbean Black population. This new measure will be used in a 40-

year follow-up study of the Woodlawn neighborhood study.

As a Faculty Associate in the Center for Research on Health Disparities at Clemson, Dr. Breeden plans to study differences between suicidal behaviors and mental health services use among college students from rural versus urban areas in South Carolina. He hopes to replicate his findings in similar African or Caribbean populations and to explore ethnic and cultural differences related to improving mental health services for Blacks in the United States, especially those living in the south.

In terms of preparing him for his academic career, Breeden notes that the Cornely Postdoctoral Fellowship not only helped to jumpstart his research career by allowing him to create a clear and focused research agenda, but also prepared him for a successful teaching career. Last year, Dr. Breeden taught a course in Theory of Health Behavior Change, where he was nominated Teacher of the Year. While at Clemson, Breeden intends to develop and maintain his own research program in minority health, both domestically and abroad. ■

Gregory Breeden, PhD
Assistant Professor
Department of Public Health Sciences
Clemson University



Tamara Baker, PhD

Since my time as a CRECH Postdoctoral Fellow, I have had a number of rewarding opportunities and exciting events take place. The most significant change that has taken place in my life is becoming a new mom! The new addition to my family has changed my life for the better. The word “busy” takes on new meaning, but every minute with my son is extremely gratifying and fulfilling. He’s such a great baby! I’m entering my fifth year as an Assistant Professor at the University of South Florida in the School of Aging Studies. I continue to conduct research on disparities in chronic pain and pain management among older adults from diverse racial groups, with an emphasis on intra-race group variability. My work continues to be recognized nationally and internationally and I have been invited to speak at a number of venues, including Cornell University, the Center for Health Equity Research and Promotion [CHERP], and the American Psychological Association’s Science Leadership Conference (APA SciL). The APA SciL conference was of particular importance because I was recognized by agency officials at the National Institute on Aging (NIA) as being an up and coming scholar in my

see **BAKER**, page 12

BAKER, from page 11

area of research (chronic pain among diverse elderly populations). As a result of this recognition, I was asked to present my research in Washington, DC to local policymakers, APA board members, and congressmen. I was also invited to speak on race and disability at the International Conference and Research Center for Computer Science at Dagstuhl in Saarland, Germany. Other accomplishments since my years as a postdoctoral scholar include receiving a Minority Supplement funded by the National Institute on Arthritis and Musculoskeletal and Skin Diseases (NIAMS), and submitting a K01 application to the National Cancer Institute. My research continues to be published in mid and top-tiered referred journals and has been cited in the *New York Times*, *Pain Medicine News*, and the *USF News*. I have also been interviewed (as a “health expert”) on Bay News 9 (Tampa Bay’s local news channel) on arthritis and pain among older adults. I attribute much of my success to my experiences as the Paul B. Cornely Postdoctoral Scholar. Working with Drs. Linda Chatters and Carmen Green definitely helped me to refine my research interests and skills. Dr. Chatters, for example, provided invaluable feedback on my manuscripts (all of which have been published), and grant applications. She was a significant resource in my submitting a grant application to the Michigan Center for Urban African American Aging Research, which was funded during my second year as a Cornely “postdoc.” Findings from that project have since been published and presented at numerous venues. Dr. Chatters has and continues to be a wonderful mentor (and friend)! Similar

to my experience with Dr. Chatters, Dr. Green was definitely a motivating factor in my success as a CRECH Postdoctoral Scholar. As a “postdoc” on Dr. Green’s MPOST research team, I was afforded the opportunity to be a co-author and first author on several manuscripts with her. Dr. Green was also very instrumental in the design and methods of my research on chronic pain among older adults during my stint as a postdoctoral fellow. My experiences as a Cornely Postdoctoral Scholar, along with my mentor-mentee relationships with Drs. Chatters and Green, are well cherished, and I can only hope that other junior scholars are as fortunate as I was to have had such an invaluable postdoctoral experience.



Tamara’s pride and joy, her son Landon

So, in a nutshell...life is good (and busy), the weather in Tampa is great (yes, the sun does shine at least 350 days out of the year), and being a new mom is wonderful! What more could one possibly ask for? ■

Tamara Baker, PhD
Assistant Professor
School of Aging Studies
University of South Florida
For more details, visit <http://agingstudies.usf.edu/faculty/tbaker/>.



Kai McKeever Bullard, PhD

The first half of this year has been one full of excitement and transition. By the end of March 2008, my term as the Paul B. Cornely Fellow at CRECH was coming to an end and I was preparing to embark on a research career with Northrop Grumman Corporation, a contractor for the Centers of Disease Control and Prevention (CDC) in Atlanta, Georgia. My new role as a Health Research Analyst focuses on diabetes risk factors, diagnosis, and complications for the CDC Division of Diabetes Translation.

In addition to my work with the CDC, I continue to collaborate with colleagues at the University of Michigan on projects related to mental health. Current manuscripts on which I am working include those with Dr. Robert Taylor of the School of Social Work on family support and the prevalence of mental disorders in African Americans, and with Dr. Amanda Toler Woodward of Michigan State University on the use of complementary and alternative medicine. While working with Dr. Harold Neighbors, I was able to further develop my analytic skills with projects addressing racial and ethnic disparities in mental health. One such project

see **BULLARD**, page 13

Diabetes: **Facts** on Risk Factors and Prevention

Diabetes is a serious, life-long disease. It cannot be cured, but control of blood glucose, blood pressure, and cholesterol can prevent or delay the complications of this disease. A great deal of research is underway to find out exactly what causes diabetes and how to prevent it.

At present, scientists do not know exactly what causes the body's immune system to attack the cells, but they believe that both genetic factors and environmental factors, such as viruses, are involved. Studies have begun to try to identify these factors and prevent type 1 diabetes in people at risk.

Type 2 diabetes -- the most common form -- is linked to obesity, high blood pressure, and abnormal cholesterol levels. About 80 percent of people with type 2 diabetes are overweight. Being overweight can keep your body from using insulin properly.

Being over 45 years of age and overweight or obese raises the risk of developing type 2 diabetes. Other risk factors include:

- ▶ having a first-degree relative -- a parent, brother, or sister -- with diabetes
- ▶ being African American, American Indian or Alaska Native, Asian American or Pacific Islander, or Hispanic American/Latino
- ▶ having gestational diabetes, or giving birth to at least one baby weighing more than 9 pounds
- ▶ having blood pressure of 140/90 or higher, or having been told that you have high blood pressure
- ▶ having abnormal cholesterol levels -- an HDL cholesterol level of 35 or lower, or a triglyceride level of 250 or higher
- ▶ being inactive or exercising fewer than three times a week
- ▶ having polycystic ovarian syndrome, also called PCOS (women only)
- ▶ on previous testing, having impaired glucose tolerance (IGT) or impaired fasting glucose (IFG)
- ▶ history of cardiovascular disease

Before people develop type 2 diabetes, they usually have pre-diabetes, a condition in which blood glucose levels are higher than normal, but not yet high enough for a diagnosis of diabetes.

People with pre-diabetes are more likely to develop diabetes within 10 years and also are more likely to have a heart attack or stroke. Pre-diabetes is common in America, according to new estimates. In 2002, about 54 million people in the U.S. had pre-diabetes.

Some women develop gestational diabetes during the late stages of pregnancy. Although this form of diabetes usually goes away after the baby is born, a woman who has had it and her child are more likely to develop type 2 diabetes later in life. Gestational diabetes is caused by the hormones of pregnancy or a shortage of insulin.

To learn more: <http://nihseniorhealth.gov/>

BULLARD, from page 12

investigated patterns of how informal social networks and professional help sources are used in combination to cope with serious emotional problems. Another study explored racial comparisons in the exposure to and impact of stressful life events on vulnerability for depressive symptoms. Our plans are to continue this work and submit the papers for publication.

The UMSPH Paul B. Cornely Postdoctoral Fellowship created a fantastic opportunity for me to work with my mentors on preparing and submitting manuscripts for publication. The Cornely Fellowship also afforded me the time to forge new collaborations with colleagues across the University of Michigan. I cannot think of a better bridge between the doctoral program and my current career than the Paul B. Cornely Postdoctoral Fellowship, and my gratitude for the opportunity is sincere. ■

Kai McKeever Bullard, PhD MPH
Northrop Grumman Corporation
Health Research Analyst
Division of Diabetes Translation
Centers for Disease Control and Prevention

The CRECH newsletter is also available online. Please e-mail the articles you read on these pages to others who care or are interested in racial and ethnic disparities in public health.

Visit www.crech.org/.

Cornely Postdoctoral Fellow: 2008-2010



Kristopher Chrishon, PhD

My dissertation explored the influence of hospital factors on racial differences in diagnostic patterns within inpatient settings. Specifically, I investigated whether there were racial differences in primary discharge diagnoses of psychotic and mood disorders. I also investigated whether hospital characteristics had an independent influence on diagnostic patterns. Black Americans had a significantly higher likelihood of being diagnosed with a psychotic disorder while White Americans were more likely to receive a diagnosis of mood disorder. Gender, age, insurance status, and length of stay had little influence on this basic diagnostic pattern. Similarly, hospital characteristics such as ownership, bed size, teaching/non-teaching, region, and urbanicity did not influence the pattern. These findings suggest two interpretations. First, it could be that Black Americans indeed have higher rates of psychotic disorders and lower rates of mood disorders than White Americans. However, equally plausible is the idea that Black Americans are misdiagnosed and that Black and White Americans instead have equivalent rates of mood and psychotic disorders. Though each proposition is tenable, the latter is problematic, since it implies that Black Americans receive inappropriate and ineffective treatment. Despite a substantial literature

implicating clinicians' use of race-based stereotypes to inform diagnostic judgment, further research is necessary to clarify how clinicians incorporate cultural information into the diagnostic assessment process.

Kristopher Chrishon, PhD '08 **CRECH Cornely Postdoctoral Fellow**

Kristopher Chrishon recently completed his doctoral studies in Epidemiology at Columbia University's Mailman School of Public Health. Before entering Columbia, he received an MA in General Psychology from The Catholic University of America in 1999 and an MPH in Health Behavior and Health Education from The University of Michigan in 2001. Dr. Chrishon's research interests focus generally on African American mental health and specifically on the impact of race on the psychiatric diagnostic assessment process. ■

KEITH, from page 4

now Professor of Sociology and a faculty member in the Center for Demography and Population Health at Florida State University. Although the Center is interdisciplinary and I have spent most of my career in sociology, I was well prepared for the mix of scholars. My years at the University of Michigan taught me the value of attacking a problem from the perspective of many disciplines and I have always gone about my research in that way. With an ongoing focus on race, class, and gender disparities in health and mental health, I am currently working with colleagues on a study of the physical and mental health of Katrina survivors, funded by the National Science Foundation. The project brings together the disciplines of geography, nursing science, history, and sociology to investigate evacuation and resettlement of an eastern New Orleans zip code inhabited by African Americans and Vietnamese Americans.

In keeping with a commitment to interdisciplinary research, Diane Brown and I edited a volume, *In and Out of Our Right Minds: African American Women's Mental Health*, dedicated to analyzing how the triangulation of race, class, and gender promotes both mental health risk and resiliencies for black women, which brings together scholars of varying backgrounds. After editing the book, *Skin Deep: How Race and Complexion Matter in the Color Blind Era* with colleagues, I continue to do research on the consequences of variations in phenotypic appearance among ethnic and racial groups. I also am conducting research to determine if differences in complexion and related physical features are associated with variations in race-based discrimination and, in turn, such outcomes as depression and substance use among African Americans and those of Mexican origin. I made many lasting friends and professional contacts during my years as a Cornely Fellow, and those relationships continue to guide and sustain my career. ■

CRECH FACULTY and STAFF

Harold W. Neighbors
Director

Amy J. Schulz
Associate Director

Cleopatra H. Caldwell
Associate Director

Trivellore E. Raghunathan
Associate Director

Derek M. Griffith
Assistant Director

Lynda Fuerstnau
Center Administrator

**Newsletter Design/Illustration/
Online Editor**

Lynda Fuerstnau
ljfirsti@umich.edu

SMITH, from page 5

observational study to assess the effects of HIV infection on US women, HIV Epidemiology Research study. After several productive years with that study and other years addressing the growing racial/ethnic disparities in HIV/AIDS, I changed focus from epidemiology and treatment issues to prevention science. My colleagues and I developed the CDC research agenda for testing biomedical prevention interventions, beginning with a five-year plan for topical microbicide research. While we were building that capacity, I began to do some international work where combining social and clinical research is especially critical. The early work included a study of how best to counsel discordant couples in Uganda, as well as an assessment of how best to include HIV post-exposure prophylaxis into the sexual assault clinics in South Africa. Then I spent four years in Botswana, one of the world's most heavily infected countries, building a clinical trial site for CDC to evaluate microbicides and pre-exposure prophylaxis. In addition to developing laboratories and data management systems, this work required every sociology/social psychology and public health engagement skill that I had learned in my years at Michigan. Building "research literacy" in the community, setting up structures to garner ongoing input from several layers of the local and national community, learning how to explain trial goals and procedures to participants and incorporate their sentiments and ideas into the trial design, and establishing a media strategy are a few of the many ways in which clinical science skills alone were insufficient. Designing surveys, qualitative interviews, and rapid ethnographic assessments allowed me to use training and experience

from my time at ISR and contribute to a very underdeveloped area in clinical trial-related research.

Now that I am back in Atlanta, my new role as Associate Chief for Science in the Epidemiology Branch of the Division of HIV/AIDS Prevention, continues my focus on prevention research for heavily affected communities, both in developing countries and domestically. In addition, my portfolio includes planning for implementation of biomedical interventions (e.g., male circumcision, pre-exposure prophylaxis) in ways that can maximize their impact on the incidence of HIV. This includes research (e.g., focus groups with potential users, cost effectiveness analyses), building effective advocacy in a variety of communities, and soliciting the planning needs of public health providers and policymakers. Also, as CDC increasingly turns its resources to reducing the domestic racial/ethnic disparities in HIV, I am blessed to be able to mentor young minority researchers in our Minority AIDS Research Initiative and help shape the prevention research agenda for African Americans and Hispanics.

When I first set foot on the ground in mother Africa, I remember hoping that whatever I contributed there would be a "value-added" return of what was stolen when my great-great grandparents were brought to America as slaves from Guinea. And like all of us, I want my accomplishments in life to be a realization of what the generations of my family invested in its young. I believe that the opportunities and training provided by the Paul B. Cornely Fellowship encompass a large part of what I am able to contribute through my work. ■

CUMMINGS, from page 9

Currently, I teach part time and on-line for my former employer. In addition, I am active in home school community groups, organizing a support group, developing an annual history and science fair, and a debate club for children. I am also politically active and remain interested in improving the health and social conditions of poor Americans. As a full-time wife, mother and teacher and part-time community organizer, I continue to be interested in a life of research, scholarship, and activism. I look forward to having time to pursue a career again when my children are on their own. My mission now is to figure out whether that career will be in the academy or in forging alliances between the academy and the politics of change. ■

•Carol Marie Cummings, Ph.D.
University of Michigan, Social
Psychology -- 1991

•Cornely Postdoctoral Fellow 1991-
1993

•University of Louisville, Assistant
Professor of Psychology and Pan
African Studies 1993 – 1998

CRECH CALENDAR

Fall 2008



BONHAM

October 14, 2008

3:30-5 pm
1655 SPH Crossroads

Vence Bonham, Jr., J.D., Chief, Education and Community Involvement Branch, Senior Advisor to the Director of Societal Implications on Genomics, National Human Genome Research Institute (NHGRI/NIH).

“The Role of Race in the Genomic Era: Policy Implications and Clinical Decision Making”

Edward Ramos, PhD., Science Policy Analyst, National Human Genome Research Institute (NHGRI/NIH).



RAMOS

November 18, 2008

3:30-5 pm
Aud II, SPH II

“Disentangling Race and Socioeconomic Status: Advancing Understanding of Race Disparities in Health”

Thomas A. LaVeist, PhD
William C. & Nancy F. Richardson Professor in Health Policy, Director, Hopkins Center for Health Disparities Solutions, Johns Hopkins Bloomberg School of Public Health



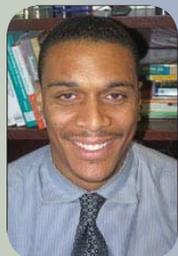
LAVEIST

December 2, 2008

3:30-5 pm
1690, SPH 1A

“The NIH Health Disparities Research Agenda”

Health Scientist Administrator in the Extramural Associates Program, National Institute of Child Health and Human Development, NIH



HILL

CRECH News Highlights

Former CRECH Cornely Postdoctoral Fellow Publishes In Journal Of Gerontology

Former CRECH Cornely Postdoctoral Fellow, **Tamara Baker**, in collaboration with Jessica M. McIlvance, and Chivon A. Mingo, have published an article entitled “Racial Differences in Arthritis-Related Stress, Chronic Life Stress, and Depressive Symptoms Among Women With Arthritis: A Contextual Perspective.” *Journal of Gerontology: Social Sciences*. To read the article, visit www.crech.org.

October 25-29, 2008

APHA Annual Meeting



Darrell Hudson and Harold Neighbors at the 2008 APHA.

The Mental Health Section of the American Public Health Association (APHA) has awarded CRECH scholar, **Darrell Hudson**, the

Ken Lutterman award. This award is for the best student presentation paper at the Annual APHA Convention. Each year, the Mental Health section honors several leaders in the field of mental health research and treatment. The awards are presented during the Annual Meeting. Mr. Hudson's presentation at APHA was held on Monday, October 27, 2008. The title of Mr. Hudson's paper is “Costs of Mobility: Examining the Effects of Racial Discrimination and John Henryism on Depression among African Americans in a Nationally Representative Sample.” To read the summary, visit www.crech.org.

CRECH Fall/Winter 2008 Newsletter

University of Michigan School of Public Health
Center for Research on Ethnicity, Culture, and Health
Room 2858
109 South Observatory
Ann Arbor, Michigan 48109-2029