

*Social Determinants of Inequalities in Health II:
Continuing the Global Conversation*



The University of Georgia

Global Health Symposium 2009

Program & Abstract Book

March 24-25, 2009

Paul D. Coverdell Center for Biomedical and Health Sciences
University of Georgia, Athens GA

www.globalhealth.uga.edu

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March 24–25, 2009
Paul D. Coverdell Center for Biomedical and Health Sciences
The University of Georgia
Athens, Georgia 30602

Program and Book of Abstracts

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HISTORY OF GLOBAL HEALTH AT THE UNIVERSITY OF GEORGIA

An institute for biomedical and health sciences is formed...

Near the end of the 20th century, the new University of Georgia administration of President Michael F. Adams and then Provost Karen Holbrook recognized the need for the University to establish a more visible and robust academic biomedical research agenda. Towards that end, Provost Holbrook appointed past Pharmacy Dean Stuart Feldman to head up a grass-roots, campus-wide effort entitled the Health and Human Science Initiative.

This open initiative which acquired data for over a year resulted in an executive committee recommending the formation of a campus-wide, interdisciplinary biomedical institute. A proposal to create the Biomedical and Health Sciences Institute (BHSI) was unanimously supported by the deans of all UGA colleges and schools, approved by the University Council and submitted by President Adams to the Board of Regents in early 2001. Following Regents approval in June 2001, the BHSI under the guidance of founding director Harry Dailey, was established in September 2001 with three divisions (Infectious Disease and Immunity, Molecular Medicine, and Public Health) representing the diverse interests identified in the original initiative. The division of Neuroscience was added in 2002.

It was evident early on that there were significant strengths in public health at UGA and with the tireless work of Public Health Division Chair Phillip L. Williams and associate director Stuart Feldman, faculty were organized and quickly put together a proposal for a Master of Public Health degree. With the strong support of the UGA administration, this proposal was quickly approved and set up in the BHSI by 2004.

A need is recognized and a new College is born...

The formation of the College of Public Health (CPH) in January 2005 was strongly supported by President Adams and Provost Arnett Mace and was a response to a compelling need to address important health concerns in Georgia and to the lack of a comprehensive public health program within the University System of Georgia. The need to educate public health professionals, as well as to conduct public health-related research and outreach focusing on public health problems led to the creation of the college.

The College of Public Health and BHSI were collaborators from the very beginning. The first M.P.H. students took their first semester public health courses in the BHSI. Once the College of Public Health was officially established, BHSI Division of Public Health Chair Philip Williams moved from the Institute to become the college's founding Dean. M.P.H. courses moved into the new college and its first five students graduated in the summer of 2005.

Old partners collaborate for a new initiative in global health...

Now that the College is up and running, it is not surprising that CPH and BHSI collaborate once more on UGA's new Global Health Initiative. Although the primary responsibility of any land grant university is to the citizens of its state, you cannot train students for leadership positions in public health without introducing them to their colleagues from around the world. The diseases that threaten the citizens of Georgia do not respect geographical boundaries. They walk off the airport everyday as international flights landing in Atlanta and may be found in the food we buy at our local supermarkets. Protecting the public will require unprecedented international understanding that will prepare them for the challenges that lie ahead.

In that regard, the Global Health Initiative has four components: additional study abroad programs, including Maymester programs in global health; additional courses in the College of Public Health on global health problems and issues; M.P.H. internship sites and advisors for at least ten international locations; and the annual symposium on Global Health with a different theme each year. Finally, it is anticipated that a graduate Global Health Certificate will be offered by the College of Public Health and will be available to graduate and undergraduate honors students across the campus.

The College of Public Health has the unique interdisciplinary expertise to educate future leaders in education, research and service in global public health issues and is pleased to take a leadership role in this important initiative. We are now in the process of developing a center for global health that will bring together faculty and students from all disciplines to study, learn, and serve in the area of global health. The goals will be to study high, mid, and low income nations to understand how to transcend borders in promoting the best health care and best practices in health care that can be achieved for all populations. Dr. Richard Schuster has joined us in the College of Public Health to help us organize these efforts. He comes from Wright State University where he was Director of the Center for Global Health Systems, Management, and Policy as well as M.P.H. Program Director.

We are particularly pleased to present our second Global Health Symposium. This year there are five panels covering the following topics: (1) National and State Level Inequities, (2) Contribution of Discrimination in Healthcare, (3) Social Determinants of Inequalities in Health: France, (4) Politics, Public Opinion and Health and Healthcare Disparities, and (5) Human Rights and Immigrant Health.

Lastly, we want to thank the faculty attending this symposium and hope for your continued involvement in teaching, studies abroad, and global research collaboration as we build onto this important piece of our mission. To the students attending, we hope you meet classmates and faculty here and discover opportunities to pursue in some of the many important areas of global health.



Harry A. Dailey, Ph.D.
Director, Biomedical and Health Sciences Institute



Robert S. Galen, M.D., M.P.H.
Senior Associate Dean, College of Public Health
Chair, BHSI Division of Public Health

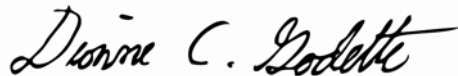
WELCOME LETTER

On behalf of the planning committee, I am pleased to welcome the invited speakers and symposium attendees to the second annual Global Health Symposium titled “Social Determinants of Inequalities in Health II: Continuing the Global Conversation.” We are particularly pleased to be able to bring together UGA faculty, and other researchers, public health practitioners, community members and students to address issues around the social determinants of health inequalities globally.

This year researchers from across the United States and France have joined us for the symposium and are presenting their research as well. We look forward to better understanding innovations in European methodologies for measuring and understanding social determinants of health such as: wealth, social class, and socio-economic status and U.S methodologies for measuring and understanding patterns of migration, discrimination and perceived racism in an effort to improve health in Georgia. Additionally, we expect the symposium to facilitate new research collaborations between UGA faculty, researchers in other parts of the U.S. and researchers in France. The College of Public Health and BHSI are delighted to have partnered with the W.K. Kellogg Health Scholars Program and the Morehouse School of Medicine’s Community Voices Program to carry out this year’s symposium. We also thank the UGA Office of Institutional Diversity for their support of this year’s program.

Finally, we thank the faculty, students, public health practitioners and community members attending this year’s event. This symposium serves as an opportunity for us to contemplate the future roles we each must play in addressing health inequities. Our hope is that each of you will leave this meeting motivated to begin or continue your involvement in global health research and instruction with a lens towards addressing health inequities.

Welcome to Georgia!



Dionne C. Godette, Ph.D.
Assistant Professor
College of Public Health
Chair, 2009 Global Health Symposium

SYMPOSIUM AGENDA

Tuesday, March 24, 2009

Welcome

Philip Williams, Ph.D.

Dean, College of Public Health, University of Georgia

2:00- 2:05 p.m.

Welcome and Kellogg Program Description & History

Barbara Krimgold, Ph.D.

Director, Kellogg Health Scholars Program, Center for the Advancement of Health

2:05 – 2:15 p.m.

KEYNOTE PRESENTATION

Introduction of Keynote Speaker

Dionne Godette, Ph.D.

Assistant Professor, Department of Health Promotion & Behavior, College of Public Health,
University of Georgia

2:15-2:25 p.m.

Keynote Lecture

“Overview of Social Determinants of Health Inequities: The Global Problem”

Ichiro Kawachi, M.D., Ph.D.

Chair, Department of Society, Human Development & Health, Harvard School of Public Health

2:25 - 3:25 p.m.

Panel 1: National and State Level Inequities

3:30 – 4:30 p.m.

Hazel Dean, Sc.D., M.P.H.

Deputy Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention,
Centers for Disease Control and Prevention

Rhonda Medows, M.D.

Commissioner, Georgia Department of Community Health, Atlanta, GA

“Georgia Health Equity Report”

Panel 2: Social Determinants of Health - The Contribution of Discrimination and Health Care Access

4:30 – 5:30 p.m.

Chandra Ford, Ph.D

Assistant Professor, Department of Community Health Sciences, University of California, Los Angeles

“Racism Exposures and HIV Prevention-related Outcomes among African American Adults”

Geetanjali Datta, Ph.D.

Visiting Scientist, University of Toulouse, France

“Prostate cancer treatment practices in France: What explains regional differences?”

David Chae, Sc.D.

Robert Wood Johnson Health and Society Scholar, University of California, Berkeley, and University of California, San Francisco

“Discrimination and identity: Implications for cardiovascular health among African American men”

Day 1 Closing

5:30 – 5:45 p.m.

Reception – Coverdell Center Lobby and Rotunda

5:45 – 6:45 p.m.

Wednesday, March 25, 2009

Panel Introductions

Dionne Godette, Ph.D.

Assistant Professor, Department of Health Promotion & Behavior, College of Public Health, University of Georgia

2:00 – 2:05 p.m.

Panel 3: Politics, Public Opinion & Health and Healthcare Disparities

2:05 – 3:00 p.m.

Kalahn Taylor-Clark, Ph.D.

Senior Associate, Brookings Institution, Engelberg Center for Healthcare Reform, HVHC Initiative

“Media Coverage and Public Opinion on Racial Health Disparities”

Dean Robinson, Ph.D.

Associate Professor, Department of Political Science, University of Massachusetts, Amherst

“United States Socio-political History and Patterns of Health Inequities”

Panel 4: Social Determinants of Inequalities in Health - France

3:00 – 4:00 p.m.

Pierre Chauvin, M.D., Ph.D.

Senior Researcher, Research team on the social determinants of health and healthcare (UMR-S 707), INSERM, Paris, France

“Neighborhood and social integration and their impact on health and access to healthcare: some lessons learned from the SIRS cohort study in Paris, France”

Thierry Lang, M.D., Ph.D.

Faculty of Medicine, University of Toulouse, France

“Patient-Physician Interaction and the Production of Health Inequalities: Methodology and Preliminary Findings in a French Multi-disciplinary Study: The Intermede Project”

Cyrille Delpierre, Ph.D.

Faculty of Medicine, University of Toulouse, France

“Self-rated Health”

Panel 5: Human Rights & Immigrant Health

4:00 – 4:50 p.m.

Edna Viruell Fuentes, Ph.D.

Assistant Professor, Latina/Latino Studies, University of Illinois, Urbana-Champaign

“Immigrant Health in Context”

S. Amy Snipes, Ph.D.

W.K. Kellogg Health Disparities Scholar, Multidisciplinary Track

Department of Health Disparities, M.D. Anderson Cancer Center, University of Texas

“Using Bio-Cultural Anthropology to Address Mexican Immigrant Farmworker Health Disparities”

Symposium Closing

4:50 – 5:00 p.m.

KELLOGG SCHOLAR MEETING AGENDA

(Invitation only – Georgia Center for Continuing Education, Classroom T-U)

Tuesday, March 24, 2009

Continental Breakfast – 2nd Floor, Kellogg Concourse

7:30 a.m. – 8:45 a.m.

Welcome

Dionne Godette, Ph.D.

Assistant Professor, Department of Health Promotion & Behavior, College of Public Health,
University of Georgia

9:00 a.m. - 9:05 a.m.

Harry Dailey, Ph.D.

Director, Biomedical and Health Sciences Institute, and Professor, Microbiology and
Biochemistry and Molecular Biology, University of Georgia

9:05 a.m. - 9:10 a.m.

Philip Williams, Ph.D.

Dean, College of Public Health, University of Georgia

9:10 a.m. - 9:20 a.m.

Robert Galen, M.D.

Associate Dean, College of Public Health, and Division of Public Health Chair, Biomedical and
Health Sciences Institute, University of Georgia

9:20 a.m. – 9:25 a.m.

Welcome and Kellogg Program Description & History

Barbara Krimgold, Ph.D.

Director, Kellogg Health Scholars Program, Center for the Advancement of Health

9:25 a.m. – 9:40 a.m.

Work Group: Planning Cross National Studies to Address Social Determinants of Health
Inequities

9:40 a.m. – 10:45 a.m.

Chris Whalen, M.D.

Professor in Epidemiology, College of Public Health, University of Georgia

9:40 a.m. – 10:10 a.m.

Richard Schuster, M.D., M.M.M.

Professor in Health Policy & Management, College of Public Health, University of Georgia

10:00 a.m. – 10:30 a.m.

Break – 2nd Floor, Kellogg Concourse
10:45 a.m. – 11:00 a.m.

Work Group: Planning Cross National Studies to Address Social Determinants of Health Inequities
11:00 a.m. – 12:00 p.m.

Activity to spark directed discussions about collaborations (small groups)

- Perceived Racism, Discrimination and Health
- Place (immigration/migration) and Health
- Determinants of Health Care Access

Lunch - Oak Room
12:00 p.m. – 1:15 p.m.

Day One of Symposium Begins – Coverdell Center
2:00 p.m. – 6:45 p.m.

Wednesday, March 25, 2009

Continental Breakfast– 2nd Floor, Kellogg Concourse
7:30 a.m. – 8:45 a.m.

Opening

Phaedra Corso, Ph.D.

Associate Professor in Health Policy & Management, College of Public Health, University of Georgia

9:30 a.m. – 10:00 a.m.

J.S. Wang, Ph.D.

Professor and Department Health, Environmental Health Science, College of Public Health, University of Georgia

10:00 a.m. – 10:30 a.m.

Work Group: Planning Cross National Studies to Address Social Determinants of Health Inequities

Break – 2nd Floor, Kellogg Concourse
10:45 a.m. – 11:00 a.m.

Work Group: Planning Cross National Studies to Address Social Determinants of Health Inequities
11:00 a.m. – 12:00 p.m.

Lunch – Oak Room

12:00 p.m. – 1:15 p.m.

Day Two of Symposium Begins – Coverdell Center

2:00 p.m. – 5:00 p.m.

Thursday, March 26, 2009

Travel to Atlanta for Departure

BIOGRAPHIES

Keynote Speaker

Ichiro Kawachi, M.D., Ph.D. is Professor of Social Epidemiology, and Chair of the Department of Society, Human Development and Health, at the Harvard School of Public Health. Dr. Kawachi received his medical degree and Ph.D. (epidemiology) from the University of Otago, New Zealand. He has taught at the Harvard School of Public Health since 1992.

Dr. Kawachi has published over 350 papers on the social and economic determinants of population health. He was the co-editor (with Lisa Berkman) of the first textbook on *Social Epidemiology*, published by Oxford University Press in 2000. Other books include *The Health of Nations* with Bruce Kennedy (The New Press, 2002), *Neighborhoods and Health* with Lisa Berkman (Oxford University Press, 2003), *Globalization and Health* with Sarah Wamala (Oxford University Press, 2006), and most recently, *Social Capital and Health* (Springer, 2008).

Dr. Kawachi is the Editor of the Social Epidemiology section of the international journal *Social Science & Medicine*. Since 2000, he has served as the Director of the Kellogg Scholars in Minority Health Disparities program at Harvard.

Panel Speakers

PANEL 1

Hazel D. Dean, Sc.D., M.P.H., is currently the Deputy Director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) at the U. S. Centers for Disease Control and Prevention (CDC). As NCHHSTP Deputy Director, Dr. Dean works along with the director to oversee all of CDC's work related to the prevention, control and elimination of HIV/AIDS, viral hepatitis, STDs, and TB in the United States, as well as CDC's Global AIDS Program, an implementing partner of the US President's Emergency Plan for AIDS Relief (PEPFAR).

Throughout her more than two decades of work in the public health field, Dr. Dean has contributed significantly to the development of national and international strategies for using HIV/AIDS, viral hepatitis, STD, and tuberculosis (TB) program, surveillance, and scientific data to guide prevention and care program planning and to address infectious and chronic diseases health disparities. She is the author of numerous scientific journal articles, reports, and book chapters on HIV/AIDS, STDs, TB and viral hepatitis among racial and ethnic minorities; women; incarcerated populations; and achieving health equity. She has served on national and international advisory, working groups and committees that have sought to address health disparities in infectious and chronic diseases among underserved populations. Her major research interests include developing methods, applications and programs to detect, understand and reduce health inequalities.

Dr. Dean received her bachelor's degree in biology from Spelman College, her master's degree in public health in international health/biostatistics, and a doctorate of science degree in biostatistics from Tulane University.

Rhonda M. Medows, M.D., F.A.A.F.P., Commissioner of the Georgia Department of Community Health, was appointed by Governor Sonny Perdue in December 2005. She leads an \$11 billion agency responsible for the purchasing, planning and regulation of health care for over 2.1 million Georgians. As the implementation of several major health care initiatives for Georgia's Medicaid, PeachCare for Kids and State Health Benefit Plan progresses, Dr. Medows is committed to improving health care delivery systems, and subsequently, the health outcomes of members, empowering health care consumers to make responsible decisions about their health and health care coverage, and ensuring the financial integrity and viability of the state's largest health care programs.

Prior to her appointment, Dr. Rhonda Medows served as the first Chief Medical Officer for the Centers for Medicare & Medicaid Services (CMS) Region IV Office located in Atlanta. The Atlanta Regional Office serves the eight southeastern states i.e. Alabama, Georgia, Florida, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee. From 2001 through 2004, Dr. Medows served as Secretary for the State of Florida's Agency for Health Care Administration. In addition, Dr Medows served as the Governor's lead on policy development for health care industry issues.

Dr. Medows practiced medicine at the Mayo Clinic in Jacksonville, Florida. Dr. Medows received her Bachelor of Science Degree from Cornell University and her Medical Degree from Morehouse School of Medicine.

PANEL 2

Chandra L. Ford, Ph.D, M.P.H., M.L.I.S., is an Assistant Professor in the Department of Community Health Sciences in the School of Public Health at the University of California, Los Angeles. Ford earned her Ph.D. in Public Health (Health Behavior and Health Education) from the University of North Carolina at Chapel Hill. Prior to joining UCLA she completed postdoctoral fellowships in Epidemiology at Columbia University, where she was a W. K. Kellogg Foundation Kellogg Health Scholar, and in Social Medicine at the University of North Carolina's School of Medicine. Ford's research investigates the contribution of racial and other social inequities to HIV/AIDS disparities. Additional areas of expertise include Critical Race Theory and health disparities among sexual minority populations. Ford has received several competitive awards, including the Ruth L. Kirschstein National Research Services Award (an individual dissertation grant) from the National Institutes of Health and a 2005 North Carolina Impact Award for distinguished research benefitting residents of North Carolina.

David H. Chae, Sc.D., is a Robert Wood Johnson Health and Society Scholar at the University of California, Berkeley, and University of California, San Francisco site. He will be joining the faculty of the Department of Behavioral Sciences and Health Education at the Rollins School of Public Health, Emory University in Fall 2009. Dr. Chae's research focuses on the negative health effects of socially oppressive systems, expressed in processes such as discrimination and dimensions of self- and group-identity. Using a socio-psychobiological framework, he examines how racism, structural and interpersonal forms of discrimination, and dimensions of racial/ethnic identity impact health via psychological and biological processes. Dr. Chae is currently examining psychobiological stress mechanisms involved in the embodiment of social hazards, and is the principal investigator of a study examining associations between racial discrimination, racial identity, and cardiovascular health outcomes among African American men. Dr. Chae received his Doctor of Science degree from the Harvard School of Public Health, Department of Society, Human Development and Health, with a major in Social Epidemiology and interdisciplinary concentration in Women, Gender, and Health. He received his Bachelor of Arts degree from the University of Chicago where he majored in Psychology; and Master of Arts degree in Psychology from Columbia University, Teachers College. He was also a W.K. Kellogg Fellow in Health Policy, a Research Fellow at the Cambridge Center for Multicultural Mental Health Studies, and a researcher at the University of Washington.

PANEL 3

Kalahn Taylor-Clark, Ph.D., leads the Racial and Ethnic Healthcare Equity Initiative in the RWJF funded High Value Health Care Project within the Engelberg Center of Healthcare Reform at the Brookings Institution. This Initiative seeks to inform regional, state, and national practices for collecting and reporting race/ethnicity data and measuring health care equity. Prior to joining Brookings, she was a W.K. Kellogg Health Scholar at Harvard University, where her areas of research included public health communication in politically and socially marginalized populations and minority voting on healthcare issues.

In 2005-2007, Dr. Taylor-Clark was a lecturer at Tufts University, where she taught "Women and Health" and "The Politics of Health Disparities." Before teaching at Tufts, Dr. Taylor-Clark held a position as a researcher at the Harvard School of Public Health's Project on Biological Security and the Public, where she focused on risk communication in communities of color during public health emergencies. Selected first-authored publications include, "News of Disparity: Content Analysis of News Coverage of African American Healthcare Inequalities in the USA, 1994-2004" (2007), "Communication Inequalities on Cancer and the Environment: Implications for Communicating Environmental Risk in Low-SEP Populations" (2007), "Confidence in Crisis: Understanding Trust in Government and Public Attitudes toward Mandatory State Health Powers" (2005), and "African Americans' Views on Health Policy: Implications for the 2004 Elections," published in *Health Affairs* in 2003. She completed a Ph.D. in Health Policy and Political Analysis from Harvard University, and an M.P.H. and B.A. (in International Relations and French) from Tufts University.

PANEL 4

Pierre Chauvin, M.D., Ph.D., is a medical doctor with a M.P.H. and a Ph.D. in epidemiology and public health. He has been appointed a researcher in public health at the French National Institute of Health and Medical Research (INSERM) in 2000. He has been at the head of the research group 'Social determinants of health and healthcare' (Paris, France) since 2001, conducting research projects on the health impact of living conditions at large, with special interests on social integration, neighborhood characteristics and vulnerable and/or underserved populations. He is the author or the co-editor of 8 books and the author of more than 250 publications, reviews and communications, including 60 papers in international scientific journals. He has coordinated courses on social epidemiology at the University Pierre et Marie Curie and at the Ecole des Hautes Etudes en Sciences Sociales, in Paris. Among other expert groups, he is a member of the French High Council of Public Health.

Cyrille Delpierre, Ph.D., is currently researcher in the Unit 558 of the National Institute of Health and Medical Research in Toulouse, France. His topics of interest are the analysis of the link between bio- psychosocial factors and chronic diseases, particularly AIDS and cancer, and the analysis of pathways through health inequalities are built. Dr. Delpierre also lectures on clinical epidemiology and social epidemiology in the Masters of Clinical Epidemiology Program at Toulouse III University. Dr. Delpierre has both a doctoral degree in epidemiology and a Masters of Epidemiology and Evaluation of Actions in Health. He spent a year doing postdoctoral work in the Department of Society, Human Development and Health at the Harvard School of Public Health in Boston.

PANEL 5

Edna Viruell-Fuentes, Ph.D. is an Assistant Professor in Latina/Latino Studies and Community Health at the University of Illinois at Urbana-Champaign (UIUC). Her work builds on the premise that studying immigrant health offers insights into the impact of social contexts on health status, which in turn can contribute to the elimination of health disparities. Based on her field research in immigrant communities, she has proposed several conceptual re-directions to immigrant health research by drawing attention the racialization processes that Mexican immigrants contend with as they integrate into the U.S. and to the contexts of immigrant social ties. She is currently testing these and other ideas in her quantitative work and conducting a project to examine the (health) impacts of migration in immigrant-sending communities.

Dr. Viruell-Fuentes has over 15 years of research and policy experience at the community and national levels. She is the author of several publications on community-based participatory research, transnationalism, and immigrant and Latino health, among others. At UIUC, she teaches courses on Mexican and Latin American migrations, and on immigration and health. Prior to her current position, she was a joint Yerby and Kellogg Scholar in Health Disparities at the Harvard School of Public Health.

Dr. Viruell-Fuentes holds a B.A. in Mathematics and Psychology from Berea College, an M.P.H. from the School of Public Health at the University of North Carolina in Chapel Hill and a Ph.D. from the School of Public Health at the University of Michigan.

Shedra Amy Snipes, Ph.D., received her Ph.D. and M.A. in Bio-Cultural Anthropology from the University of Washington, and her B.S. in Anthropology and Human Biology from Emory University. She is a 2007-2009 alumni of the prestigious W.K. Kellogg Health Scholar, Multidisciplinary Disparities Program where she pursued work is farmworker health disparities at the University of Texas M.D. Anderson Cancer Center in Houston, TX. Currently, Dr. Snipes is a Cancer Education and Career Development Program Fellow at the University of Texas School of Public Health within the Center for Health Promotion and Prevention Research.

As a bio-cultural anthropologist, Dr. Snipes' overarching interests are in biology, culture, folk beliefs, and health disparities research. To date, Dr. Snipes' research has focused primarily on Mexican immigrant farmworkers, finding that their knowledge of and beliefs about pesticides differ from popular definitions -- a barrier that must be overcome to prevent harmful exposure.

Dr. Snipes has been awarded grants from the Southwest Agricultural Health and Safety Center (SWAgC) of the National Institute of Occupational Safety and Health (NIOSH), as well as the National Science Foundation (NSF) to collect important information on key factors that are unique to the immigrant farmworker community. Her most recent study, entitled "The Migrant Farmworker Experience: An 'Ethno-Occupational' Health Assessment" targets the most vulnerable of the farmworker community, the migrant farmworker, as they travel from the Texas-Mexico border to find work. This research will provide new, highly useful data on cultural notions associated with pesticide exposure, occupational illness, injury, and healthcare access among migrant farmworkers. Additionally, Dr. Snipes' work tests the feasibility of gathering biological samples from migrant farmworkers – a critical factor needed to assess risk in this vulnerable group. Dr. Snipes' history of research provides an important, first-hand account of the migrant farmworker experience through ethnographic observational data collection. Insight gained from her investigations will be used to inform reduction of occupational hazards among farmworkers through distribution of new, unexplored information specific to the migrant farmworker experience as well as the development of culturally-relevant community interventions.

Special Guests

Barbara Krimgold, Ph.D., serves as director of the W.K. Kellogg Foundation's postdoctoral Kellogg Health Scholars Program and of the Multidisciplinary-Disparities track for that program. She also directs the doctoral Kellogg Fellows in Health Policy Research Program. With over \$30 million in support from the W.K. Kellogg Foundation, these programs have trained a diverse group of over one hundred health researchers for careers and leadership positions in U.S. universities, foundations, executive and legislative branches of government, think tanks and health advocacy organizations. This Community of Scholars now serve cutting-edge roles in scholarship, service and activism focused on understanding social and economic determinants of health, reducing health inequalities and inequities, developing partnerships with stakeholders, and translating research to policy and action.

Barbara Krimgold has served, in addition, as director of the Diversity Data project and, in partnership with the Harvard School of Public Health, has launched the new Website DiversityData.org and coauthored its first report, “Children Left Behind: How U.S. Metropolitan Areas are Failing America’s Children.”

She has worked at the Washington, DC-based Center for the Advancement of Health, a non-profit dedicated to translating health research to policy and practice, since January 2001. Prior to that, she worked with other non-profit organizations and as a health policy professional within the U.S. Government, serving in senior positions within the Office of Management and Budget -- under Presidents Ford, Carter, and Reagan -- and as the lead health policy staffer for the U.S. Senate Special Committee on Aging.

She graduated from Harvard College and won a National Defense Education Act postgraduate fellowship at Harvard’s Graduate Center for Middle Eastern Studies. She has lived and worked in France, Egypt, the Gaza Strip, the Philippines, Indonesia, and Ghana, and is active in international health inequality research communities.

Clare M. Xanthos, Ph.D., is a Senior Researcher at Community Voices of Morehouse School of Medicine. She provides leadership in the design and implementation of research studies relating to health and health care for underserved populations. She also explores policy options that can be taken to better the health status and health care of underserved populations.

Dr. Xanthos received her Ph.D. in Social Policy from the London School of Economics and Political Science in 2004, and is the author of several articles and papers on health policy issues. She brings a significant international perspective to her work, having lived and worked in several countries including the USA, Barbados, the U.K., and Nigeria. Before joining Community Voices, she was an Independent Consultant in the U.K., pursuing research on mental illness in the U.K. African-Caribbean population as it relates to social factors. Prior to this, Dr. Xanthos was a Research Fellow for the Sir Arthur Lewis Institute of Social and Economic Studies, University of the West Indies, where she conducted research on the views of physicians in Barbados on providing a patient-focused health service.

Dr. Xanthos’ research interests include the social determinants of health, prison health, disparities in health care quality, and cultural competence in mental health services.

Henrie M. Treadwell, Ph.D., is Director and Senior Social Scientist for Community Voices. She has an appointment as a full time Research Professor in the Department of Community Health and Preventive Medicine at Morehouse School of Medicine. Her major responsibilities include program oversight and management for *Community Voices: Healthcare for the Underserved*, a special informing policy initiative that is funded by the W.K. Kellogg Foundation. She also has oversight of the men’s health programs that were funded as a special cluster by the Kellogg Foundation but that are managed by the National Center for Primary Care. Her special work includes development of strategies to inform policy, working to address health disparities among underserved populations, and dissemination of various media products to inform the public and communities of health related issues. Prior to joining the National Center

for Primary Care, Dr. Treadwell served for 16 years as program director at the W.K. Kellogg Foundation of Battle Creek, Michigan.

Dr. Treadwell's educational background includes the bachelor's degree in biology from the University of South Carolina, a master's degree in Biology from Boston University, and a Ph.D. in biochemistry and molecular biology from Atlanta University. She has also completed postdoctoral work at the Harvard University School of Public Health. Dr. Treadwell is a member of the Editorial Board for the American Journal of Public Health and the International Journal of Men's Health and Gender; she also serves on the external advisory committee for the MPH program at Morehouse School of Medicine and is a recent inductee into the Leadership Atlanta Fellowship Class of 2006. She also serves as board member of the Georgia Campaign for Adolescent Pregnancy Prevention, the Georgia Council for International Visitors, and the High Museum of Art. Additionally, she serves as a member of several professional organizations including and the American Public Health Association, Academy Health, Women in Philanthropy, and Sigma Xi. Dr. Treadwell is also a member of several organizations dedicated to community services including Delta Sigma Theta, Inc. and The Links, Inc

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Speaker Abstracts

Discrimination and identity: Implications for cardiovascular health among African American men

David H. Chae, Ph.D.

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Objective. This study incorporates the role of internalized racial group attitudes in investigating the relationship between self-reported racial discrimination and cardiovascular health among African American men.

Methods. Weighted logistic regression analyses were conducted in a nationally representative sample of African American men (n = 1216) recruited to the National Survey of American Life (NSAL; 2001-2003).

Results. Endorsement of negative racial attitudes towards Blacks was associated with greater risk of cardiovascular disease. Negative attitudes towards Blacks also moderated the effect of racial discrimination. African American men who disagreed with negative attitudes towards Blacks and who reported more experiences of racial discrimination had a higher risk of cardiovascular disease. In contrast, African American men who agreed with negative attitudes towards Blacks had a high probability of cardiovascular disease regardless of self-reported racial discrimination, and in particular, when reporting no racial discrimination.

Conclusions. Findings suggest that racism is detrimental to African American men's cardiovascular health via the experience of discrimination as well as through the internalization of negative attitudes towards Blacks. Findings suggest that issues of racial discrimination as well as internalized racism should be addressed in improving cardiovascular health outcomes among African American men.

Panel Speaker

Neighborhood and social integration and their impact on health and access to healthcare: some lessons learned from the SIRS cohort study in Paris, France

Pierre Chauvin, M.D., Ph.D.

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The SIRS cohort study (*Santé, Inégalités et Ruptures Sociales*, health, inequalities and social breaks) has been set up in 2005 in the greater Paris area in France. That year, 3,000 household*individuals were included in a name-based cohort and questioned during face-to-face interviews the first time. The 3,000 individuals represent a 3-stage random sample (neighbourhood, household, household adult), representative of the French-speaking adult population living in this metropolitan area, where households living in underprivileged neighbourhoods are over-represented. The SIRS cohort study is a French first in the field of social epidemiology by many points. It is the first representative cohort of the general population, especially set-up for the study of the social determinants of health, geocoding respondents, and collecting a large number of social and sanitary characteristics. It includes characteristics that have never been addressed in the general population (integration and social identity, social capital, health representations and beliefs, reasons for non-recourse to care, and so on). The longitudinal scope will help make future progress in interpretations, in terms of the causality of the associations highlighted transversally, and address new hypotheses concerning causal mechanisms during later surveys. In 2007, the second cohort wave was conducted by phone and a third in-depth wave is scheduled for 2009 and will be administered face-to-face. This presentation will address some of its new results, e.g. the impact of geographic mobility or social integration on health or healthcare utilization.

Panel Speaker

Impact of socioeconomic position on the link between objective health status and Self Rated Health : A Comparison of France/USA

Cyrille Delpierre, Ph.D.

National Institute of Health and Medical Research (Unit 558), Toulouse, France.

A same disease could impact more SRH among people who have the highest expectations about their health which are associated with socioeconomic environment. This phenomenon could lead to an underestimation of the health inequalities existing between socioeconomic groups when using SRH as an indicator of health. In a preceding work, we studied the impact of educational level on the link between SRH and physical health status in USA by using NHANES data. We showed that the relation between health status and SRH was modified by level of education and that the impact on SRH of a same disease was greater among more highly educated individuals. As cultural environment could influence the way people evaluate their health, we conducted the same study in the French context. We studied the impact of socioeconomic position on the relation between SRH and the same diseases measured in the US dataset. We used data from the Decennial Health Survey which is a multilevel, stratified random survey of households from the 1999 national population census. Our results showed that as in US a same chronic condition had a greater impact on SRH among high educated people and people with the highest income in France. This phenomenon seems to be particularly strong for American women. Contrary to mortality, SRH is an indicator which can vary across gender, socioeconomic position and countries and thus should be used with caution for analyzing social inequalities in health.

Panel Speaker

Racism Exposures and HIV Prevention-related Outcomes among African American Adults

Chandra L. Ford, PhD, MPH, MLIS

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Although illicit substance abusers and other socially marginalized racial and ethnic minority sub-populations are particularly susceptible to certain types of discrimination (e.g., with police), it is unclear whether these diverse exposures influence the HIV preventive behaviors of members of these subpopulations. This study investigated racism-related exposures and HIV preventive behaviors (i.e., HIV testing), among high-risk subpopulations of racial and ethnic minorities.

METHODS. Data were collected from African American sexually transmitted disease (STD) clinic patients (N=413) in a high HIV prevalence North Carolina city and among current and former illicit substance abusers (N=1228) in New York City. We obtained descriptive statistics and conducted crude and multivariable logistic regression.

RESULTS. More than 90% of participants reported experiencing discrimination (e.g., while seeking medical care). Among STD clinic patients, perceived everyday racism was prevalent and was associated with HIV testing. Among substance abusers, discrimination from the police was prevalent and was associated with HIV testing.

CONCLUSION. The relationship between racism-related factors and HIV preventive behaviors such as HIV testing may vary depending on the type(s) of racism exposure(s) and the racial ethnic minority sub-populations experiencing the exposure(s).

Panel Speaker

**PATIENT-PHYSICIAN INTERACTION AND THE PRODUCTION OF HEALTH INEQUALITIES :
METHODOLOGY AND PRELIMINARY FINDINGS IN A FRENCH MULTI-DISCIPLINARY STUDY:
THE INTERMEDE PROJECT**

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Introduction. Social health inequalities persist and even worsen in France. The role of determinants outside of health services is to be underlined. However, a paradox is not understood. Despite a large access to general practitioners equal across social categories, the results of care and trajectories within the system have been shown to be unequal across social groups. There is little knowledge of the role of the health services in the maintenance or production of health inequalities. Our research questions were to explore facets of the patient-physician interaction which may generate health inequalities. Our hypothesis was that this interaction might be of lesser quality and thus lead to misunderstanding between patients and physician, leading to care of lesser quality. One originality of the project was to associate qualitative and quantitative results.

Méthods. Multi-disciplinary design : the first phase was qualitative, producing both hypotheses to test in the quantitative phase as well as original analyses and results. The second phase was quantitative and reported in this paper. The third phase will look for commonalities between the two phases. For the quantitative phase, general practitioners (GPs) were recruited in Paris, Nantes and Toulouse. Patients were recruited in the waiting room, when fulfilling inclusion criteria. A total of 27 GPs and 585 patients were included. Questionnaires were filled after the visit, to the patients and GPs, mirroring each other, on the same events during the visit. Multilevel analysis was used in order to take into an account the sampling methods.

Results. In the whole population, concordance were high (kappa over 0.6) for administrative events during the visit. It was much lower (kappa less than 0.4) for rating health or the existence of a limiting longstanding illness. Concerning self-rated health, the proportion of patients who were concordant with their GP was higher for patients with 12 years or more of education (75.4%) than for those without diploma (50.4%) ($p < 0.05$). Among patients-GP who were not concordant, GPs rated health of their patient as better than their patient with low education and higher than the patients highly educated ($p < 0.05$). These results were unchanged after adjustment for age, gender, smoking and alcohol habits, as well as length of the doctor-patient relationship.

Conclusions. As a whole, a low concordance was observed between patients and their GPs on the content of the visit. This was true for self-rated health and even more among low educated patients, the health of who was overestimated by the GPs. These social differences might explain differences in process and results of care, even in a context of a national health insurance system.

Panel Speaker

Using Bio-Cultural Anthropology to Address Mexican Immigrant Farmworker Health Disparities

Shedra Amy Snipes, Ph.D.

University of Texas Health Science Center, School of Public Health Center for Health Promotion and Prevention Research, Houston, TX 77030

BACKGROUND: Migrant farmworkers are chronically exposed to low levels of agricultural pesticides. Despite routine exposure to agricultural chemicals, little is known about exposure and occupational health among farmworkers who migrate.

PRESENTATION OVERVIEW: This presentation will review current information, as well as gaps in knowledge about pesticide exposure, cultural beliefs and behaviors, work injuries and health-seeking patterns of Mexican immigrant farmworkers in the United States. Much of the presentation will feature Dr. Snipes' original research as an example of the "ethno-health disparities" approach. Dr. Snipes lives with farmworkers throughout data collection to better understand health risks, unique cultural beliefs and behaviors, and how culture and science intersect in a real-life context. The presentation will feature Dr. Snipes' work along the Texas-Mexico, as well as in Texas and Washington States. Researchers, students and health advocates will learn about health risk assessment using ethnography and other bio-cultural tools. Finally, the presentation will include a brief discussion of the values of bio-specimen collection in conjunction with cultural and behavioral variables.

Panel Speaker

Media Coverage and Public Opinion on Racial Health Disparities

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Recent research suggests that news media may play a role in shaping how the public and policy makers think about health disparities, their causes and solutions. The goal of this presentation is to advance our understanding of media coverage and public opinion on health and health care inequalities. Using newspaper coverage collected from 2002-2007 (from New York Times, Boston Globe and Washington Post), we will explore how major news media organizations cover issues of health inequalities, their etiology, consequences, and attribution for responsibility. Next, we will draw on public opinion data to assess the potential impact of news' coverage on the public's views of health inequalities.

The results of this work suggest that news organizations place a heavy emphasis on the health care system as the major cause of disparities, with little attention to social determinants of health. Also, emphasis on patient-level factors (including not seeking care enough and not following providers' recommendations) are cited most often as the cause of health *care* inequalities. This presentation will provide implications for expanding news coverage on health inequalities to incorporate social determinants of health.

Panel Speaker

Immigrant Health in Context

Edna Viruell-Fuentes, Ph.D.

Latina/Latino Studies and Community Health, University of Illinois at Urbana-Champaign

Researchers have proposed that the better-than-expected health outcomes observed among Latino immigrants vis-à-vis U.S.-born Latinos may be due to culturally specific health-protective characteristics that weaken in later generations as individuals acculturate. In this presentation, I examine the assumptions behind these sociocultural explanations. I draw on qualitative research with Mexican immigrant women to propose a conceptual model that locates the experiences of immigrants within a structural framework. This analysis highlights the contexts of immigrant social ties and the processes of racialization that immigrants and their descendants experience in the U.S. In so doing, I draw implications for research on immigrant and Latino health research.

Panel Speaker

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