



Forging Solutions through Research and Practice

**Part of the James E. Clyburn Health Disparities Lecture Series
April 25, 2008**

POSTER SESSION & ABSTRACTS

The poster session and corresponding abstract booklet showcase health disparities research and practice being conducted by University of South Carolina faculty members, research staff, and students as well as community, clinical, and/or agency partners.

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*Denotes student entry



ABSTRACTS

Title: A Pilot and Feasibility Study of Ethnic Differences in Interval Diagnosed Breast Cancers in South Carolina

Authors: Swann Arp Adams, PhD; Emily Rose Smith, MSPH; Jeanette Fulton, MD; and James R. Hebert, ScD

Previously Presented At/Published In: N/A

Abstract:

It is well-documented that African American women have a much higher mortality rate from breast cancer than do European American women. Within the last decade, several explanations have emerged to explain these large, indeed growing, differences. Interval-detected breast cancers are those tumors which arise between regular breast cancer mammography. They are thought to represent one of the most aggressive types of breast tumors. Observations by our clinical radiologists have suggested that these tumors may arise more often among our African-American mammography patients than our European American ones.

The goal of the present investigation is to conduct a pilot and feasibility study to describe and compare detection patterns (interval-detected versus screen-detected) of breast cancers and their related histopathology among AA and EA women in South Carolina. We will utilize electronic data routinely collected by the mammography clinics on all their patients. With this data, we will be determine and compare rates of interval-detected and screen-detected breast cancers between African-American and European-American women. We also will be able to determine if certain types of biological characteristics of the breast tumor are more likely to influence the time at which the tumor is detected (i.e., at mammography or in the interval between mammography screening).

With the knowledge gleaned from this investigation, we will gain considerable insight into screening strategies that could assist us and others in making considerable progress toward the goal of eradicating breast cancer. Furthermore, the research will serve a minority population that has been chronically ignored in the past. Finally, by conducting competent, relevant research in populations at high risk this work also provides an entrée into communities for conducting further research that can alter disease rates materially.

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Title: A Pilot Investigation of Ethnic Disparities in Patient-Initiated Premature Treatment Discontinuation Among Colon Cancer Patient

Authors: Swann Arp Adams, PhD; Heather M Brandt, PhD; Jamie Smith; Myra Cochran; James R. Hebert, ScD

Previously Presented At/Published In: N/A

Abstract:

Colon cancer is the third leading site for cancer and is the second or third leading cause of cancer death among men and women, respectively. In examining colon cancer disparities, it is evident that African Americans suffer a disproportionate burden of this disease having both higher incidence and mortality rates. We hypothesize that the disparities in colon cancer mortality may be attributable, in part, to differences in the receipt of treatment after diagnosis. We postulate that these differences in treatment may be manifested through higher rates of patient-initiated premature discontinuation of chemotherapeutic treatment among African Americans in comparison to European Americans. Furthermore, patient demographic characteristics associated with patient-initiated premature discontinuation of chemotherapeutic treatment may differ by ethnicity. With this investigation, we seek to explore ethnicity-stratified rates and determinants of patient-initiated premature discontinuation of chemotherapeutic treatment. Thus, the specific aims of the study are 1) To develop a protocol to retrospectively identify African-American and European-American colon cancer patients who received chemotherapy treatment at a local oncology office; 2) To conduct a medical record review of the random sample of colon cancer patients previously identified; 3) To determine and compare by ethnicity the prevalence of patient-initiated premature discontinuation of chemotherapeutic treatment among the random sample of colon cancer patients; 4) To determine and contrast by ethnicity the patient demographic characteristics associated with patient-initiated premature discontinuation of chemotherapeutic treatment. We propose a retrospective, cohort study design to explore ethnicity-stratified rates and determinants of patient-initiated premature discontinuation of chemotherapeutic treatment among a sample of 400 African-American and European-American colon cancer patients. Such a study would aid in the development of interventions aimed at increasing compliance to treatment regimens with the ultimate goal to improve quality of life and promote survivorship among ethnic minority groups disproportionately affected by the devastating disease of colon cancer.

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Title: Ethnicity, Follow-Up, and Breast Cancer Outcomes among Economically Disadvantaged Women

Authors: Swann Arp Adams, PhD; Emily Rose Smith, MSPH; Jeanette Fulton, MD; and James R. Hebert, ScD

Previously Presented At/Published In: N/A

Abstract:

Recognizing both that socioeconomically disadvantaged, ethnic minorities suffer high rates of certain diseases and that underlying causes are only poorly understood, elimination of health disparities has become one of the top priorities of the nation. Research to date has done little to explain why African-American (AA) women present at much younger ages with more aggressive disease than their European-American (EA) counterparts. It is equally at a loss to explain why AA women experience much higher breast cancer mortality rates than EA women.

South Carolina's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) offers the ideal opportunity to study the relationship of ethnicity and mammography follow-up in a population that is economically disadvantaged. SC's NBCCEDP, commonly called The Best Chance Network (BCN), provides free mammography and cervical screening to women aged 47 to 64 years who have no health insurance or for whom insurance pays for hospital care only, and are below 200% of federal poverty guidelines. The goal of the investigation is to examine the relationship between race, follow-up of suspicious mammographic findings, and cancer outcomes among women participating in the BCN.

A retrospective cohort study design will be utilized for this investigation. All women of African-American or European-American ethnicity with a rating of 4 (Suspicious), 5 (highly suggestive of malignancy), or 0 (incomplete-needs ultrasound or additional views) will be entered into the cohort. The women will be followed over time for completion of diagnostic procedures to include additional mammographic views, ultrasound, or biopsy. Additional follow-up on women who undergo breast biopsy also will be ascertained to determine final diagnosis information such as tumor histology, behavior, stage, and size.

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Title: Inflammatory and Obesity Marker Responses to Lifestyle or Weight Loss Interventions in a Racially Diverse Group of Breast Cancer Patients

Authors: Swann Arp Adams, PhD; Steven N. Blair, PED; Mark Davis, PhD; James R. Hebert, ScD

Previously Presented At/Published In: N/A

Abstract:

Ethnic differences in breast cancer mortality represent one of the most extreme examples of health disparities between African-American (AA) and European-American (EA) women. Inflammation and obesity have both been shown to be associated with breast cancer prognosis and thus represent a promising area for possible intervention.

Hence, the specific aims of this project are to assess and compare, by race: 1.) the effect of a lifestyle and weight loss intervention on lowering levels of three biological markers of inflammation: interleukin-6 (IL-6), C-reactive protein (CRP), and tumor necrosis factor-alpha (TNF-alpha) and 2) the effect of a lifestyle and dietary intervention on lowering levels of two biological markers of obesity, leptin and insulin-like growth factor (IGF-I), and on increasing levels of insulin-like growth factor binding protein (IGFBP-3).

We will conduct a 12-week randomized, three-arm lifestyle and weight loss trial among AA and EA breast cancer survivors. A total of 120 women will be enrolled into the trial: 60 AA and 60 EA. Within each ethnic group, 20 women will be randomized to the lifestyle intervention, 20 to the weight loss intervention, and 20 to the control condition (total lifestyle intervention n=40, total weight loss intervention n=40, total control n=40). The lifestyle intervention will focus on encouraging women to adopt a healthier dietary and activity lifestyle to include dietary and activity components thought to decrease inflammation. The weight loss intervention will focus primarily upon caloric restriction and physical activity to achieve weight loss among participants. Under the advisement of a Community Advisory Panel, we have worked with our AA community partners to incorporate the principles of community-based participatory research into the research design, implementation, analysis, dissemination, and future planning. In this way, we hope to enhance both relevance and subject adherence in the short-term and the sustainability of the intervention in the long-term.

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Note: Abstract #4 is part of South Carolina's Center for Cancer Research Excellence. See also Abstract # 19, 37, 51, and 67.

Title: Racial Differences in the Relationship Between Type 2 Diabetes and Breast Cancer among Female Medicaid Recipients

Authors: Swann Arp Adams, PhD, Beth Mayer-Davis, PhD, Emily Smith, MSPH, James Hardin, PhD, Susan Steck, PhD, Susan Bolick-Aldrich, Adriana Jurj, and James R. Hebert, ScD

Previously Presented At/Published In: N/A

Abstract:

Background: The objectives of this investigation were to: determine and compare the co-occurrence of type 2 diabetes and breast cancer among African American (AA) and European American (EA) women receiving Medicaid-funded services in South Carolina and explore the association of type 2 diabetes and breast cancer tumor characteristics.

Methods: Data from Medicaid recipient files was linked with state cancer registry data. Eligible participants were women of African American or European American ethnicity who were Medicaid eligible for 24 months during the years 2001 and 2002. Diabetes and breast cancer status were determined from ICD-9 codes and cancer registry records. Logistic regression was used to determine the prevalence ratios (PR) for the association between race, type 2 diabetes, and breast cancer.

Results: Among peri- and post-menopausal women, AA women with breast cancer were more likely to have diabetes than AA women without breast cancer ($PR_{\text{peri}}=2.14$, 95% confidence interval=1.39, 3.29; $PR_{\text{post}}=1.40$, 95% confidence interval=1.10, 1.78). No similar associations were observed for EA women. A positive association also was observed between diabetes and invasive breast cancer, but not *in-situ* breast cancer among AA women.

Conclusions: Among peri- and post-menopausal AA women, type 2 diabetes was associated breast cancer. This same relationship was not found among EA women. Furthermore, peri- and postmenopausal AA women with malignant breast cancer were more likely to have been diagnosed with type 2 diabetes compared to those without breast cancer, whereas the association was not observed in women with more localized or low grade disease.

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Website: N/A

Title: Racism's Relationship to Physical Activity in African American Women

Authors: Cheryl Armstead, MS(R), Ph.D., Justin Smith, Lucero Vivar, Monique Ramsey, and Tiffany Broughton

Previously Presented At/Published In: N/A

Abstract:

Physical inactivity among African American (AA) women is implicated in cancer risk, yet factors related to daily physical activity (PA) intensity have not been well-elucidated. Although Healthy People 2010 focuses on decreasing disparities in moderate intensity PA, targeting low intensity PA as a readily modifiable “gateway” behavior has been effective in several studies. We know little about how racism affects gateway behaviors for PA in middle aged and older AA women, even after controlling for socioeconomic status and access to PA-promoting resources. This study investigated associations between low intensity PA and two racism domains: 1) perceived increases in national anti-black attitudes and 2) individual experiences of job, rent, pay, and education discrimination.

Eighty-four AA female alumni from North Carolina Central University completed a mail survey. Their mean age was 54.79(\pm 13.69). Their BMI was 27.30(\pm 5.99). Women reported engaging in low, moderate, and vigorous PA lasting 30 minutes or more, 3.47(\pm 3.56), 2.54(\pm 1.89), and 1.42(\pm 1.34) times per week, respectively. Weekly low intensity PA was significantly higher than moderate or vigorous PA ($p < .01$).

Stepwise linear regression models estimated predictors of low, moderate, and vigorous daily PA. National increases in perceived prejudice toward AAs over the past decade and increased exposure to job-related racism predicted 20% of the variance in low intensity PA ($p < .002$). Older age and lower educational attainment predicted increased moderate PA (Adjusted $R^2 = .109$, $p < .037$). Neither moderate, nor vigorous PA was associated with perceived racism.

These findings suggest that national anti-Black attitudes and job-related racism negatively impact low intensity PA, a “gateway” behavior for moderate PA intervention. Age and educational attainment affect moderate intensity PA independent of racism experiences. Staged based PA interventions must take into account the influence of racism as a barrier to low intensity gateway behavior modification. Our findings highlight the importance of understanding the role of racism as a factor in ethnic cancer disparities.

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Title: Behavioral and Social Environment Affects Weight Gain from Kindergarten to 5th Grade

Authors: Rasmi Avula*, Edward A. Frongillo, Cheri J. Shapiro, Sonya J. Jones
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Abstract:

Household food insecurity is associated with overweight, weight gain, behavior problems, and academic performance in children. Furthermore, the child's immediate behavioral and social environment, which is shaped by caregivers, impacts child development. Beyond feeding behaviors, little research has examined other aspects of the behavioral environment that might increase child's risk for overweight. We hypothesized that the behavioral environment as defined by parenting practices, rules, discipline practices, participation in extra-curricular activities, and caregiver mental health in Kindergarten affects subsequent weight change. Data on 10,913 US children from the nationally representative Early Childhood Longitudinal Study were used. Linear regression was used to examine effects of the behavioral and social environment and food insecurity on changes in body mass index (BMI) from kindergarten to fifth grade. Children gained less in BMI if they were in a food-secure household and participated in extracurricular activities (i.e., dance, athletics, art) outside school hours, and if their caregivers engaged in noncoercive disciplinary practices, established rules for TV viewing, and were involved in at least one school activity (i.e., PTA meeting or fundraising). Understanding these behavioral and social dynamics will help inform intervention strategies to prevent obesity.

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Title: Permeation and reservoir formation of tobacco carcinogens 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK) and benzo[a]pyrene (BAP) across esophageal tissue are affected by the presence of ethanol and menthol and may help to explain high rates of esophageal cancer in African Americans

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Previously Presented At/Published In: Carcinogenesis 2006; 27(1):137-45.

Abstract:

Menthol and ethanol, common exposures in African-Americans who smoke, may affect how carcinogens are deposited in the tissues of the aero-digestive tract. We quantified the effect of ethanol and menthol on the rates of common tobacco carcinogens, 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK) and benzo[a]pyrene (BAP), absorption using a fully validated *in vitro* diffusion system, capable of accurately and precisely quantifying tobacco carcinogen permeation and reservoir formation in porcine esophageal mucosa. Confocal microscopy was employed to determine where BAP was deposited in the exposed membranes. Markedly different extents of permeation and reservoir formation for the tobacco carcinogens were recorded in the presence of ethanol and menthol. Water-soluble NNK permeated the membrane rapidly, while lipid-soluble BAP did not appreciably diffuse through the tissue. Alcohol (at 5% concentration) did not influence the permeation or reservoir formation of NNK. A mentholated donor solution (0.08%) both decreased the flux of NNK and significantly increased the amount in the tissue. The magnitude of the reservoir formed by BAP was relatively extensive (even though membrane permeation rates were negligible), being greatest in the presence of both ethanol and menthol. This suggests synergy between menthol and ethanol acting on this carcinogen. Confocal microscopy studies confirmed that BAP moved into the cell, specifically the nucleus, during the reservoir formation process. The aqueous solubility of the diffusing species and the presence of penetration enhancers appeared to be key factors in the absorption and cellular binding processes associated with this carcinogen. These results support the hypothesis that the use of mentholated cigarettes, or the concomitant consumption of alcohol while smoking, may have marked effects on the fate of tobacco chemicals. This finding may help to explain elevated rates of esophageal squamous cell carcinoma (and other cancers of the aerodigestive tract) in African Americans.

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Title: The Carolina Women's Care Study: Investigating HPV Incidence and Persistence in Females Attending the University of South Carolina and Claflin University

Authors: Carolyn Banister*, Amy Messersmith, Diego Altomare, Heather Ranhofer, Lucia Pirisi, and Kim E. Creek

Previously Presented At/Published In: N/A

Abstract:

Cervical cancer is a rare outcome of high risk human papillomavirus (HPV) infection but HPV infection is very common in sexually active individuals. Most people clear the HPV infection without knowing they were exposed, but those who cannot clear it are at a much higher risk of developing cervical cancer. African American (AA) women in South Carolina are about 40% more likely to acquire cervical cancer and have a 2.5 times greater chance of dying from the disease than European Americans (EA). However, rates of cervical cancer screening are not different between AA and EA. The reasons that may underlie differences in cervical cancer rates between AA and EA are not fully understood. It is important to identify biomarkers that will predict which women have the highest risk of persistent HPV infection and are thus at highest risk for developing cervical cancer. If biomarkers of HPV persistence can be identified, follow-up could be directed only to those women in whom the infection is likely to persist, in a cost-effective and efficient manner. The Carolina Women's Care Study was implemented to explore biomarkers of HPV persistence. Freshman female students attending the University of South Carolina and Claflin University are followed from their freshman year throughout their college studies, with biannual Pap smears and cervical mucus collections. Questionnaires administered at each visit collect information concerning lifestyle factors, stress, smoking, diet and physical activity. To date, we have enrolled 420 women. As expected, about 10% of the women had cervical cytological abnormalities and 35% were HPV positive. No differences in the incidence of HPV infection was found between AA and EA. As the study matures, we will determine correlations in lifestyle factors such as stress, depression, and discrimination as well as biologic factors, how the body deals with a viral infection, with HPV persistence.

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Website: www.CarolinaWomensCareStudy.com

Title: Planning a Curriculum in Hispanic Migration Studies: Lessons Learned in Xalapa, Mexico

Authors: Bellinger Jessica D*, Torres Myriam, McClain Quesa, Probst Jan

Previously Presented At/Published In: Accepted for presentation at the National Rural Health Association Conference, May 2008, New Orleans, LA

Abstract:

Objective: Obtain the perspective of Mexican health and community personnel on key health issues to be addressed in an undergraduate curriculum for US students in an effort to understand the factors contributing to health disparities observed in Mexican-American populations.

Data Source: Data collection occurred during a week-long exploratory planning trip to the state capital of Veracruz, Mexico (Xalapa) during July 2007. Direct observation, key informant interviews, and site visits to University of Veracruz “Casas de la Universidad” were used to collect data about Mexican migration. Rural health care providers, public health researchers, and rural community members around Xalapa were interviewed. Qualitative data methods were used to explore emerging themes.

Results: Several themes were deemed vital to helping US students understand the transnational implications of Mexican migration, especially from rural Mexico. An emphasis on Mexican culture, health status, economic issues, and Mexican immigration were considered as essential to the course. The Mexican economy and employment opportunities in the US were mentioned consistently across various socioeconomic levels. Several concerns were identified including the migratory patterns that increase the difficulty of adequate infectious disease surveillance and treatment which can cause gaps in care and contribute to health disparities in outcomes.

Conclusion: The course will allow US students to understand the context of Mexican migration, to improve care to migrants living in the United States. The visit to rural departure areas in Veracruz, Mexico allowed the team to explore the transnational implications of Mexican migration. Increased knowledge about the Mexican migration experience will assist rural health professionals in the United States provide culturally competent care, especially in areas with emergent Mexican populations, such as South Carolina.

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Acknowledgments: Support for this research provided by funding from the South Carolina Rural Health Research Center and the Consortium for Latino Immigration Studies.

Website: <http://rhr.sph.sc.edu/index.php>

<http://www.sph.sc.edu/cli/>

Title: The Effects of Access to Care and Experiences of Discrimination on Cervical Cancer Prevention and Control in a Population-Based Survey of Women in South Carolina: Instrument Development Process

Authors: Jessica D. Bellinger*, Heather Brandt, Jan Probst, Saundra Glover, Amy Brock Martin

Previously Presented At/Published In: N/A

Abstract:

Cervical cancer is associated with persistent human papillomavirus (HPV) infection. Almost 100% (99.7) of global cervical cancer cases are caused by high-risk HPV infection. In 2007, over 11,000 women were diagnosed with cervical cancer and South Carolina ranks 8th in the nation for cervical cancer mortality. In South Carolina, cervical cancer mortality is higher for African American women and nearly \$25 million spent annually on HPV and HPV-related disease. Regular Pap tests are highly effective at screening for changes in cervical tissue and a FDA-approved prophylactic HPV vaccine is currently available for women and girls, aged 9-26 years old.

The purpose of this study is to ascertain information on HPV knowledge, attitudes, beliefs, and behaviors from a population-based sample of women in South Carolina to inform future development of culturally- and linguistically-appropriate HPV educational interventions. The research will primarily explore the effects of access to care and experiences of discrimination on cervical cancer screening and prevention. Data will be collected using computer-assisted telephone interviews and the sample will be limited to 1,000 English-speaking adult (18-70) women with a landline telephone. The data will be analyzed to determine the effect of access to care and experiences of discrimination on cervical cancer prevention and control with appropriate statistical modeling.

The instrument development process for the HPV study was detailed and organized into discrete steps. The questionnaire used for data collection was developed by the research team and tailored specifically for the population studied. The extensive instrument development process included a systematic literature review, comparison of existing items to new items related to relevant content domains, expert review panel, and multi-phase in-person and phone pretesting. A thorough instrument development process allowed for an instrument best suited to the population studied. Findings from the study will be used to inform HPV educational interventions.

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Acknowledgments: Support for this research was provided by federal funding as part of a NIH-funded grant, “A Population-Based HPV Survey of Women in South Carolina,” (1 R15 CA 125600-01). The authors would like to acknowledge members of the research team, Dr. Patricia Sharpe and Dr. James Hardin.

Website: <http://cpcp.asph.sc.edu/>
 <http://cpcp.asph.sc.edu/HPV/index.htm>

Note: Abstract #11 is an ancillary study to the study described in Abstract #15.

Title: *Shop Talk Movement: An evidence-based approach to increase colorectal cancer awareness and screening in beauty salons and barbershops in South Carolina.*

Authors: Dr. Frank Berger, Dr. Heather Brandt, Ms. Anjelica Q. Davis, Dr. Sonya Duhe, Mr. Gerald Footman, Ms. Tia Brewer-Footman, Ms. Charlotte Toole
(*Alphabetical Order*)

Previously Presented At/Published In: N/A

Abstract:

Colorectal cancer (CRC) is preventable and treatable through screening and early detection. CRC remains the second leading cause of cancer death in the United States and South Carolina (SC). The American Cancer Society (ACS) estimates, in SC, approximately 2,230 new CRC cases and 790 deaths this year. Both CRC incidence and mortality are elevated among African Americans. Focused efforts are necessary to address and ultimately eliminate this racial health disparity. This requires novel programs, aimed at increasing awareness and knowledge of CRC in the African-American community that leads to action, i.e. CRC screening (as recommended). “Shop Talk Movement” is an evidence-based, health communication campaign addressing geographical, cultural, and professional nuances of beauty salons and barbershops in SC, which were previously involved in a successful campaign focused on the warning signs of strokes. The overarching goal of this application is to increase public awareness of, and demand for, CRC screening. The project has three specific aims: 1) Develop targeted messages to appeal to the interests and values of stylists, barbers, and clients utilizing a variety of communication methods, 2) Train stylists & barbers to infuse CRC education during natural conversations with clients, 3) Evaluate the Shop Talk program methods and achievement of goals. Stylists and barbers will be trained to deliver appropriate CRC messages to clients and prompt them to sign and return “promise cards,” indicating their intention to share information about CRC with others and get screened (as recommended). An advisory board consisting of barbers, stylists, and community leaders is guiding programmatic and evaluation activities in partnership with FB Enterprises, LLC. Evaluation activities include formative research to develop materials for the program, assess baseline and follow-up knowledge, attitudes, beliefs, and behaviors, and determine program effectiveness. The findings will be used to inform a larger study in the future.

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Title: Increasing Collaboration with Community Health Centers (CHC) By Establishing Memoranda Of Agreement (MOA) With Them

Authors: Yaw Boateng, MS, MPH, RD, CDE

Previously Presented At/Published In: Will be presented at CDC Diabetes Translations Conference in Orlando Florida on Friday, May 9, 2008.

Abstract:

Objectives:

1. To demonstrate that establishing MOA with local CHC can be mutually beneficial
2. To show how obstacles to such a collaboration can be overcome or averted

Methods: With the formation of the Diabetes Health Disparities Collaborative in the late '90s, it was thought logical, with the backing of CDC and the BPHC, for the State Diabetes Prevention and Control Programs (DPCP) to support the concept by supporting their state CHCs. The two agencies therefore saw the need to enter into a MOA after holding several meetings. The purpose of the MOA was to identify specific responsibilities of the two agencies that could be mutually supported to enhance diabetes outcomes and overall program success. Data of interest that were sought from the CHCs that were specified in the MOA included: A1C; eye exams; foot exams; flu shots; pneumonia shots; and diabetes self-management education, indicators that help assess the core national CDC objectives.

Results: The SCDPCP has established MOA with 15 out of 20 CHCs. The CHCs share their registry information with the DPCP. These data provide opportunities for comparison with BRFSS data. DPCP, for the past 5 years, has organized a one and one-half days yearly symposia for all the CHCs.

Learning Objectives: Participants will learn how to collaborate with CHCs.

Key words: MOA, Collaboration

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Title: SCCDCN: HPV Vaccine Acceptability and Promotion in Faith-Based Settings

Authors: Brandt HM, Hebert JR, Scott DB, Williams D, Drayton R, Parra-Medina D, Pirisi-Creek L, Sharpe PA, State Baptist Young Woman's Auxiliary Region 6 Health Ministry

Previously Presented At/Published In: N/A

Abstract:

In South Carolina, African-American (AA) women experience excess cervical cancer mortality despite being screened more often than European-American women. The reasons for this observation are complex and not well understood. The approval of the first vaccine for some types of genital human papillomavirus (HPV) infection, a main etiologic factor in the development of cervical disease, offers a new tool. The success of the vaccine is contingent upon exploring the feasibility of promoting and offering the vaccine in non-medical settings, particularly as it relates to addressing cervical cancer disparities. The goal is to explore the acceptance of the HPV vaccine and identify opportunities for cervical cancer prevention and control programs in faith-based settings using formative research methods. The research builds upon research previously conducted in the Pee Dee region. The specific aims of the study are to: (1) Explore HPV vaccine acceptability in a faith-based setting; and (2) Identify opportunities for promoting the HPV vaccine in a faith-based setting. The research is conducted in partnership with the State Baptist Young Woman's Auxiliary Region 6 Health Ministry members and Carolina Community-Based Health Supports Networks. Members of church leadership and local community leaders will take part in in-depth interviews (n=20). Focus group participants (n~100; 10 groups of up to 10 participants each) will be females and males (aged 18+ years) attending one of the participating churches. The interview guides and recruitment procedures are currently being finalized. Interviews and focus groups will be audiotaped and transcribed verbatim. Transcripts will be reviewed, analyzed, and interpreted. After data interpretation, participants will be invited to take part in one of three feedback sessions (one held at each church) to aid investigators in the interpretation of study findings. Findings will be used to develop cervical cancer educational interventions in faith-based settings.

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Acknowledgments:

This project is part of the South Carolina Cancer Disparities Community Network. “SCCDCN: HPV Vaccine Acceptability and Promotion in Faith-Based Settings” (Grant Number: 1U01CA114601-03S4) is funded by the National Institutes of Health. This project includes active involvement and participation of the State Baptist Young Woman’s Auxiliary Region 6 Health Ministry and members of Manning Baptist Church (Dillon), Majority Baptist Church (Florence), and New Hopewell Baptist Church (Hartsville) as part of their efforts to address cervical cancer.

Websites: <http://sccdcn.sph.sc.edu/>

Note: Abstract #14 is part of the South Carolina Cancer Disparities Community Network. See Abstract # 35 and Poster # 7.

Title: A Population-Based HPV Survey of Women in South Carolina

Authors: Brandt HM, Sharpe PA, Bellinger JD, Hardin J

Previously Presented At/Published In: N/A

Abstract:

High-risk types of genital human papillomavirus (HPV) are linked to the development of cervical cancer and other types of cancer. Most psychosocial and behavioral HPV studies have been conducted in clinic-based samples. A population-based sample of (aged 18-70) in South Carolina, a state with high incidence and excess cervical cancer mortality, is being conducted to ascertain information on HPV knowledge, attitudes, beliefs, and behaviors from a population-based sample of women to inform future development of culturally- and linguistically-appropriate HPV educational interventions. Telephone interviews in English lasting approximately 25 minutes will be conducted by trained, female interviewers from a survey research lab. Questionnaire was developed based on a systematic literature review, comparing new items to previously used items, expert review, and pretesting. Items on the questionnaire assess: Pap test knowledge and behavior, HPV knowledge and behavior, HPV vaccine and self-collection, information seeking behavior, patient-provider interactions and preferences, past health care experiences and access to care, sexual history and related behaviors, and sociodemographic and descriptive characteristics. Age, race, and ethnicity of the interviewer and zip code of the respondent are recorded. The survey fielding period began in March 2008. Data will be analyzed using appropriate statistical procedures for binary; summative, count, and continuous; and ordered discrete outcome variables to determine significant predictors of HPV knowledge, vaccine acceptability, and self-collection as well as determine preferences for HPV educational information. The findings of the study will be used to inform the development of future HPV and cervical cancer educational interventions. Having a greater understand of women's experiences on a population-based level will lead to more effective educational interventions to promote informed decision making regarding recently approved and emerging cervical cancer prevention and control technologies to address excess cervical cancer mortality.

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This project, “A Population-Based HPV Survey of Women in South Carolina” (Grant Number: 1R15CA125600-01) is funded by the National Institutes of Health.

Websites: <http://cpcp.asph.sc.edu/>
 <http://cpcp.asph.sc.edu/HPV/index.htm>

Note: Abstract #15 is the parent grant of the ancillary study by Jessica Bellinger, PhD(c) described in Abstract # 11.

Title: Moving to Action: Addressing Cervical Cancer in South Carolina

Authors: Brandt HM, Williams A, Ureda JR, Motes P, Stewart T, Stuckey L, Johnson S
on behalf of the Planning Group

Previously Presented At/Published In: Abstract submitted to the 2008 SC HIV/STD Conference in October 2008

Abstract:

South Carolina is a state with excess cervical cancer mortality, a disease closely associated with high-risk or cancer-causing types of genital human papillomavirus (HPV) infection. Genital HPV infection is a sexually transmitted infection that is passed from one infected person to another through skin-to-skin contact of the anogenital area of males and females. Due to the high rates of cervical cancer in South Carolina, genital HPV prevalence is believed to be high. Recent innovations in HPV prevention and control, including HPV testing and vaccination, have raised the profile of HPV in cervical cancer prevention and control efforts. The audience has expanded to include pediatricians, parents, policymakers, and many others. As a result, stakeholders, including researchers, public health practitioners, clinicians, community- and faith-based leaders, survivors, and advocates, from across the state have started an effort, "Moving to Action: Addressing Cervical Cancer in South Carolina," to develop, implement, and evaluate a strategic plan to address excess cervical cancer mortality from prevention, control, and policy perspectives while continuing to support discovery work in the field of cervical cancer. "Moving to Action: Addressing Cervical Cancer in South Carolina" is supported with funds received by the USC Institute for Partnerships to Eliminate Health Disparities and USC-Claflin EXPORT Center. A statewide event in June 2008 is being planned to bring together a diverse group of stakeholders to identify ways to address cervical cancer and most importantly implement such solutions on the local level.

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The EXPORT Center for Partnerships to Eliminate Disparities in Cancer and HIV (A Partnership between the University of South Carolina and Claflin University) is supported by a research grant from the National Center for Minority Health and Health Disparities of the National Institutes of Health (1P20MD001770-01). “Moving to Action: Addressing Cervical Cancer in South Carolina” is an effort undertaken by many dedicated individuals representing several organizations and agencies from across the state and nationally.

Websites: <http://www.sc.edu/export/>
 <http://cpcp.asph.sc.edu/MTA/index.htm>

Title: A Call to Action: Preventing Cervical Cancer among African-American Women

Authors: Brandt HM, Scott DB, Williams D, Ureda J, State Baptist Young Woman's Auxiliary Health Ministry

Previously Presented At/Published In: N/A

Abstract:

In South Carolina, African-American (AA) women experience excess cervical cancer mortality despite being screened more often than European-American women. The reasons for this observation are complex and not well understood. Members of the State Baptist Young Woman's Auxiliary (YWA) Health Ministry are answering the call to prevent cervical cancer among AA women. In March 2007, a day-long summit, "A Call to Action: Preventing Cervical Cancer among African-American Women," was held in Columbia SC. The overall goal of the summit was to provide information and resources to participants about cervical cancer and HPV, cervical cancer prevention and control measures, and the impact among AA women. The objectives of the summit were to provide participants an opportunity to hear national, state and local perspectives about cervical cancer and HPV, identify successful strategies for program implementation at the local and community levels, and develop plans of action for their respective congregation and community. Over 160 AA women, teenagers, boys and men from across the state of South Carolina gathered to hear the latest information from established researchers and practitioners working in the area of cervical cancer prevention and control. As a result of the summit, members of the South Carolina Cancer Disparities Community Network team have been working with the YWA health ministries regional implementation of action plans and answer the call to action. The efforts of YWA members in two health ministry regions, Region 1 (Upstate) and 6 (Pee Dee) have been very, very successful. Such success has increased demand. The SCCDCN team continues to connect each region to local resources offered through other entities to meet the demand and explore other funding sources. Working together to address cervical cancer will lead to long-term improved health outcomes.

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“A Call to Action” was funded by the South Carolina Cancer Alliance. In addition, “A Call to Action” was supported by the State Baptist Young Woman’s Auxiliary of the South Carolina Woman’s Baptist Education and Missionary Convention, Cancer Prevention and Control Program, Hold Out the Lifeline: A Mission to Families, EXPORT Center for Partnerships to Eliminate Health Disparities in Cancer and HIV (A Partnership between USC and Claflin University), Carolina Community-Based Health Supports Networks, Institute for Partnerships to Eliminate Health Disparities, and South Carolina Coalition Against Domestic Violence & Sexual Assault. The implementation of action plans developed as part of “A Call to Action” is supported by the South Carolina Cancer Disparities Community Network. The South Carolina Cancer Disparities Community Network [PIs: Drs. James Hebert and John Ureda; U01-CA114601] is a Community Network Program supported by the National Cancer Institute’s Center to Reduce Cancer Health Disparities of the National Institutes of Health.

Websites: <http://sccdcn.sph.sc.edu>

Note: Abstract #17 is part of the South Carolina Cancer Disparities Community Network. See Abstract # 35 and Poster # 7.

Title: A Qualitative Study on Barriers and Facilitators for Weight Loss in African-American Families

Authors: Porschia Brown, BA*; Dawn Wilson, PhD; Heather Kitzman-Ulrich, PhD; Nouran Ragaban, BA; Sara Mijares, BA; Amy Parnell

Previously Presented At/Published In: N/A

Abstract:

Obesity rates have steadily increased with higher rates often seen in African American youth. Research is needed to determine effective weight loss programs for African American families. This study conducted 5 focus groups within several African American communities to obtain a better understanding of how to develop effective weight loss programs for African American families. Parents (N=30; 100% African American; 93% female; mean age = 45.0 yrs.; mean BMI = 34.3) and adolescents (N=24; 100% African American; 56% female; mean age = 12.5 yrs.; mean BMI = 30.9) participated in separate focus groups with questions tailored to parents or adolescents. Questions were related to 1) barriers to engaging in weight loss programs, 2) factors that would motivate participation and retention, and 3) factors relating to program delivery and setting. Parent and child weight and height were obtained prior to each focus group using a Seca digital scale and a Shorr Height Board. BMI was calculated as weight (kg)/height (meters²). Consistent themes emerged from the focus groups including motivational, program, and community components. Being thinner, becoming healthier, and being role models for their children were key motivational factors for parents. Having healthy foods with a higher quality of taste and avoiding health disparities were key motivational factors for adolescents. A key environmental barrier mentioned was the lack of fresh, healthy food available. Parents lack time to prepare fresh meals and often turn to fast food restaurants. Schools provide unhealthy options as well. Participants indicated wanting an enjoyable weight loss program held in the community once a week with food and incentives. Community centers and churches were highly favored locations because they provide social support and interaction with community members and peers. African American families and communities should continue to be involved in the development of effective weight loss programs.

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Title: South Carolina's Center for Cancer Research Excellence – A National Center for Research Resources-Funded Center of Biomedical Research Excellence: Project 3. Circadian Rhythm Disruption, Race and Breast Cancer Risk

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Previously Presented At/Published In (if applicable): N/A

Abstract:

This project will evaluate relationships between racial disparities, circadian rhythm disruption, and breast cancer (BrCA) risk as part of South Carolina's Center for Cancer Research Excellence (COBRE – see abstract by Hébert et al). In Phase 1, a case-control study will characterize symptoms of circadian disruption; identify its individual, environmental, and social predictors; sequence polymorphisms in circadian clock and melatonin genes; quantify sleep, rest/activity rhythms, and ambient light exposures; and determine whether pre- and post-menopausal women with circadian disruption have increased BrCA risks. We will enroll equal numbers of African- and European American (AA and EA) women, and determine whether AA women with and without breast cancer suffer more frequent or severe circadian disruption than EA women. Strategies targeting circadian systems may be effective for BrCA prevention, treatment, and/or palliative care. In Phase 2, a pilot clinical trial will assess the feasibility of using evening melatonin administration to: improve circadian rhythms and sleep; reduce fatigue, depressive symptoms, and estrogen production; and enhance innate immunity. This trial will include a 1-week baseline, 4-week treatment, and 1-week post-treatment evaluation. Recruitment will target controls from Phase 1 with circadian disruption. Wrist actigraphy will monitor personal rest/activity patterns, sleep, and light exposures over the entire period, and biological monitoring will assess melatonin and estrogen metabolites, and markers of innate immunity at baseline and post-treatment. Validated questionnaires will assess fatigue and depressive symptoms. If circadian disruption can be ameliorated using evening melatonin administration, a larger scale intervention trial will be developed focusing on the use of melatonin for BrCA prevention.

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Website (*if applicable*): N/A

Note: Abstract #19 is part of South Carolina's Center for Cancer Research Excellence. See also Abstract # 4, 37, 51, and 67.

Title: Promoting Physical Activity in Underserved Communities through Collaboration

Authors: Ericka Burroughs MA, MPH
Patricia Sharpe, PhD, MPH
Linda Pekuri, MPH, LD, RD

Previously Presented At/Published In: Sections of this poster were previously presented at the National Prevention & Health Promotion Summit, November 2007, and the Prevention Research Centers Annual Meeting, March 2008.

Abstract:

Background: African Americans are disproportionately affected by chronic diseases that are prevented and better managed with regular physical activity (PA). Most African Americans do not get sufficient PA and are more likely to reside in underserved communities, especially those in rural areas, where there are fewer resources to support PA.

Methods: The USC Prevention Research Center (PRC) has been conducting community-based participatory research in partnership with a citizens' coalition in Sumter County since 1998. To address the mutual goal of reducing disparities in resources for recreation and physical activity, the Sumter County Active Lifestyles coalition (SCAL) partnered with the PRC to develop a mini-grant initiative for physical activity-promoting projects that improve the community environment in underserved communities. Nonprofit and faith-based organizations, grassroots community groups, and schools are eligible to apply. Grant applications receive external review, and funding decisions are based upon reviewers' scores and the proposals' fit within established guidelines. The PRC also provided matching funds to the Sumter County Recreation and Parks Department (SCRPD) for additional trail projects in underserved areas.

Core Results:

- In three years, six projects were funded in collaboration with community partners.
- Two neighborhood parks, Wedgefield Community Park and VIM Park, were revitalized and now include walking tracks.
- Two other tracks in rural, predominately African American communities, Cherryvale and Rembert/Rafting Creek, were constructed in collaboration with the SCRPD, which provided amenities for both tracks.
- Willow Drive Elementary School, which serves a lower income neighborhood, developed a community park on its property.
- The Live Oak Park track in the southern part of the county was constructed in collaboration with the SCRPD and serves as an anchor of the county's trail system.
- An observational evaluation plan to assess use of the parks and walking trails is in progress.

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Website: www.sumtercountyactivelifestyles.org

Title: First Year College Students: What they know, believe, and think about HPV and their sexual health

Authors: Shalanda A. Bynum, MS, MPH,* Heather M. Brandt, PhD, CHES, Tricia Phaup, Lisa L. Lindley, DrPH, Sam Stokes

Previously presented at/published in: Submitted to: 136th Annual Meeting of the American Public Health Association (San Diego CA), Public Health Education and Health Promotion

Abstract:

Genital human papillomavirus (HPV) prevalence is highest among 15-24 year olds, which includes the majority of college students. The purpose of this study was to explore college students' knowledge, beliefs, and behaviors related to HPV and general sexual health to inform development of campus educational and communication approaches. Participants were college students enrolled in a first-year experience course. Participants voluntarily completed a web-based, self-report questionnaire developed by the research team. The questionnaire assessed HPV and sexual health knowledge and sexual history. Response rate was close to 50%. Participants (n=1511) were 63% female; 77% Caucasian. More than half (62.5%) reported ever having sex while less than half (37.7%) reported using a condom at last sex. Participants' mean score was 7 on a 10-point HPV knowledge scale. Most questions (7) were answered correctly by more than 40% of participants. No significant HPV knowledge differences were found by race. Significant gender differences were found ($p=.010$). Males (mean=7.15) scored significantly higher than females (mean=6.77) on the HPV knowledge scale. On an 8-point sexual health knowledge scale, all questions were answered correctly by 60% of participants. 38% of female participants received one or all doses of Gardasil®. Participant's HPV and sexual health knowledge levels were relatively high. However, it remains important to provide sexual health information to students, particularly regarding benefits of consistent condom use and innovations in prevention (Gardasil®). Findings will be used to inform development of campus-based educational and communication approaches to promote safer sexual behavior among college students.

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Website: N/A

Title: Psychological, Educational, and Behavioral Factors Related to HPV among Adolescent Girls and Young Women

Authors: Shalanda A. Bynum, MS, MPH^{1,*}, Heather M. Brandt, PhD, CHES¹, Marcie Wright, MPH¹, Judith T. Burgis, MD², & Janice Bacon, MD²

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Previously Presented At/Published In: Presented at University of South Carolina School of Medicine Women's Health Research Forum, 2007

Abstract:

HPV is an STI that is very common among young females and of concern because high-risk types are etiologically linked to cervical cancer. Among young women, prevalence rates of HPV infection are high. This population frequently experiences HPV positivity and abnormal Pap test results. Little is known about Pap test and HPV beliefs, behaviors, and perceptions among this population. The purpose of this study was to explore psychological, educational, and behavioral factors related to HPV and cervical dysplasia among young women. A secondary purpose was to examine participants' sexual and other behaviors related to HPV. A sample of 68 adolescent girls and young women (aged 14-20) seeking gynecological care at a teen health clinic in Columbia, SC were recruited to participate in the study. Participants were asked to complete a self-report questionnaire that assessed HPV and Pap test knowledge, beliefs, and behaviors. Most participants were Black (75%) and reported ever engaging in sexual intercourse (67.1%). Less than half (38.2%) indicated that a condom was used during last intercourse and 23.5% reported ever having an STI. About half of the sample (44.1%), disagreed that a Pap test will help prevent cervical cancer. On an 18-point HPV Knowledge Scale, no questions were answered correctly by more than 50% of participants. On a 9-point Pap Test Knowledge Scale, only two questions were answered correctly by more than 50% of participants. This study demonstrated alarming knowledge deficits about HPV and Pap tests. Implementing and evaluating HPV educational interventions that address the lack of knowledge about HPV and the importance of Pap tests should be a priority. Furthermore, most participants engaged in sexual intercourse at some point during their lives. However, the majority are not using condoms. Additional safer sex educational messages aimed at adolescent girls and young women are greatly needed.

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Acknowledgments: This project was supported by the University of South Carolina Office of Research and Health Sciences (PI: Brandt).

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Title: Genital HPV and Safer Sex Beliefs: A Qualitative Study of the Black College Student Perspective

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Abstract:

HPV infection has emerged as a major public health issue in the US and globally since high-risk or oncogenic types were etiologically linked to certain types of cancer, namely cervical cancer. The prevalence of genital HPV infection is highest among non-Hispanic Black females compared to non-Hispanic White females. Despite the fact that Blacks are most affected by HPV infection, which may lead to increased risk of associated diseases, little research has focused on this population. The objective of the study was to explore Black college students' beliefs about HPV and safer sex practices in relation to genital HPV infection. Forty-one Black college students (21 male and 20 female) were recruited to participate in one of four focus groups. Concepts building on the Health Belief Model were used to guide focus group discussions. Using qualitative methods, verbatim transcription of the focus groups were analyzed. The Framework Method was employed to identify emergent themes from the data. Debriefing and facilitator cross checking were used to verify study findings. The study was conducted at a mid-sized, four-year, public co-educational HBCU located in northwest Florida. The study found that knowledge of HPV among this population was very limited. All students viewed HPV as a serious sexually transmitted infection (STI). Three benefits of practicing safer sex emerged from the data: less worry about disease; pregnancy prevention; and prolonged life. Three barriers of practicing safer sex were identified: pressure from partner; caught in the moment/don't think to use a condom; and presumption of immunity to disease. Emergent themes related to safer sex cues to action were identified as: education, evoking fear, and knowing someone with an STI. Understanding Black college students beliefs about HPV can be useful in developing effective and culturally appropriate HPV interventions. Results from this formative study can be used to develop such interventions.

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Title: Predicting Intentions to Adopt Health Behaviors Related To Genital HPV Infection among Students at a Historically Black University

Authors: Shalanda A. Bynum, MS, MPH¹,* Heather M. Brandt, PhD, CHES¹, Janet Barber, PhD²

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Previously Presented At/Published In: USC Graduate Student Day, 2006

Abstract:

HPV infection is the most common STI in the US. The population at highest risk of contracting the virus is young Black women. Consequently, this population is at the greatest risk of developing HPV associated conditions. The purpose of this study was to use the Health Belief Model to examine predominantly Black college student's intent to practice safer sex in relation to HPV infection and female students' intention to have a Pap test. Another purpose of this study was to assess student's knowledge of HPV. A sample of students attending an HBCU was asked to complete a self-report questionnaire to assess their health beliefs and knowledge pertaining to HPV. The study was conducted at a mid-sized, four-year, public co-educational HBCU located in northwest Florida. Questionnaires were completed by 130 students; 60 males and 70 females. 30% of the variance in intention to practice safer sex, and 39% of the variance in intention to have an annual Pap test was explained by the HBM. Significant HBM components of intention to practice safer sex were cues to action ($p < .001$), perceived barriers ($p = .001$), and perceived severity ($p = .031$). Significant HBM components of intention to have an annual Pap test were perceived barriers ($p < .001$), perceived benefits ($p = .001$), and cues to action ($p = .081$). Over half of the sample (52%) indicated that they had not heard of HPV prior to participating in the study. The median score on a 13-point HPV knowledge scale was 1. No HPV questions were answered correctly by more than 40% of participants. Little attention has been focused on Black college students' knowledge and awareness about HPV. This study has demonstrated alarming knowledge deficits about HPV among this population. Educational messages aimed at Black college students are greatly needed. Implementing and evaluating educational interventions should be a priority.

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Title: Preliminary findings from a smoking cessation referral protocol and follow-up phone intervention among college students

Authors: Megan Condrasky, Lauren Vincent, Ashlee Watts

Previously Presented At/Published In: Tobacco Summit on 4/4/08

Abstract:

As the flagship University to the state of South Carolina, we have a responsibility to set an example for other South Carolina colleges and universities by making smoking cessation in our college students a priority. The Healthy Carolina office has established a task force subcommittee dedicated to tobacco prevention. One of the goals of this task force is to implement a physician smoking cessation referral and follow-up protocol as stated in the Clinical Practice Guidelines for Treating Use and Dependence issued by the U.S. Department of Health and Human Services so that patients who are tobacco users receive education about cessation resources and encouragement to stop smoking. It is our intent to also provide patients with cessation resources that will aid them in remaining tobacco-free. This poster will be present the preliminary findings from our referral and follow-up protocol and will showcase the potential learning outcomes received through this intervention so that it may be replicated by not only other universities in South Carolina, but also other areas of addiction, including eating disorders and alcohol dependency, that are commonly associated with the college population.

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Title: "I Gotta Keep Mine Sharp': Concerns about Cognitive Aging among Older People."

Authors: Corwin, S, S.B. Laditka, J.N. Laditka, R. Liu, S. Wilcox, and A. Mathews.

Previously Presented At/Published In: 60th Annual Scientific Meetings of the Gerontological Society of America. November 16-20, 2007. San Francisco, CA.

Abstract:

Recent science suggests we may notably reduce risks of cognitive decline by promoting healthy lifestyles. Increasing life expectancy also focuses attention on cognitive health. A first step in effective health promotion is to better understand attitudes about cognitive aging, the subject of a research effort by the Healthy Aging Research Network and the CDC. We report results from nine focus groups in South Carolina: five African American (n=42), four non-Hispanic white (n=41), ages 45 and over (mean 72); most reported at least high school education. Groups were conducted by trained moderators using a 9-item interview guide. Verbatim transcriptions were analyzed using Atlas.ti. Among other questions, we asked participants, "Tell us about any concerns you may have about your ability to keep your memory or ability to think as you age." Respondents most commonly referred to those with good cognitive health as being "sharp." By far the most frequently reported theme was concern about maintaining memory. Participants expressed concerns about forgetfulness, losing keys, and forgetting appointments or recent events. Other themes with substantial response rates were: cognitive challenges of multi-tasking; effects of aging on social interactions; the importance of remaining independent; and loss of physical functioning, including lack of ability to perform daily activities, loss of strength, and loss of sexual function. Results indicate that the most prominent concern about cognitive aging is memory loss. These results suggest that the public may identify with health promotions focused on memory. They also suggest the usefulness of informing the public about other important brain health domains.

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Title: The Role of Race as a Prognostic Indicator for Determining Survivorship in South Carolina: A First Look into Childhood Cancer Outcome

Author: Jennifer Davis*

Previously Presented At/Published In: Carolina Women's Health Research Forum September 14-15, 2007

Abstract:

Purpose: Racial disparities in cancer survival among adults exist in South Carolina (SC) and may exist for pediatric cancers. The goal of this study is to examine differences in incidence, mortality, mortality incidence ratios, and survivorship between African Americans (AAs) and European Americans (EAs) for all childhood cancer cases.

Methods: Data on all cases (age 0-19) in SC from 1996 to 2004 were obtained. SEER Stat 6.3.5 was employed to calculate age-adjusted incidence, mortality, and mortality incidence ratios. We used the Kaplan-Meier method to estimate survival and compared the overall median survival time. We used Cox Regression modeling to estimate the size of the difference.

Results: EAs were more likely to be diagnosed, but AAs were more likely to die from a pediatric cancer. AAs were twice as likely to die from Acute Myeloid Leukemia as EAs age 0 to 19 years and 2.3 times more likely to die if diagnosed at age 0 to 14. AAs with AML exhibited the highest MIRs. After adjustment for poverty, age at diagnosis, and stage, we determined that AA children were 39% ($HR_{\text{all-cause}}=1.39$ $p<.01$) more likely to die from any cause than EA children. For Leukemia, we found that AA cases were 69% more likely to die than EAs ($HR_{\text{all-cause}}=1.69$ $p=.02$). AA cases with Central Nervous System cancers were 2.21 times more likely to die than EAs ($HR_{\text{all-cause}}=2.21$ $p<.01$).

Discussion: We found race to be a major prognostic indicator for childhood cancer outcome in SC. The current study is unique in that it is the first to examine the role of race in childhood cancer outcome in a state with a large AA population. Timely diagnosis coupled with a speedy treatment plan is integral in circumventing unfavorable outcomes among childhood cancer cases and may present as a primary problem in SC.

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Title: Regional Variations of Population Factors Affecting Birth Outcomes in the United States

Authors: Abdoulaye Diedhiou, MD, MS, PhD(c)*; Jungho Im, Ph.D; & Janice C. Probst, PhD

Previously Presented At/Published In: 135th Annual meeting of the American Public Health Association, November 3-7, 2007, Washington, DC (Abstract # 161552)

Abstract:

Purpose: To analyze patterns of infant mortality (IMR), low birth weight (LBW), and population characteristics (preterm births, birth to teens, births to mothers with late or no prenatal care, and births to unmarried mothers) across the four geographic regions of the US (Northeast, Midwest, South, West).

Data and Methods: Cross-sectional ecological analysis of year 2000 data derived from the Area Resource File and linked with the County Cartographic Boundary File (US Census). 3141 continental counties were analyzed. Mean values were computed and compared by US geographic region using Tukey's test with a significance level at 0.05. Graduated color maps were generated from normalized data, using Jenks' natural breaks classification.

Results: The average IMR and proportion of LBW for the US were respectively 7.34 per 1,000 LB and 7.45 per 100 births. In the South, IMR (8.27 per 1,000 LB) and proportion of LBW (8.54 per 100 births) were significantly higher than in any other region. Similarly, for population risk factors, counties in the South presented significantly higher proportions of preterm births (13.03%), birth to teen mothers (6.28%), and births to unmarried mothers (35.24%) while the averages for the US were 11.62%, 4.90%, and 31.49% respectively. While the proportion of births to mothers with late or no prenatal care was 3.49% for the whole US, the West presented a significantly higher percentage (4.42%). Findings from the spatial analysis mirror statistical results.

Implications for research: Findings suggest that: 1) further statistical analyses are needed to assess the relationship between population variables and birth outcomes; 2) any attempt to assess the relationship between population variables and birth outcomes should account for regional differences.

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Website: N/A

Title: Health Literacy Disparities in South Carolina: Older African American Men's Understanding of Prostate Cancer

Authors: Gregory M. Dominick, MA, PhD (c)*, India D. Rose, MPH (c), Daniela B. Friedman, PhD, and Sara J. Corwin, PhD, MPH

Previously Presented At/Published In: Accepted for an oral presentation at this years' SC Public Health Association conference (May 21-23, 2008)

Abstract:

Purpose: To examine functional health literacy skills and understanding of prostate cancer (PrCA) prevention among older African American (AA) men.

Data Collection & Methodology: A convenience sample (n=25) of AA men aged 50+ years participated in a 30-minute functional health literacy assessment using a modified Cloze procedure and the Shortened Test of Functional Health Literacy (S-TOFHLA). Two examples of written PrCA prevention education materials from reputable government and nonprofit organizations were selected for Cloze tests. Documents differed in reading level (Grade 7.8 vs. 12.8 according to Flesch-Kincaid formula).

Results: Average age of participants was 55.5 (\pm 1.06) years. Most had high school/GED (28%) or some college (24%) education. Mean S-TOFHLA score was 28.28 (\pm 1.98), implying "adequate" comprehension. Mean Cloze scores were .71 (\pm 0.05) for the Grade 8 document and .66 (\pm 0.04) for the Grade 13 document, showing "adequate" comprehension. S-TOFHLA and Cloze (for Grade 8 resource) scores were significantly lower for individuals with less education (S-TOFHLA: p =.011; Cloze: p =.006)

Conclusions: Participants had low but "adequate" comprehension of PrCA prevention information. Cloze comprehension was higher for information written at an easier level. PC prevention education should be appropriate for individuals at all literacy levels to reduce disparities related to access and understanding of cancer information.

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Website: N/A

Title: Associations among preschool quality, policies, and physical activity in 3- to 5-year old children

Authors: Marsha Dowda, William H. Brown, Kerry L. McIver, Karen A. Pfeiffer, Russell R. Pate

Previously Presented At/Published In: N/A

Abstract:

Over 60% of US children who are not yet in kindergarten, are in some form of structured child care. Some evidence indicates that a child's preschool may influence their level of physical activity (PA) while in the preschool setting. **PURPOSE:** To determine if the quality of preschools is associated with the PA of 3- to 5-year old children while at preschool. **METHODS:** A total of 299 children (49.8% female, mean age=4.2 (0.7) years, mean BMI=16.6 (2.8), 48.8% African-American, 41.5% white) attended 20 preschools. Children wore ActiGraph accelerometers for an average of 5.5 (2.1) days for 8.1 (1.5) hours while in preschool. An Early Childhood Environment Rating Scale-Revised Edition (ECERS-R) was completed for each center by one of the investigators. Components of the ECERS-R include 7 subscales (e.g. space/furnishings, activities). A structured interview about PA policies was held with administrators. Mixed model analyses, with preschool as a random variable were used to assess PA variables after preschools were grouped by ECERS-R score (Low, ≤ 5 versus High, > 5). Chi-Square analyses determined which policies were related to ECERS-R. **RESULTS:** 66% of the children were in the higher quality preschools (n=12). After controlling for age, sex, race and BMI, children in preschools with higher ECERS-R scores had lower sedentary min/hr (M=32.8; SE=0.8) than preschools with lower scores (M=36.1, SE=1.1) (p=.01). Also, children in preschools with higher scores had higher moderate-to-vigorous (MVPA, 7.5(0.3) versus 6.2(0.4)) than children in preschools with lower ECERS-R scores (p<.05). Children in preschools with higher ECERS-R scores more frequently had ≥ 3 field trips per month, ≥ 60 min/day of outside play, and their teachers had received recent PA training, than children in preschools with lower scores. **CONCLUSIONS:** Children in higher quality preschools had 3 minutes per hour less sedentary time, and 1 min/hr more MVPA than children in lower quality preschools.

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Title: Establishing Community-Academic Partnerships to Eliminate Health Disparities

Authors: Sandra Glover, PhD, Andrea Williams, MEd, Gwen Preston, MEd

Previously Presented At/Published In : American Public Health Association

Abstract:

The Institute for Partnerships to Eliminate Health Disparities was created to allow the University of South Carolina to enhance its public and private partnerships focused on improving the health status of communities statewide and worldwide. The objectives of the program are: to advance the science directed towards reducing, eliminating, or preventing health disparities; to promote the conduct of research to reduce health disparities; and to increase public trust and dissemination and utilization of scientific and health information relevant to health disparity populations. The geographical areas and specific populations covered in this program comprise: Columbia, SC, Orangeburg, SC, High School/College Graduate Students, and Community Groups. The key program partners consist of the University of South Carolina, Arnold School of Public Health, Institute for Partnerships to Eliminate Health Disparities, Claflin University, Columbia, SC Community, and the Orangeburg, SC Community. Key interventions include partnerships with the state's public health agency, Historically Black Colleges and Universities, secondary schools, and a local hospital system. Current Institute projects include student development programs, a faculty development program, research development and training programs, and community outreach and support programs. . The W. K. Kellogg African-American Fellowship and Development Program is a research network designed to increase interactive research focused on health disparities. The research network is designed to develop African-American students to enter public health training programs and public health careers. The EXPORT Center provides an opportunity for a collaborative research partnership between the University of South Carolina and Claflin University to utilize their strengths to systematically address areas that drastically need additional research.

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Title: Developing an Educational Pipeline to Eliminate Health Disparities: Project EXPORT

Authors: Sandra Glover, PhD, Kim Creek, PhD, Rebecca Dillard, PhD

Previously Presented At/Published In: Intercultural Cancer Council

Abstract:

Health disparities exist for racial and ethnic populations in the United States and are among the most complex and intractable public health problems threatening the nation. To reduce and ultimately eliminate health disparities, innovative strategies are needed to increase the number of African American professionals involved in health disparities research and public health professions. Reducing and eliminating health disparities will require academic and community partnerships that will promote multidisciplinary research, education, training, and service. The Institute for Partnerships to Eliminate Health Disparities was created to allow the University of South Carolina to enhance its public and private partnerships focused on improving the health status of communities statewide and worldwide. Current partners include the state's public health agency, Historically Black Colleges and Universities, secondary schools, and a local hospital system. The EXPORT Center provides an opportunity for a collaborative research partnership between the University of South Carolina and Claflin University to utilize their strengths to systematically address areas that drastically need additional research. The objectives of the program are: to advance the science directed towards reducing, eliminating, or preventing health disparities; to promote the conduct of research to reduce health disparities; and to increase public trust and dissemination and utilization of scientific and health information relevant to health disparity populations. Research activities include: undergraduate research activities focusing on HPV and the vaccine, partnership intervention to reduce cervical cancer using a community-based participatory research model, and working with college students on interventions to reduce HIV/AIDS on college campuses. The evaluation process for this program has consisted of a community-based participatory framework to measure outcomes and impact both summative and formative.

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Website: <http://www.sc.edu/export>
http://www.sph.sc.edu/health_disparities/default.htm

Title: Potential impact of policy changes to eliminate the availability of sweetened beverages in elementary schools: evidence from the Early Childhood Longitudinal Study

Authors: Wendy Gonzalez*, Sonya J. Jones, Edward A. Frongillo

Previously Presented At/Published In: Experimental Biology 2008

Abstract:

Sweetened beverage consumption has been associated with negative nutritional and health consequences for children. Schools, school districts, and states have developed policies to regulate availability of sweetened beverages under the largely untested assumption that such regulation will affect purchase and consumption. We tested whether availability of these beverages in school was associated with children's purchase at school and total daily consumption. The US nationally representative Early Childhood Longitudinal Study-Kindergarten cohort 5th grade panel data were used. Multi-level regression models that accounted for clustering of children in schools examined the relationships of availability, purchase, and consumption behaviors. Sweetened beverages were available in 26% of elementary schools. Children were five times more likely to purchase a sweetened beverage at least once per week if available in school. Availability of alternatives, particularly bottled water, lessened somewhat the probability of purchase of sweetened beverage. In schools where sweetened beverages were available, purchase of these beverages was related to frequent or occasional consumption. Our findings provide evidence that having sweetened beverages available is related to their consumption, suggesting that policy changes to eliminate availability of sweetened beverages could potentially have an impact.

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Title: Diabetes Care: Adherence to Process Indicators of Quality Among Rural Populations

Authors: Nathan Hale MPH,* Janice Probst PhD and Sarah Laditka PhD.

Previously Presented At/Published In: N/A

Abstract:

In a health care system organized to treat acute illness, management of chronic diseases such as diabetes can be challenging. Diabetes care requires screenings, preventive services, self-management education and counseling to be integrated with primary care services treating routine conditions. Meeting ADA recommendations can be particularly challenging for rural areas, which often lacking the infrastructure needed for diabetic care. Our study used nationally representative survey data to examine differences in adherence to diabetes care quality indicators between urban and rural populations.

We used information from the 2005 Behavioral Risk Factor Surveillance System (BRFSS) and the 2005 Area Resource File (ARF), limiting our analysis to persons 18 and older who reported that they had diabetes. For these persons, we examined whether they had received American Diabetes Association recommended care: 2 HgA1c screenings and one lipid screening, foot exam and dilate eye exam in the past year.

A greater proportion of rural than urban persons with diabetes received at least two HbA1c tests (72.6% versus 68.2%; $p=.0055$). This rural advantage persisted in adjusted analysis (OR=1.26, CI=1.06-1.50). Rural residents were slightly less likely to have received a dilated eye examination (66.1% versus 69.82%; $p=.0111$). No significant differences were detected for annual lipid screening and foot exam. No significant differences could be detected for annual lipid testing among rural and urban diabetics (OR=1.01, CI=.74-1.38) or having an annual foot exam (OR=1.06, CI=.90-1.24).

Although rural populations typically have less access to health services, it is encouraging analysis indicates rural populations were actually more likely to have received recommended HbA1c test. Approximately 66% of rural diabetics received a dilated eye exam, well below the Health People 2010 goal of 75%. Availability of specialty services and travel considerations could explain some of differences observed in having an annual dilated eye exam.

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Title: South Carolina Cancer Disparities Community Network

Authors: James R. Hébert, MSPH, ScD on behalf of the South Carolina Cancer Disparities Community Network Team

Previously Presented At/Published In: (N/A)

Abstract:

The South Carolina Cancer Disparities Community Network (SCCDCN) is a partnership of the University of South Carolina, State Young Woman's Auxiliary of the South Carolina Women's Baptist Education and Missionary Convention, and the South Carolina Primary Health Care Association aimed at reducing cancer health disparities. For some time, research has shown us that African Americans in South Carolina fare much worse than the Caucasian population when it comes to cancer health. Until now, knowing that these disparities exist has not always led to programs being delivered that address the problem.

The overall goal of the SCCDCN is to be a partner with the African American faith communities in South Carolina to build programs that help to reduce this disparities gap and build programs that the churches can eventually implement independently of the University. Through this arrangement the SCCDCN hopes to help increase the community's skill level in the areas of grant writing, new program development and the securing of funding. With the resources provided by the National Cancer Institute, the expertise of the University and the enthusiasm of the community, long term changes in cancer health disparities in South Carolina can be realized. Our philosophy and commitment reflects our understanding that we need to work together to get to the bottom of the problem.

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Acknowledgments: The SCCDCN is a program funded by the National Cancer Institute as one of 25 Community Network Programs of the Center to Reduce Cancer Health Disparities. PIs: James R. Hebert and John Ureda, Grant Number: 1 U01-CA114601-01

Website: <http://sccdcn.sph.sc.edu>

Note: Abstracts # 14, 17, 58, 61, 66, 77, 79, and 80 describe research and practice conducted and being conducted with the South Carolina Cancer Disparities Community Network.

Title: Mapping Cancer Mortality-to-Incidence Ratios to Illustrate Racial and Gender Disparities in a High-Risk Population

Authors: James R. Hébert, Sc.D.^{1,2,3}, Virginie Daguise, Ph.D.^{2,3,4}, Deborah M. Hurley, MSPH⁵, Rebecca Campbell, BS^{2,6}, Catishia M. Mosley, MSPH⁵, Swann A. Adams, Ph.D.^{1,2}, Jamie Ritchey, MPH^{1,2}, Robin Puett, Ph.D.^{1,2}, James B. Burch, Ph.D.^{1,2}, Susan E. Steck, Ph.D.^{1,2}, Heather M. Brandt, Ph.D.^{1,7}, Susan W. Bolick-Aldrich, MSPH, CTR⁵

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Previously Presented At/Published In: N/A

Abstract:

Background: Comparisons of incidence and mortality rates are the metrics most commonly used to define cancer-related racial disparities. In the United States generally, and in South Carolina (SC) in particular, these largely disfavor African Americans (AAs). While incidence and mortality are useful metrics for comparison, the mortality-to-incidence rate ratio (MIR) may be more informative in that it represents a population-based indicator of survival. We illustrate MIR mapping, by gender and race, for the six most common cancers in SC.

Methods: South Carolina Central Cancer Registry incidence data and Vital Registry death data were utilized to construct MIRs. ArcGIS 9.2 was used to map cancer MIRs by gender and race for eight Health Regions within SC for all cancers combined, and for breast, cervical, colorectal, lung, oral, prostate cancers.

Results: Racial differences in cancer MIRs were observed for both genders for all cancers combined and for most individual sites. The largest racial differences were observed for female breast, prostate, and oral cancers, with AAs having MIRs almost twice those of European Americans (EAs).

Conclusion: Mapping cancer MIRs provides a powerful way to visualize the scope of the cancer problem. The most striking observation in this analysis is the higher cancer MIRs in AAs compared to EAs for most cancer sites in nearly all regions of SC. Future work must be directed at explaining and addressing the underlying differences in cancer outcomes by region and race. Other regions with access to high-quality data may find it useful to conduct MIR mapping.

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- Funding of the South Carolina Cancer Disparities Community Network (SCCDCN) through grant number 1 U01 CA114601-01 from the National Cancer Institute (Community Networks Program) (JR Hébert, P.I.)
- The South Carolina Central Cancer Registry (SCCCR) for the state cancer incidence and mortality data provided. The SCCCR is funded by the CDC National Program of Cancer Registries, cooperative agreement number [U55CCU421931], and South Carolina Department of Health and Environmental Control (SCDHEC).

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Title: South Carolina’s Center for Cancer Research Excellence – A National Center for Research Resources-Funded Center of Biomedical Research Excellence

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Previously Presented At/Published In (If Applicable): N/A

Abstract:

When funded, South Carolina’s Center for Cancer Research Excellence (SCCCRE) would be the only National Center for Research Resources Center for Biomedical Research Excellence (COBRE) in the nation dedicated to addressing: 1) cancer disparities in human populations and 2) health issues directly relevant to African Americans. SCCCRE is committed to developing junior faculty who are dedicated to broadening and deepening our understanding of the underlying causes of breast and other cancers and addressing the large racial disparities evident in South Carolina. The six, interdependent, **Specific Aims** of the SCCCRE are to:

1. Conduct research projects led by Target Faculty.
 - Project 1: Racial differences in vitamin D, genetic polymorphisms, and breast cancer aggressiveness and prognosis – Susan Steck, Ph.D.
 - Project 2: Inflammatory and obesity marker responses to lifestyle or weight loss interventions in a racially diverse group of breast cancer patients – Swann Adams, Ph.D.
 - Project 3: Circadian rhythm disruption and breast cancer risk in a racially diverse population: observational study and intervention trial – James Burch, Ph.D.
 - Project 4: Physical activity and curcumin in breast cancer: role of macrophage-induced inflammation – Angela Murphy, Ph.D.
2. Establish and support a mentoring program for Target Faculty.
3. Expand existing and develop new Administrative, Bioanalytical, Biometry, and Recruitment Core Support Structures to ensure that projects of existing and newly recruited Target Faculty have the resources needed to be successful.
4. Recruit and support new faculty who will serve the needs of the people of the state long into the future.
5. Solicit, review, fund, and support new small-scale pilot projects that are deemed to be of high scientific merit and high relevant to cancer disparities.

6. Provide participatory, organizational structures that will ensure that the work of SCCCRE serves, and holds accountable, all of its stakeholders, especially high-risk South Carolinians.

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Note: Abstract #37 is the parent grant, South Carolina's Center for Cancer Research Excellence. See also Abstracts # 4, 19, 51, and 67.

Title: Poverty reduction program improves subjective wellbeing, and reduces food insecurity and domestic violence in rural Bangladesh

Authors: Chowdhury Jalal, Edward A Frongillo

Previously Presented At/Published In: *The FASEB Journal*. 2008;22:871.1

Abstract:

Poverty alleviation programs for the extreme poor improve participants' economic status and may also impact other important outcomes that are seldom evaluated. Challenging the Frontiers of Poverty Reduction/Targeting the Ultra Poor (CFPR/TUP), a program implemented by Building Resources Across Communities (BRAC), has been successful in significantly alleviating extreme poverty in rural Bangladesh. We hypothesized that the program also improved participants' subjective wellbeing, and decreased food insecurity and domestic violence. A non-equivalent pre- and post-test quasi-experimental design was used to test the hypotheses. Data were collected from a random sample of 1618 (640 program and 978 control) households across 261 villages under 38 BRAC Area Offices of 3 northern districts of Bangladesh. Linear mixed random-intercept models were used to control for the clustering effects and other potential confounders. Program households were significantly better than the control households in subjective wellbeing ($p < 0.01$), and lower in food insecurity ($p < 0.01$) and domestic violence ($p < 0.01$). The results of this study are highly important as this is a large scale program already extended to half of the country. Findings will contribute in judging the cost-benefit and cost-effectiveness of the program, and in garnering support for the expansion of such programs.

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Title: Preliminary Analysis of Risk Behaviors of African-American Adolescents

Authors: Jelani C. Kerr*, Sarah A. Huggins, Andure Walker, Debra Massey, Naomi Farber, Robert F. Valois

Previously Presented At/Published In: N/A

Abstract:

Purpose: Determine the prevalence of sexual risk-taking, violence, and drug use behaviors of African-American adolescents in Columbia, SC as a component of Project iMPPACS, a multi-level, multi-site HIV/STI prevention intervention.

Subjects: Data were collected on 457 (252 Females; 205 Males) African-American adolescents (age 14-17) before program intervention.

Design: A cross-sectional design was utilized with baseline measurement data collected over one year.

Methods: Audio Computer Assisted Self Interview Surveys assessed baseline measurements for demographics, socioeconomic status, oral and vaginal sexual intercourse, condom usage, substance use (alcohol, tobacco, marijuana) and violent/aggressive behaviors (carrying weapons and physical fighting). Subjects submitted urine samples for testing and subsequent treatment if positive for Chlamydia, Gonorrhea, and/or Trichomoniasis.

Evaluation: Previously validated measures were used to assess health risk behaviors. Sexual history was assessed with questions adapted from the S & M study. Substance use and history was derived from the Youth Risk Behavior Survey. Data to determine STI prevalence derived from urinalysis using Genprobe technology.

Analysis: Frequencies and percentages for demographics, oral & vaginal intercourse, condom use, violent/aggressive behaviors and substance use were determined.

Results: Approximately 72% of participants qualified for free or reduced price lunch at school. Approximately 45% received oral sex and 16% provided oral sex. Fifty-five percent of participants engaged in vaginal intercourse. Of vaginal intercourse participants, 64% reported lack of condom use. Approximately 55% of participants reported lifetime violence/aggressive behavior. Fifty-eight percent of participants reported alcohol use, 61% tobacco use, and 41% marijuana use. Seven percent of the sample was positive for one of three STI's.

Conclusion: African-American adolescents are at conspicuous risk of acquiring STI's and engaging in high risk sexual, substance use, and violent/aggressive behaviors. Programmatic efforts should be directed towards decreasing risk behaviors via effective multi-faceted interventions and effective policies.

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Acknowledgments: This research was funded by the National Institutes of Health and the National Institute of Mental Health.

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Title: 'Puzzles. Doctors say so; everybody's saying they're healthy to do': Older Individuals' Ideas for Promoting Brain Health

Authors: Laditka, J.N., S.B. Laditka, S. Corwin, R. Liu, S. Wilcox, and A. Mathews.

Previously Presented At/Published In: Annual Scientific Meetings of the Gerontological Society of America. November 16-20, 2007. San Francisco, CA.

Abstract:

Understanding attitudes older people have about promoting brain health can help develop effective health promotion efforts to maintain cognitive function, by focusing efforts on risk reduction strategies with a strong science base. There is growing evidence particularly for the value of physical activity, and for reducing vascular risks by avoiding smoking and controlling diabetes and hypertension. The Healthy Aging Research Network and the CDC are collaborating in research to develop a national Roadmap to Maintaining Cognitive Health. We report results from nine focus groups in South Carolina: five African American (n=42), four non-Hispanic white (n=41), ages 45 and over (mean 72), most reporting at least high school education. Groups were conducted by trained moderators using a 9-item interview guide. Verbatim transcriptions were analyzed using Atlas.ti. Among the questions, we asked participants to, "Describe the things we can do to keep our brains healthy, and to keep our memories or ability to think as we age." The most frequently reported theme was physical activity, including dancing, golf, walking, and group aerobics--although in many instances the physical activity recommended by respondents was of inadequate frequency, duration, or intensity compared with established recommendations. Barriers were also noted: "I tried walking on the sidewalks but it's too dangerous." Many described activities that may be promising, but for which relatively little evidence exists: puzzles, reading, computer games. Results suggest opportunities to develop communication strategies highlighting connections between cognitive health and health behaviors for which a strong evidence base exists, and the importance of supportive communities.

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Title: Receipt of routine gynecological exams among sexual minority college women

Authors: Lisa L. Lindley, DrPH, MPH, CHES, Department of Health Promotion, Education, and Behavior, University of South Carolina Arnold School of Public Health, 800 Sumter Street, Columbia, SC 29208 and Heather M. Brandt, PhD, CHES, Cancer Prevention and Control Program, University of South Carolina, 2221 Devine Street, Suite 200, Columbia, SC 29208

Previously Presented At/Published In: N/A

Abstract:

Sexual minority (non-heterosexual) women are at risk for sexually transmitted infections that could be detected during a routine gynecological exam. However, adult sexual minority women generally report lower rates of routine gynecological testing than heterosexual women. With regard to the receipt of routine gynecological exams among younger populations of sexual minority women, very little is known. Secondary analyses were conducted using data from the Spring 2006 National College Health Assessment to determine whether differences existed in having a routine gynecological exam during the past year based on sexual orientation and gender of sex partner(s) of sexually active female college students (n=29,952). Sexual minority college women were significantly less likely to have had a routine gynecological exam during the past year than their heterosexual counterparts. In particular, sexually active female college students who were lesbian (n=271) were 68% less likely (95% CI: 0.25, 0.41) than heterosexual female college students (n=28261) to have had a routine gynecological exam during the past year. Moreover, bisexual college women and women who were “unsure” of their sexual orientation were 2.55 and 2.09 times, respectively, more likely to have had a routine gynecological exam during the past year than lesbian college women. Similar results were reported based on gender of sex partner(s) during the past year. Additional research is needed to understand why sexual minority college women, particularly lesbians, do not obtain routine gynecological exams in order to develop appropriate interventions.

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Title: Project F.A.I.T.H. (Fostering AIDS Initiatives that Heal): Results from a baseline assessment of HIV-related knowledge and stigmatizing attitudes among African American church members

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Previously Presented At/Published In: N/A

Abstract:

In January 2006, the South Carolina HIV/AIDS Council, a community-based organization serving African Americans and other communities hardest hit by the HIV/AIDS epidemic, established Project F.A.I.T.H. (Fostering AIDS Initiatives that Heal) to reduce HIV-related stigma among African American churches and faith-based organizations in South Carolina. Project F.A.I.T.H. was funded as a statewide demonstration project by the South Carolina General Assembly. During its first year, Project F.A.I.T.H. funded twenty-four churches to provide HIV-related programs and services to their congregations and surrounding communities. As part of a baseline assessment, 17 Project F.A.I.T.H. churches collected survey data from 1,159 congregation members measuring their HIV-related knowledge and stigmatizing attitudes. Most congregation members were very knowledgeable about HIV/AIDS and HIV transmission via unprotected sexual behaviors and needle sharing for injection drug use. However, congregation members were less knowledgeable about HIV transmission via casual contact, mosquitoes, donating blood, and an HIV test. HIV-related stigma was low among African American congregation members. Yet, more than one-out-of-every-four congregation members believed that "AIDS was a punishment from God for sin," that "most people with HIV only had themselves to blame," and had little sympathy for "people who get HIV from sexual promiscuity." Moreover, HIV-related stigma was significantly associated with congregation members' age and HIV-related knowledge. These findings may be helpful to HIV prevention efforts targeting African American churches in South Carolina and elsewhere.

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Title: STIs among sexually active female college students: Does sexual orientation or gender of sex partner(s) make a difference?

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Previously Presented At/Published In: N/A

Abstract:

One hundred seventeen U.S. postsecondary institutions self-selected to participate in the Spring 2006 National College Health Assessment and utilized a random sampling technique. A total of 94,806 surveys were completed by students on these campuses, of which 29,952 were non-international, sexually active, females of traditional college age (18-24 years). Secondary data analyses were conducted to determine STI risk among these women based on their self-identified sexual orientation and gender of sex partner(s) during the past year. Sexually active female college students who identified as bisexual (n=1000) were 1.59 times (95% CI: 1.27-1.99) more likely than heterosexual (n=28,261) and 4.24 times (95% CI: 1.83-9.79) more likely than lesbian (n=271) students to be diagnosed with an STI during the past school year. Female students who had both male and female sex partners during the past year (n=609), regardless of sexual orientation, were 2.99 times (95% CI: 2.38-3.75) more likely than students who only had male sex partners (n=28,728) and 4.04 times (95% CI: 2.57-6.35) more likely than students who only had female sex partners (n=615) during the past year to be diagnosed with an STI. Significant differences in number of sex partners, substance use, and having a gynecological exam (past year) were also reported based on sexual orientation and gender of sex partner(s). Results may be useful to sexual health programs targeting female college students. Additional research is needed to understand elevated risk taking among sexually active female college students who have sex with both sexes.

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Title: “We Don’t Know What To Believe Anymore”: Formative Research Identifying Opportunities To Promote Cognitive Health

Authors: Liu, R.*, J.N. Laditka, S.B. Laditka, S. Corwin, S. Wilcox, K. Butler, and A. Mathews

Previously Presented At/Published In: 60th Annual Scientific Meetings of the Gerontological Society of America. November 16-20, 2007. San Francisco, CA.

Abstract:

Increasing life expectancy is focusing attention on cognitive health. Substantial evidence suggests that physical activity and other healthy behaviors may help to maintain cognitive health. To develop effective health promotion efforts, we need to better understand attitudes about, and perceived strategies for, maintaining cognitive function. In a collaborative effort to develop a National Roadmap to Maintaining Cognitive Health, the Healthy Aging Research Network and the CDC are conducting formative research to identify opportunities for health promotion. We report results from nine focus groups in South Carolina: five of African Americans (n=42), four of non-Hispanic whites (n=41). Ages were 45 years or more (mean 72); most reported at least high school education. Groups were conducted by trained moderators using a 9-item interview guide. Verbatim transcriptions were analyzed using Atlas.ti. Among other questions, we asked, “What sorts of things have you heard from TV, radio, newspapers or magazines, the internet, and so forth, about keeping your brain healthy?” Themes among responses included regular exercise, having a healthy diet, taking medications/supplements, avoiding drugs or alcohol, having enough oxygen flow to the brain, and adequate sleep. There was a notable perception of mixed or confusing messages from the media. One characteristic comment was: “Well, let’s face it. We don’t know what to believe anymore.” There was also a consistent perception of a lack of media coverage on the topic of cognitive health. There is a need to provide the public with scientifically accurate evidence suggesting that healthy lifestyles may help to maintain cognitive function.

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Title: Results of a Holistic Prematurity Prevention Program on Palmetto Healthy Start Participants

Authors: Kathryn J. Luchok, Kimberly R. Alston, Jong-Deuk Baek, Marie Meglen, Marlene Mackey, Jessica Mullen

Previously Presented At/Published In: CDC Maternal and Child Health Epidemiology Conference, Atlanta, December, 2007.

Abstract:

Background: Following the HeathyPeople 2010 goal of reducing disparities in birth outcomes, the Prematurity Prevention Partnership (PPP) was designed to extend interventions of South Carolina's Palmetto Healthy Start (PHS). The PPP program goal was to reduce the incidence of prematurity (birth <37 weeks gestation) and low birth weight (LBW) deliveries (< 2500 grams) through a holistic risk assessment of social/ psychological/medical factors. Clients received an individualized service plan implemented through visits by Palmetto Healthy Start staff. The evaluation goal was to assess if prematurity and LBW deliveries were reduced.

Methods: We compared PHS/PPP prematurity and LBW ratios across time as well as compared PHS/PPP ratios to county and state ratios for 2003-2005, using t-tests and X^2 for comparisons. We examined overall ratios and African-American-specific ratios, and baseline and later scores on depressive symptoms.

Results: From June 2003-August 2006, LBW has declined 65% and prematurity ratios have declined 47% for PHS/PPP participants (N=1,326) from 26.5% of LBW births and 24.5% premature (< 37 weeks) to 9.3% LBW and 13.1% premature in this predominately African-American (85%) sample. Over the same period, ratios for the county and state were rising. Births at less than < 32 weeks gestation declined 80% for African-American PHS/PPP participants (from 12.24% to 2.38%) and stayed around 4% for African-Americans in the county and state over the same period. Depressive symptoms for the PHS/PPP participants also significantly decreased.

Conclusions: The program appears to have made great strides in lowering the prematurity ratio among a predominately low-income minority population. The PPP has become integrated into the established Palmetto Healthy Start Program. This program can serve as a model for improving birth outcomes with low-income, high-risk women. Efforts to reduce disparities in birth outcomes should consider incorporating holistic aspects by including psychosocial and medical risk factors when developing individualized service plans.

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Website: N/A

Title: Assessing Medicaid Services for Hispanics in Piedmont and Midland Regions of South Carolina over Four-Year Period (2000-2003)

Authors: Christopher C. Mathis, Jr., Shobha R. Choudhari, & Oni Hasan-McDade

Previously presented at/published in: N/A

Abstract:

As a result of a growing population of Hispanics in South Carolina and a growing need of health care services for them, the researchers proposed to assess the services of the Medicaid program used by Hispanics of age 12-65 from the selected counties in Piedmont and Midland regions of South Carolina for the period of 2000-2003. The necessary data and several scales were constructed from the secondary data source made available by Office of Research and Statistics in South Carolina. The researchers compared the number of Hispanics receiving Medicaid in each county for four years to compare the trend over the defined period; computed the percentage of the Hispanic participants to compare the counties with each other in the regions; computed the changes in percentages of Hispanic participants by comparing years with their previous years to determine the growth in percent of Hispanics receiving Medicaid in each county of both regions. Results showed the overall positive trend in the period as the number of Hispanics receiving Medicaid services increased from 2000 to 2003 in both regions. Oconee county had the highest percents of Hispanics receiving Medicaid in Piedmont regions for all four years. Furthermore, the growth in percents of Hispanics in all years compared to their previous years was positive for all counties except for Greenwood and Saluda in Midland region. This research developed a database and profile on Hispanics receiving Medicaid. Moreover, it can assist state agencies in benchmarking their success regarding the Medicaid services provided to improve the health of the Hispanic families. The research project is sponsored by the 1890 Program and the project assists 1890 Extension to connect to Hispanic communities through EFNEP.

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Title: “When you stay active...your mind is active”: Older adults’ suggestions for aging well and maintaining cognitive health

Authors: Mathews AE*, Laditka SB, Laditka JN, Wilcox S, Corwin SJ, Liu, R., and Friedman, DB.

Previously Presented At/Published In: 2008 South Carolina Aging Research Conference, March 30-April 1, Clemson, SC

Abstract:

Growing evidence suggests physical activity (PA) helps maintain brain health. To promote PA, it is useful to understand perceptions about PA. We report results from nine South Carolina focus groups: five African American (n=42), four non-Hispanic white (n=41), ages 45+ (mean 72); most reported at least high school education. Trained moderators used a 9-item interview guide. Among other questions, we asked: “Please tell us about someone who you think is aging well”; and, “Describe the things we can do to keep our brains healthy, and to keep our memories or ability to think as we age.” Three researchers independently coded verbatim transcripts, identifying themes, issues, and beliefs using grounded theory. Responses to the aging well question included discussions of general activity (“I move around...never sit down”) and structured activity such as exercise classes. Describing activities to keep healthy brains, participants emphasized leisure activities, such as dancing, golf. Compared with whites, African Americans more frequently reported walking and active involvement related to daily living, such as yard work, housework. Few mentioned PA duration, frequency, or intensity. Physical limitations were the most frequently barriers, improving brain health and managing weight the most commonly reported benefits. Results suggest older adults understand PA’s importance, but are less informed about desirable PA duration, frequency, and intensity. Public health communication recommending PA duration, frequency, and intensity while promoting brain health and weight management may be especially effective. Findings also highlight the need for PA programs for older people with physical limitations.

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Title: The Faith, Activity, and Nutrition (FAN) Program: Promoting Physical Activity and Healthy Eating in AME Churches in South Carolina

Authors: Members of the FAN Planning Committee from the University of South Carolina, the Medical University of South Carolina, Clemson University, and the 7th Episcopal District of the African Methodist Episcopal (AME) Church

Previously Presented At/Published In: N/A

Abstract:

Background: The church is a setting with great promise for eliminating health disparities.

Purpose: The Faith, Activity, and Nutrition (FAN) program is a 5-year study that uses a community-based participatory research (CBPR) approach to increase physical activity and promote healthy dietary habits. Sixty churches and 1,600 members will participate in the evaluation of FAN. Clusters within AMEC Districts are randomized to receive the intervention immediately or after a 15-month delay. This poster will describe the CBPR approach and the intervention and evaluation that resulted.

Intervention: University and AMEC representatives (leaders and lay members) met monthly for the first year to develop the intervention and plan for its evaluation. These meetings included discussions about the goals of FAN, a vision of an ideal “health promoting church,” and strategies most likely to meet these goals and vision. The resulting goals and vision were consistent with a structural ecological framework in which the program aims to: (1) increase opportunities for physical activity and healthy eating within the church, (2) encourage the establishment of church guidelines and practices, (3) promote messages through church “media” channels, and (3) ensure that programs and messages are culturally and spiritually appropriate. Two trainings were developed. Church committee trainings focus on guiding churches through a self-assessment and planning process. Church cook trainings are interactive, hands-on, and focus on modifying favorite recipes to be healthier and trying new recipes.

Evaluation: Measurement sessions are conducted at churches at baseline and 15 months later. Members complete questionnaires to assess physical activity and dietary habits; have their height, weight, waist circumference, and blood pressure measured; and wear activity monitors (Actigraphs) for one week. To date, 427 members from 23 churches have participated in baseline measurement sessions.

Future Plans: If successful, the program will be disseminated statewide after the evaluation phase.

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Acknowledgments: This project was funded by the National Institutes of Health, National Heart, Lung, and Blood Institute, 1R01HL083858-01. We also express our appreciation to leaders within the African Methodist Episcopal Church for their support of the program.

Website: N/A

Title: Us versus Them: Are We Not All In This Together?

Authors: Michelle Moody, BA, CHES, Sandra K. Flynn, Ph.D., MSW

Previously Presented At/Published In: Will be presented on Tuesday, May 5, 2008 in Orlando, Florida during the 2008 Centers for Disease Prevention and Control Conference.

Abstract:

Objective: To describe potential barriers to community participation in the activities planned by community diabetes coalitions.

Methods: Over the past 5 years, data on the activities of 22 coalitions have been collected through; observations at community diabetes coalition planned activities, meetings with coalition members, and quarterly activity reports from coalitions.

Results: Observations of association were noted between 6 coalitions with low community participation and 3 potential barriers were identified; lack of racial/ethnic diversity among coalition members, perceptions of status by coalition members, and a lack of community participation in activities planned by the coalitions.

Conclusion: Diversity among coalition membership is essential to the success of the coalitions' initiatives. Awareness of the barriers to community participation can ensure that appropriate steps are taken to maximize community participation. "Going where the people are" will increase community representation within the diabetes community coalition and provide an avenue for successful community interventions.

Learning objectives: 1. Participants will be able to identify potential barriers to community participation in coalition planned activities. 2. Participants will be able to identify strategies for overcoming barriers to community participation in coalition planned activities.

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Acknowledgments: South Carolina Department of Health and Environmental Control Diabetes Prevention and Control Program

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Title: Building Community Networks: Providing Learning Interventions and Increasing Physical Activity

Authors: Rosa Michelle Moody, Kendra Cornell, Valerie Muehleman, Regina L. Nesmith, Melissa O'Quinn, Elneicia Stuckey, Terri Williams

Previously Presented At/Published In: Center for Diabetes

Abstract:

Objectives: To discuss community efforts to address health disparities with a focus on diabetes in two rural South Carolina Public Health Regions. These community networks strategies helped to bridge gaps between community residents and health organizations to improve the health outcomes for county residents.

Methods: In Region VIII, 3 local churches participated in an exercise and nutrition program 3 times a week for 16-weeks. Pre and Post measurements for height, weight, blood pressure, and body mass index were recorded for each participant. In Region VI, community health education forums were conducted utilizing Diabetes 101, a curriculum developed by the South Carolina Diabetes Prevention and Control Program on the signs and symptoms, risk factors, and self-management of diabetes. Also, *Take a Loved One for a Check Up Day* and *Influenza and Pneumonia Campaign* events were sponsored.

Results: As a result of the 16-week exercise and nutrition program, 114.2 pounds were lost and blood pressure readings decreased for 11 participants. Over 100 individuals participated in a series of community health education forums, and 100 people participated in *Take a Loved One for a Check Up Day*.

Conclusions: These efforts demonstrate the effectiveness of community collaborations in identifying resources and creating activities that improved the health outcomes of participants.

Learning Objectives: Utilize and build upon existing resources to improve community health. Participants will strengthen partnerships with local community agencies and organizations to improve resources and health outcomes for residents living with diabetes in rural communities.

Key words: Disparities, physical activity intervention, nutrition, health education

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Website: N/A

Title: South Carolina's Center for Cancer Research Excellence – A National Center for Research Resources-Funded Center of Biomedical Research Excellence: Project 4. Physical Activity and Curcumin in Breast Cancer: Role of Macrophage-Induced Inflammation

Authors: E. Angela Murphy, Ph.D.,¹ J. Mark Davis, Ph.D.,¹ Franklin Berger, Ph.D.,^{5,6,7} James R. Hébert, Sc.D.,^{2,3,4,5}

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Previously Presented At/Published In: N/A

Abstract:

As part of South Carolina's Center for Cancer Research Excellence (COBRE – see abstract by Hébert et al) this project focus is on the benefits of both physical activity and nutrition on reducing incidence of breast cancer. Both physical activity and curcumin (the most bioactive component of turmeric in the Indian spice Currie) have been associated with reduced breast cancer risk and therefore may be of critical public health importance. However, the precise interaction between physical activity and nutrition is seldom addressed. Further, few studies have examined the potential biological mechanisms for such a relationship. Evidence supports a role of reduced inflammation for the benefits of physical activity and curcumin in breast cancer. However, no studies have specifically examined the role of macrophages, primary mediators of inflammation, on these effects. We will determine 1) the independent and combined effects of physical activity and curcumin on breast cancer progression, and 2) whether these benefits result from a reduction in macrophage-induced inflammation. Macrophage-induced inflammation plays an important part in the initiation and progression of breast cancer and it may also be responsible for various sickness behaviors like fatigue, lack of appetite, and body wasting that can drastically decrease quality of life. The majority of breast cancers are associated with non-genetic factors such as inadequate and/or over nutrition and physical inactivity, which can amplify inflammation in a number of ways. The goal of this project is to develop a clinically testable regimen involving physical activity and nutrition to delay and/or prevent breast cancer and to determine if the biological mechanisms of the effects are related to macrophage infiltration and subsequent inflammation that could be targeted by further behavioral and or medical treatment.

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Note: Abstract #51 is part of South Carolina's Center for Cancer Research Excellence (Abstract #37). See also Abstracts # 4, 19, and 67.

Title: Effective Measurement of Problematic Drinking for College Students: Reducing Differential Item Functioning Across Gender and Race

Authors: Thomas F. Northrup, M.A.*

Previously Presented At/Published In: N/A

Abstract:

Few students (aged 18 – 24) recognize alcohol-related problems, seek treatment, or receive efficacious interventions for problematic alcohol use, and inadequate alcohol screening measures for college students are one source of the missed opportunities for detection and referral. Moreover, the ability of commonly used screening instruments to detect alcohol-related problems equally well for Black and White college students has been under-investigated, despite well known differences in alcohol consumption patterns and alcohol-related problems during college across these two races. This dissertation will evaluate four problematic alcohol use screening tests – the Alcohol Use Disorders Identification Test, the Rutgers Alcohol Problem Index, the Young Adult Alcohol Problems Screening Test, and the College Alcohol Problems Scale, revised – all designed to screen people for problematic alcohol use. By subjecting these four instruments to statistical evaluations of invariance (i.e., equality) across gender and race, reliability, criterion validity, and construct validity, a fifth exploratory measure, used to identify college students with problematic alcohol use, will be constructed with items taken from these four measures. The statistical methods and substantive reasoning will allow the creation of a new exploratory measure with the potential to serve as a more equal screening tool of problematic drinking for college students across gender and race.

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Title: Reasons Why Women Do Not Breastfeed: A Southeastern State Study

Authors: Chinelo A. Ogbuanu, MD, MPH,* Janice Probst, PhD, Sarah B. Laditka, PhD, Jihong Liu, ScD, JongDeuk Baek, PhD, and Saundra Glover, PhD

Previously Presented At/Published In: Presented at the CDC MCH Epidemiology conference, Atlanta, GA, December 2007; and the AMCHP conference, Alexandria, VA, March 2008

Abstract:

Purpose: Despite the increase in breastfeeding initiation and duration in the United States, only five states have met the three Healthy People 2010 breastfeeding objectives. Southern States namely South Carolina, Arkansas, and Alabama record low breastfeeding rates. Our objectives are to study women's self-reported reasons for not initiating breastfeeding; and to determine whether these reasons vary by race/ethnicity, other maternal, and hospital support characteristics.

Subjects: The subjects were recent mothers of live singletons.

Design: The study was based on a cross-sectional survey.

Methodology: Data were from the 2000–2003 Arkansas Pregnancy Risk Assessment Monitoring System. Restricting the sample to women who did not breastfeed (Unweighted N = 2,917), we categorized reasons for not breastfeeding as individual (for example, feeling embarrassed), household responsibilities, and circumstances (for example, returning to work or school).

Analyses: Descriptive analyses were done using chi-square tests. Potential confounders were adjusted for by multiple logistic regressions (SUDAAN 9.0).

Results: 37.7% of women did not initiate breastfeeding. The prevalence of non-initiation was higher among non-Hispanic Blacks (66.3%) than among non-Hispanic Whites (Whites; 33.7%). Among those who never breastfed, individual reasons were most frequently cited for non-initiation (59.3%). After adjusting for covariates, Blacks had 1.36 greater odds of citing individual reasons than Whites (95% CI = 0.99 – 1.85). Women who indicated that the hospital staff did not teach them how to breastfeed had two times greater odds of citing individual reasons (OR 2.01; 95% CI = 1.14 – 3.54) or reasons related to household responsibilities (OR 2.27; 95%CI = 1.16 – 4.43) than women who indicated they were taught.

Conclusions: Findings suggest that women who do not initiate breastfeeding commonly cite individual reasons, especially among Blacks. Identifying reasons for not breastfeeding may help health care workers provide targeted interventions.

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Website: N/A

Title: Building Capacity for Minority-Based Community-Based Organizations

Authors: Willie H. Oglesby* and Donna L. Richter

Previously Presented At/Published In: (N/A)

Abstract:

Responding to community calls to stem the rising tide of HIV infection, especially in communities of color, the Centers for Disease Control and Prevention tasked the University of South Carolina with conducting a comprehensive national needs and assets assessment of HIV prevention program managers. The results of this national assessment, and subsequent assessments, informed the development of an intensive 9-month educational program designed to build individual and organizational capacity in the areas of public health practice and strategic planning and management. Participants, called “scholars”, remain actively engaged in application-based learning through on-site educational instruction and distance-based learning. Since January 2000, more than 280 scholars have completed the 9-month program. They come from communities located in 36 states and territories. Upon completion of the 9-month program, they advance to being called “fellows” and participate in advanced seminars on selected topics. An overview of the Institute for HIV Prevention Leadership will be presented.

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Website: <http://www.ihpl.org>

Title: South Carolina Partnership for Cancer Prevention

Authors: Deborah Parra-Medina, PhD, DeAnne K. H. Messias, PhD., Elizabeth Fore, PhD.,
University of South Carolina

Previously Presented At/Published In: Poster Presentation at the Cancer Health Disparities Summit, National Cancer Institute, Washington DC. (August 2002)

Abstract:

The goal of this community-based, participatory research was to develop health partnerships and community capacity around Hispanic health issues, specifically the prevention and early detection of cervical cancer among recently immigrated Latinas in South Carolina. We used a model of community mobilization and sustainability to build the partnership and conduct the research. The Partnership for Cancer Prevention (PCP) began as an initiative of the South Carolina Hispanic/Latino Health Coalition and brought together representatives of universities, Latino community-based organizations, cancer support agencies, and other public and private health care organizations. This multidisciplinary team assessed needs and resources, identified gaps in knowledge about recently immigrated Latinas' access to preventive cancer services, and developed and implemented a research plan to assess provider cultural competency and identify Latinas' perceived needs.

The research included the development and implementation of cultural competency surveys which were administered to 76 providers and clinic support staff 14 community health sites. To explore the Latinas' knowledge, attitudes, experiences and behaviors associated with cervical cancer screening, we conducted focus groups with 38 Latinas, the majority of whom were of Mexican origin and self-described as housewives. The PCP identified the following strategies for addressing barriers to access and promoting CC cancer screening among local Latinas:

- Address language barriers by providing trained interpreters or Spanish-speaking staff.
- Improve provider-patient relationships and trust through cultural education and training.
- Provide linguistically and culturally appropriate information about availability, accessibility, costs, and benefits of services.
- Bring information and services **to** the local Latino community and use lay informants to mobilize the community

The PCP's current project is the *Latina Initiative*, a community-based education and outreach program to promote the prevention and early detection of breast and cervical cancer among local Latinas, funded through the American Cancer Society and the South Carolina Cancer Alliance.

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Website: N/A

Title: Association of Asthma Management and Insurance Type Among Children in the United States

Authors: Crystal N. Piper, PhD, Sandra Glover, PhD, Keith Elder, PhD, Jong-deuk Baek, PhD

Previously Presented At/Published In: Columbia University Teacher's College

Abstract:

Asthma is one of the leading chronic illnesses among children in the United States. In 2004, approximately 4.8 million children in the United States under the age of eighteen years old had asthma and it is estimated that other children have undiagnosed asthma. Asthma creates a burden on racial and ethnic minorities and low-income children. It has been well documented and recognized that in the United States asthma is more prevalent and critical among Black children than among White children.

Objective To analyze insurance type and the relationship between having an asthma management plan among children with asthma.

Methods Parametric testing using Univariate/Bivariate/Multivariate analysis was performed to examine asthma management plan physician recommendations and insurance type among children in the United States utilizing secondary data analysis of the 2002 and 2003 National Health Interview Survey.

Results Findings showed Whites were significantly more likely than Blacks to have an asthma management plan (OR=1.66, p=.0031). Children with private insurance were less likely to have an asthma management plan. In this study children who reported CHIP coverage were twice as likely to have an asthma management plan (OR=2.28, p=.0066).

Discussion These findings indicate that health insurance type is a predictor in physician recommended asthma management plans. Mandating all insurers provide an asthma management plan to children with asthma may reduce the race-based inequities and differences in insurance type in the plans. Requiring emergency room physicians to provide children with an asthma management plan at the end of their visit for an asthmatic episode may improve self-management, and target those children that do not receive an asthma management plan from their primary care physician. Methods to convince primary care providers to embrace management efforts to control asthma are essential.

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Title: Beliefs and Perception of Risks Among Women That Have Never Been Tested for HIV in the United States

Authors: Health Disparities Research Network: Piper, C., Glover, S., Olatosi, B., Charlemagne, S., Campbell, D., Flynn, S., Ogbuano, C., Williams, E., Annang, L., & W. Lee

Previously Presented At/Published In: N/A

Abstract:

Women's health is impacted by intricate cultural, social, and biological interconnected factors. For many years women's health research and policy has been centered on reproductive health, but recently other public health issues associated with women have arose and need to be addressed. There is a disproportionate burden of some health conditions such as HIV/AIDS among minority women, particularly African American (64.1%) and Hispanic (15.1%) women who accounted for more than three fourths of the women living with HIV/AIDS in 2005. The purpose of this study is to examine the correlates of non-utilization of HIV testing services among women age 18-64 in the United States. This study is a retrospective study and secondary data analysis of the 2006 National Health Interview Survey. Parametric testing using Univariate/Bivariate/Multivariate analysis was performed to examine perception of getting HIV among women in the United States. The results of this study found that over 50% of the women reported never being tested for HIV. In multivariate analysis using SAS callable SUDAAN, women that had not been tested for HIV that believed they had no risk of getting HIV were more likely to have never been married (OR=2.98, p=.0013). In this study, women that had not been tested for HIV that believed they had no risk of getting HIV were more likely to report some of the time they feel so sad nothing can cheer them up (OR=1.10, p=.0015). Women in this study that had not been tested for HIV that believed they had no risk of getting HIV were more likely to report having less than an high school diploma (OR=.35, p=.0022). Findings from this study can lend themselves to the development of more efficient and sustainable interventions to prevent HIV infection and decrease high-risk behaviors among more susceptible populations and for the development of HIV testing policy.

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Title: Screening Behaviors of South Carolina Cancer Disparities Community Network Baseline Survey Respondents

Authors: Delores Pluto, Olga Ogooussan, Larcennia Simpson

Previously Presented At/Published In: This abstract updates data presented at Academy Health 2007, Orlando, FL and APHA 2007, Washington, DC.

Abstract:

BACKGROUND: African Americans suffer a disproportionate burden from cancer. In South Carolina, the disparities are even greater. The overall goal of the NCI-funded South Carolina Cancer Disparities Community Network (SCCDCN) is to lessen the burden of cancer in the African American community through partnerships with the State Baptist Young Woman's Auxiliary (YWA) of the Woman's Baptist Education and Missionary Convention (BEMC).

STUDY DESIGN: Surveys were conducted with 23 BEMC churches throughout South Carolina on lifestyle and screening behaviors related to cancer prevention and control. The study sample included African American women and men ages 18 years and over.

RESULTS: A total of 1186 people completed the survey, of whom 748 (63%) were women and 438 (37%) were men. Among female respondents, 73% had a Pap smear in the past 2 years, 72% of women age 40+ had a mammogram in the past 2 years, and 58% of women age 50+ had a colonoscopy or sigmoidoscopy within the past 5 years. Among the male respondents, 66% of men age 40+ had a Prostate Specific Antigen test (PSA) in the past 2 years and 69% of men age 50+ had a colonoscopy or sigmoidoscopy within the past 5 years.

CONCLUSIONS: Although a majority of African-American men and women report receiving age-appropriate cancer screening, there is still room for improvement. The SCCDCN, in partnership with the YWA, is well positioned to work with churches and provide evidence that can help direct policy, practice, and delivery to improve cancer screening rates. See the South Carolina Cancer Disparities Community Network poster for more information about the SCCDCN.

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Note: Abstract #58 is part of the South Carolina Cancer Disparities Community Network. See Abstract # 35 and Poster # 7.

Title: Can ethanol and menthol's effect on the permeation and reservoir formation of the tobacco carcinogen, N-nitrosornicotine (NNN), explain large racial disparities in squamous cell cancers of the esophagus (SCCE)?

Authors: Carryn H. Purdon¹, Jin Zhang¹, James M. Chapman^{1,4}, James R. Hebert^{2,3}, Daniela K. Nitcheva², and Eric W. Smith.¹

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Previously Presented At/Published In: N/A

Abstract:

Background: Large unresolved racial disparities in squamous cell cancers of the esophagus (SCCE) motivate a search for environmental influences that may affect absorption and retention of tobacco carcinogens in the tissues of the aero-digestive tract. African Americans, who have anomalously high rates of SCCE, also tend to smoke mentholated cigarettes.

Objectives: To determine if the use of mentholated cigarettes may help to explain elevated rates of SCCE in African Americans.

Methods: Using a fully validated *in vitro* diffusion system, we quantified the effect of ethanol and menthol, substances that are commonly consumed together in high-risk individuals, on the rate of N-nitrosornicotine (NNN) absorption from both normal saline and artificial saliva containing bovine submaxillary mucin.

Results: Markedly different extents of permeation and reservoir formation for the tobacco carcinogen were recorded in the presence of combinations of ethanol, menthol, normal saline, and saliva delivery vehicles. Water-soluble NNN permeated the membrane rapidly, and significantly different extents of reservoir formation were observed. Alcohol (at 5% concentration) did not influence the permeation of NNN from normal saline but did significantly increase the permeation from artificial saliva. In both normal saline and artificial saliva, 5% alcohol significantly increased the reservoir formation of NNN in the esophageal tissue. A mentholated donor solution (0.08%), in both normal saline and artificial saliva, increased the flux of NNN, and mentholated artificial saliva significantly increased the tissue reservoir formation. The different delivery systems and the presence of penetration enhancers appeared to be key factors in the absorption and cellular binding processes of NNN.

Conclusions: These results support the hypothesis that the use of mentholated cigarettes, or the concomitant consumption of alcohol while smoking, may have marked effects on the fate of tobacco-borne chemicals. This finding may help to explain elevated rates of SCCE in African Americans who predominantly consume mentholated cigarettes.

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Website: N/A

Title: Mobilizing Against Threats to Community Health: A Systematic Approach to Addressing New and Emerging Infectious Diseases in Disenfranchised Populations

Authors: Donna L. Richter, EdD, FAAHB; Saundra H. Glover, MBA, PhD; Minnjuan W. Flournoy, MPH, PhD(c)

Previously Presented At/Published In: N/A

Abstract:

The University of South Carolina's Arnold School of Public Health and the USC Institute for Partnerships to Eliminate Health Disparities are engaged with key community partners in a unique new effort to *Mobilize Against Threats to Community Health*. This initiative aims to protect the public's health now and in the future by preparing for new and emerging infectious diseases. The MATCH project is funded by the W.K. Kellogg Foundation to address the collaboration/coordination issues that hinder effective preparation and planning for the threat of animal-to-human transmission of disease—particularly among underserved populations and disenfranchised communities. The purpose of the MATCH project is to enhance community involvement in preparing for and responding to new and emerging infectious diseases that represent threats to community health. Within this project, the specific areas of emphasis addressed by USC have been health disparities and health communication, focusing on issues of differential preparedness and response. A specific intent of this project has been to develop and implement a public health leadership training initiative for community stakeholders designed to build capacity in mobilizing against threats to community health. To ensure a broad national reach and appropriate community-level emersion, USC is working with the network of 1890 Institutions—particularly the extension services—as partners in fostering community engagement. The involvement of extension directors and, more specifically, their assistants and agents is serving to cultivate the next generation of public health leaders while also supporting the multi-state engagement that is fundamental to the overall 1890 network.

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Title: Using a Multi-level Conceptualization of Health Literacy to Explore Older African American Men's Knowledge, Information Seeking, and Resource Needs about Prostate Cancer Prevention

Authors: India D. Rose, MPH (c)*, BS, Gregory M. Dominick, MA, Sara J. Corwin, PhD, MPH, Daniela B. Friedman, PhD
Authors' Affiliation: Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina

Previously Presented At/Published In: University of South Carolina, Graduate Student Day, April 2, 2008

Abstract:

Purpose: To determine older African American (AA) men's knowledge, information seeking, and message needs in an effort to improve their interactive and critical health literacy skills about prostate cancer (PC) prevention.

Subjects: 25 AA men aged 50 years and older in Columbia, South Carolina.

Data Collection & Methodology: Purposive sampling was used to identify 25 AA men (50+ years) for participation in in-depth interviews (n=6) or focus groups (n=6). An 8-item interview guide included questions about participants' *interactive health literacy* (i.e., skills involved in cancer information seeking) and their *critical health literacy* (i.e., capacity to use cancer information and be empowered to change behavior).

Evaluation & Analysis: The sessions were audiotaped, transcribed verbatim, and imported into NVivo7 for analysis. Transcripts were reviewed for recurrent themes about men's PC knowledge, information seeking, and resource needs.

Results: Most participants had misconceptions about risk factors for PC and had never actively sought out PC resources. Many wanted clear information delivered "word-of-mouth" by women (e.g., family members, spouses) and church pastors. Several men said they desired PC risk and screening information that recognized family history of PC. Having this information, according to participants, would give them control, increase the likelihood of screening, and assist them in modifying risk behaviors. They would also be likely to "pass on" PC information to family and friends as long as messages were accurate and consistent, even if not tailored specifically for AAs.

Conclusions: Results revealed that participants lacked both interactive and critical literacy skills, but they expressed a strong desire to improve their PC literacy by being empowered with information. Women and pastors were considered trusted sources of information and could serve as agents for delivering PC education to AA men.

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Website: N/A

Title: M.E.S.S. (Mothers Eliminating Secondhand Smoke): An Evidenced-Based Program To Reduce Secondhand Smoke Exposure within Faith Communities

Authors: Dolores B. Scott, MEd ¹, John R. Ureda, DrPH ², Michael J. Gibson, MPH, MD ³, Camelia Vitoc, MD, MPH ⁴, Sharon Biggers, MPH ⁴, James R. Hebert, ScD ⁵. (1) Division Of Tobacco Prevention and Control, Department Of Health And Environmental Control, 1777 St. Julian Place, Room 145c, Columbia, SC 29204. (2) Insights Consulting, 2728 Wilmot Ave, Columbia, SC 29205. (3) Carolina Community Based Health Supports Networks, 3120 Beltline Boulevard, Suite 106, Columbia, SC 29204. (4) Bureau of Community Health and Chronic Disease Prevention, SC DHEC, 1777 St Julian Place, Columbia, SC 29204. (5) Cancer Prevention and Control Program, University of South Carolina, 2221 Devine Street, Suite 200, Columbia, SC 29205.

Previously Presented At/Published In: American Public Health Association 135th Meeting and Expo, November 2007, Washington, DC

Abstract:

Cancer disparities exist within South Carolina, and some are among the highest experienced by African Americans in the United States. For lung cancer, African American men have the highest rates of incidence and mortality of any population group studied in the state. Tobacco use is well accepted as the primary cause of most lung cancers. Elimination of tobacco use would reduce the numbers of lung cancer deaths by close to 90%. Faith-based organizations have been repeatedly demonstrated as effective channels for spreading health messages. For many communities, and particularly for African Americans living in the southeastern United States, churches, or faith communities, play a significant role in people's lives. Utilizing a community-participatory approach, a model for reducing exposure to secondhand smoke and the prevalence of smoking via education and advocacy in a faith-based community setting was validated and documented. M.E.S.S. is a pledge and policy-based program designed to ensure the overall well-being of women and children through the creation of voluntary smoke-free homes, smoke-free vehicles and smoke-free faith communities. Its primary goal is to reduce exposure to secondhand smoke by reducing smoking among women, preventing the initiation of tobacco use among children and promoting a tobacco-free environment within the faith-based setting.

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Website: <http://sccdcn.sph.sc.edu>

Note: Abstract #62 is part of the South Carolina Cancer Disparities Community Network. See Abstract # 35 and Poster # 7.

Title: A culturally tailored diet and exercise program for underserved women

Authors: Patricia Sharpe, PhD, MPH, Deborah Parra-Medina, PhD, MPH, Sonya Jones, PhD, Donna Strong, MPH, Tom Hurley, MS, Brent Hutto, MSPH, Rosie Hopkins-Campbell, MPH, Jean Butel, BS, Emily English, BS

Previously Presented At/Published In: N/A

Abstract:

This is a 5-year community-based, randomized controlled trial funded by the National Institutes of Health (NIDDK) under the program announcement: *Health Disparities Among Minority and Underserved Women*. Overweight and obese women ages 25 to 50 who live in Census tracts with high rates of poverty in the city of Columbia will be enrolled in a culturally tailored educational and social support intervention. Focus groups with women from these neighborhoods, as well as advice from community lay leaders, will guide the project's development. Learning opportunities will focus on maximizing the women's knowledge and skills through experiential learning; identifying social and community-level barriers to success and engaging in group-based problem-solving activities; and providing a socially supportive group environment. Skills related to healthy cooking, menu planning, shopping, gaining access to community resources and getting moderate exercise will be tailored to the women's culturally-based preferences, economic realities, and family responsibilities. Group facilitators will include a nutritionist, an exercise specialist, and a health educator. Outcomes of interest include weight loss, reduced waist circumference, increased fruit and vegetable intake, reduced intake of saturated and trans fats, reduced total caloric intake, increased self-efficacy and social support, and increased moderate-intensity physical activity. The project is guided by principles of community participation, Social Cognitive Theory and Behavior Modification, Relapse Prevention, the Socio-Ecological model, and the Multi-Dimensional Model of Cultural Sensitivity. Over three years, 180 women will be enrolled in the study

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Michelle L. Granner, PhD, of the University of Nevada, Reno, and Barbara E. Ainsworth, PhD, MPH, are consultants on the project. Robert McKeown, PhD, University of South Carolina, is the Data Safety Monitor.

Website: N/A

Title: Knowledge, Attitudes, and Behaviors Related to Human Papillomavirus Infection among Rural, Economically Disadvantaged Women

Authors: Patricia A. Sharpe, PhD, MPH; Heather M. Brandt, PhD, CHES; Donna H. McCree, PhD, MPH, RPh

Previously Presented At/Published In:

Scientific meeting of the International Society for Sexually Transmitted Disease Research, Seattle, Washington, July 2007.

Abstract:

Human Papillomavirus (HPV) is a sexually transmitted virus that causes cervical cancer. Women, aged 18-64, in the Pee Dee region of SC completed a telephone interview. All had received an abnormal Pap result and been tested for HPV DNA within the previous 120 days and been informed of results. Clinic protocol in place prior to the study was reflexive HPV DNA testing for all Pap test results showing Atypical Squamous Cells of Undetermined Significance (ASCUS) or higher.

Response rate was 78% (n=206) of those who consented to the interview. Mean age = 40.8 years; 67% African American, 29% white, 4% some other race. Educational levels were: 40% <than high school, 31% high school graduates, 29% had college/technical school training.

Even though 100% had received an abnormal Pap test result and 36% tested HPV+ within the past 120 days, 85% self-reported an abnormal result within past 5 years; 24% self-reported HPV positivity; 52% had ever heard of HPV. The 108 women who had heard of HPV answered 17 statements about HPV. At least 75% answered correctly to 5 of the items, while $\leq 50\%$ responded correctly to 10 of the items. Among all 206 respondents, avg. number of male sex partners in the past 12 months was 1.2 (SD=0.98). Mean number of lifetime male sex partners was 7.1 (SD=11.10). Of the 39 women who self-reported HPV positivity and had a main sex partner, 74% (n=29) had told the partner they have HPV; 66% (n=19) reported that having HPV had not changed their relationship with their main sex partner. Since telling their partner, 52% (n=15) have not used condoms. Education regarding cervical cancer risk reduction tailored to women's culture and literacy is needed.

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Website: N/A

Title: Breast Cancer Survival among Economically Disadvantaged Women: The Influences of Delayed Diagnosis and Treatment on Mortality

Authors: Emily Rose Smith, MSPH*; Swann Arp Adams, PhD; Irene Prabhu-Das, PhD; Matteo Bottai, ScD; Jeanette Fulton, MD; and James R. Hebert, ScD

Previously Presented At/Published In: N/A

Abstract:

Breast cancer (BrCA) impacts thousands each year in the United States, and disproportionately affects certain subgroups. For example, in South Carolina the incidence of breast cancer is lower in African American compared to European American women by about 12-15%, but the mortality rate is twice as high as in European American women. The purpose of the study was to assess factors associated with BrCA mortality between African-American and European-American women. Participants (n=314) of South Carolina's Breast and Cervical Cancer Early Detection Program (SCBCCEDP) in 1996-2004, which provides BrCA screening and treatment services, were included in the study. Data, including tumor characteristics, delay intervals, and race, were examined using Wilcoxon rank-sum or t-test statistics and Kruskal-Wallis tests. Cox regression modeling was used to assess the relationship between delay intervals and other factors. No racial differences were found in age at diagnosis, tumor characteristics, or delay intervals. Time delay intervals did not explain differences and mortality rates by race. Survival, however, was affected by prognostic factors as well as by a significant interaction between hormone-receptor status and race. Despite the excellent record of the SCBCCEDP in screening and diagnostic or treatment referrals, racial disparities in BrCa mortality continue to exist in South Carolina. These findings highlight the need for future research into the etiology of racial differences, and their impact on BrCa survival.

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Title: Tobacco Use among College Students Attending an HBCU

Authors: Smith JH*, Brandt HM, Hebert JR, Elder KT, Ashford-Carroll T

Previously Presented At/Published In: N/A

Abstract:

A considerable number of young adults use tobacco products regularly or socially. Traditionally cigarette smoking has been associated with low education and low income status; however, the use of tobacco among college students portrays a frightening picture. In a survey conducted by the CDC, young adults aged 18 years and older had the highest percentage of current cigarette smoking in 2005 (24.4%). Cigarette smoking is the single most preventable cause of premature death in the United States, moreover, smoking-related diseases and consequent deaths due to these diseases are increasing. Several studies offer information concerning cigarette use among college students, however very few expand smoking prevalence beyond cigarette smoking and similar studies among minority institutions are almost non-existent. This study proposes to extend and expand on the science by collaborating with Benedict College, a Historically Black College and University (HBCU), as a case study to explore factors associated with tobacco use among college students; and by surveying and interviewing students, faculty, and administrators on the campus of an HBCU. Benedict College is one of six HBCUs located in South Carolina and has recently enacted a smoke-free campus policy. The questionnaire was developed based on existing instruments used on college campuses and newly incorporated items (e.g., sociodemographic characteristics, tobacco knowledge, family history, related behaviors) that will be used to assess tobacco prevalence. Also, Benedict faculty and administrators will be interviewed for their perception of the public health problem, and the successes and failures thus far in the campus becoming smoke-free. This study will fill a significant gap in the literature and in public health policy by exploring tobacco use among AA students as well as the effectiveness of deterrence of tobacco use by the implementation of a smoke-free campus policy.

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Acknowledgments: This project, “Tobacco Use among College Students Attending an HBCU,” is funded by the National Institutes of Health as part of the South Carolina Cancer Disparities Community Network.

Website: <http://sccdcn.sph.sc.edu>

Note: Abstract #66 is part of the South Carolina Cancer Disparities Community Network. See Abstract # 35 and Poster # 7.

Title: South Carolina's Center for Cancer Research Excellence – A National Center for Research Resources-Funded Center of Biomedical Research Excellence: Project 1. Racial differences in vitamin D, genetic polymorphisms, and breast cancer aggressiveness and prognosis

Authors: Susan E. Steck, Ph.D., M.P.H., R.D.,^{1,2,3} Kim Creek, Ph.D.,^{3,4} James R. Hebert, Sc.D.,^{1,2,3,5} Sue Heiney, RN, Ph.D.,^{2,3,6} William Butter, M.D.,^{3,7} Lucia Pirisi-Creek, MD,^{3,4} Andrew Lawson, Ph.D.,^{1,2} John Vena, Ph.D.²

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Previously Presented At/Published In: N/A

Abstract:

Designed as part of South Carolina's Center for Cancer Research Excellence (COBRE – see abstract by Hébert et al) this project focus is on racial disparities in the incidence, aggressiveness, tumor stage, and mortality due to breast cancer. Evidence suggests a role of vitamin D in breast cancer prevention and prognosis. The prevalence of vitamin D insufficiency is higher in African-American (approximately 40%) than European-American (approximately 5%) women. Allele frequencies of polymorphisms in the vitamin D receptor (VDR) gene differ by race. The VDR is a nuclear hormone receptor which mediates the action of vitamin D. We will examine whether vitamin D exposure and polymorphisms in *VDR*, *CYP24A1*, and *CYP27B1* genes, which regulate vitamin D metabolism, differ by race and aggressiveness of the tumor (as defined by stage, grade and ER/PR/HER2 status). We also will examine the individual and joint effects of vitamin D exposure and genetic polymorphisms on disease-free survival by race. Breast cancer patients (n=400 total; 33% African-American, 67% European-American) in greater Columbia who have donated blood samples to the South Carolina Cancer Center (SCCC) Tissue Bank and have agreed to be recontacted will be eligible. We will collect additional blood specimens, measure skin pigmentation, and administer a set of questionnaires to collect data on lifetime sunlight exposure, dietary and supplement intake, physical activity, demographics, and breast cancer risk factors. Information on treatment, aggressiveness of the disease, recurrence, and mortality also will be obtained and analyzed. Serum vitamin D metabolites and genotypes in genes related to vitamin D function and metabolism will be compared in more aggressive disease versus less aggressive disease and by race. Given the rich resource of data available from this project, this study will enable the examination of multiple factors that may influence racial disparities in BrCA aggressiveness and survival.

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Website: <http://cpcp.asph.sc.edu>

Note: Abstract #67 is part of South Carolina's Center for Cancer Research Excellence. See also Abstract # 4, 19, 37, and 51.

Title: Empowering Latinas to Lash-Out Against AIDS/STIs (ELLAS) Project

Authors: Myriam E. Torres, PhD, MSPH; Edena Meetze, DrPH (c); Lisa Lindley, DrPH; DeAnne Messias PhD, RN; and Donna Richter, EdD

Previously Presented At/Published In: N/A

Abstract:

ELLAS is a four-year exploratory research project that focuses on the HIV counseling and testing experiences, beliefs and practices of pregnant Latinas and their prenatal care providers in South Carolina. This cross-sectional study will use surveyor administered surveys, focus groups and face-to-face and/or telephone interviews to collect quantitative and qualitative data from pregnant Latinas and health care providers from one of the 5 study sites in Dillon, Lexington, Marion, Richland or Williamsburg Counties.

Data collected will be used to: (a) complement the insufficient information about perinatal HIV testing behaviors among pregnant Latinas; (b) help researchers gain a better understanding of the barriers associated with the prenatal counseling sessions that occur among health care providers and their Latina patients; (c) identify sociodemographic and behavioral factors that are associated with prenatal HIV testing among this population and to advance scientific knowledge about these factors; and, (d) identify areas where prevention strategies are not reaching this population or the reasons they are not being followed or understood.

Findings from the formative evaluation will then be used to develop and pilot test culturally tailored prenatal care and HIV testing materials and messages for health care providers and Latino communities. The “Comenzando Bien” (Good Start) Program at Palmetto Richland Hospital in Columbia, SC will be used to pilot test the materials and messages with pregnant Latinas and Eau Claire Cooperative Health Centers, Inc will be used to pilot test with the health care providers.

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Title: Breast Cancer: Knowledge, Attitudes and Practices Among South Carolina Women

Authors: Omici N. Uwagbai*, Gemma Geslani#, Rachel Bowman*, Heather Brandt** and Lucia Pirisi*.

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Previously Presented At/Published In: Not yet published, manuscript in preparation

Abstract:

The focus of this study was to determine women's knowledge of risk factors, attitude towards breast cancer, and practice of breast self exams. Self-administered questionnaires were randomly given to female participants to test their knowledge, attitudes, and practices toward breast cancer, during the course of public events organized to raise awareness of breast cancer and women's health issues, in Columbia and Orangeburg, SC. A total of 164 participants, mostly adult women (76% were of ages 18-49, an additional 16% were 50 and older) were included in this study. Participants could earn a total of fifteen points on the knowledge, attitude, and practice (KAP) score. The average knowledge, attitude, and practice (KAP) score was 58.2% (N = 164). Common misconceptions of mammography, such as it being an extremely painful examination, were observed from participants' responses. Overall, 74% of participants were categorized as possessing satisfactory knowledge of breast cancer, and 71.5% reported performing breast self-exams, at least occasionally. While these figures are encouraging, one must notice that the women interviewed were mostly well-educated (currently college students, or college graduates). Women identified a series of barriers to thorough and comprehensive breast cancer screening, particularly to regular clinical breast exams and mammography screening. Among the reasons most often mentioned were: fear of a positive diagnosis, fear of the test itself (believe to be very painful), lack of insurance, lack of transportation. These findings indicate that efforts to prevent breast cancer in South Carolina should focus on concrete interventions to make screening and follow-up accessible and affordable.

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Acknowledgments:

This work was supported by grants from the USC Office of Research and Health Sciences, the South Carolina Multicultural Arts Center. Inc. and the Arnold P. Gold Foundation.

Website: <http://www.scmcac.org> "Artists Against Breast Cancer"

Title: Soil Zinc Content, Groundwater Usage, and Prostate Cancer Incidence in South Carolina

Authors: Sara E. Wagner, MSPH^{1,2*}; James B. Burch, MS, PhD^{1,2}; Jim Hussey, PhD²; Tom Temples, PhD³; Susan Bolick-Aldrich, MSPH, CTR⁴; Catishia Mosley, MSPH⁴; Yuan Liu, PhD²; James R. Hebert, ScD^{1,2}

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Previously Presented At/Published In: Will be presented via oral presentation at the Contributed Papers Session of the South Carolina Public Health Association (SCPHA) annual meeting on May 21, 2008 in Myrtle Beach, SC.

Abstract:

Background: High prostate cancer (PrCA) incidence in South Carolina (SC) is driven by a rate in African Americans (AAs), which is 81% higher than the US average for European Americans (EAs). Environmental exposures interacting with down-regulation of the prostatic zinc transporter protein in AAs may, in part, explain this observed racial disparity.

Methods: Spatial statistical methods were used to evaluate relationships between PrCA incidence and potential environmental risk factors in SC. Age-adjusted PrCA incidence rates were calculated by census tract. Demographic data were obtained from the 1990 census, and hazardous waste site locations and soil zinc concentrations were obtained from existing federal and state databases. A Geographic Information System (GIS) and Poisson regression were used to test the hypothesis that census tracts with reduced soil zinc concentrations, elevated groundwater use, or an increased number of agricultural or hazardous waste sites have increased PrCA risks.

Results: Among all 18,091 cases, there was no association between PrCA incidence and the number of hazardous waste or agricultural sites, or with reduced soil zinc concentrations. Census tracts with elevated groundwater use and low zinc concentrations had higher PrCA risk ratios (RR: 1.270; 95% confidence interval: 1.079, 1.505). However, this effect was not more apparent in areas populated primarily by AAs.

Conclusion: PrCA rates may be associated with reduced soil zinc concentrations in areas with high groundwater use, but this observation is not likely to contribute to the racial PrCA disparity in SC. Statewide mapping and statistical modeling of relationships between environmental factors, demographics, and cancer incidence can be used to screen hypotheses focusing on novel PrCA risk factors.

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Title: A Systematic Evaluation of the Suitability of Cancer and Cancer-related Educational Materials Developed for the Hispanic Population in the United States

Authors: Anna Walton*, Heather Brandt, Deborah Parra-Medina

Previously Presented At/Published In: N/A

Abstract:

Health education materials play an important supporting role in cancer prevention, detection, and treatment provided that information is medically and scientifically accurate and culturally and linguistically appropriate. The purpose of this research was to assess the suitability of a set of existing cancer education materials that address cancer and cancer-related issues for the Hispanic population in the U.S. Twenty-five English and Spanish educational materials were collected from well-known, national organizations that specialize in providing cancer information to the general public. The Suitability Assessment of Materials (SAM) instrument developed by Doak et al. (1996) was the guideline for evaluation of the materials. SAM measures the adequacy of an educational material based on six factors: content, literacy demand, graphics, layout & typography, learning stimulation & motivation, and cultural appropriateness. Of the 25 materials, the average SAM score was 57 %, which is considered *adequate*. Only one material received 70 %, a borderline *superior* score, and one material received a score classified as *not suitable*. Content, for which the average score was 49%, was the factor in which most materials were lacking. Learning stimulation & motivation, literacy demand, cultural appropriateness, layout & typography, and graphics followed with scores of 58%, 62%, 65%, 65%, and 68%, respectively. The highest scoring materials positively portrayed cultural images, had relatively lower reading grade levels, interacted with the reader, and addressed barriers to health services. This information about existing materials will be used in the cultural and linguistic adaptation of South Carolina Cancer Alliance's Spanish language Cancer Education Guide (SpCEG), which was recently translated *verbatim* from the English version. Efforts will be made to include in the SpCEG more adequate and well-organized content, which also addresses access-to-care barriers, in a linguistically savvy manner, in order to provide information to the Hispanic population that is accurate and appropriate.

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Acknowledgments:

I would like to thank the members of the Communications and Intervention Workgroup of the Latina Initiative Against Cancer for their input, which helped to refine my search and evaluation criteria of the materials: James Thrasher, Alexis Koskan, Myriam Torres, Sonya Younger, Carlos Soto, Carmen Enid Santiago, Vonda Evans, Julie Smithwick, and Debbie Billings. I would also like to thank the Magellan Scholar Program and the Office of Undergraduate Research for graciously providing funding for this opportunity.

Website: N/A

Title: Adoption and Implementation of a Physical Activity and Low Fat Diet Intervention in Community Health Centers

Authors: Sara Wilcox, PhD, Deborah Parra-Medina, MPH, PhD, Gwen Felton, PhD, Dawn Wilson, PhD, Cheryl Addy, PhD, Mary Beth Poston, MD

Previously Presented At/Published In: Poster presented at the Society of Behavioral Medicine Annual Meeting, March 2008

Abstract:

Background: African American women in the southeast experience disproportionate rates of cardiovascular disease (CVD). Community health centers (CHCs) are ideal settings to target health behaviors that reduce the risk of CVD. The Heart Healthy and Ethnically Relevant (HHER) Lifestyle Program is testing the effects of a clinic-based standard care intervention [stage-matched primary care provider (PCP) counseling and nurse goal setting for physical activity (PA) and low fat eating] vs. an enhanced intervention (standard care plus 1 yr of phone counseling) on CVD risk in financially disadvantaged African American women. This poster describes the intervention, presents baseline characteristics of participants, and reports adoption and implementation rates of the standard care intervention.

Methods: Two CHCs, 9 clinics, and all PCPs and nurses within them were targeted for participation. Adoption for PCPs and nurses was defined as completing the CD-ROM training. Delivery of PCP counseling was reported via weekly clinic faxes. PCPs and nurses were also requested to audio record every participant encounter.

Results: A total of 266 participants were recruited (51 ± 11 yrs, 70% household income < \$30K, 87% overweight or obese). Fifty-seven percent of the PCPs and nurses invited to participate adopted. The CD-ROM training was evaluated positively by both groups (ratings averaged 4.1/5.0). A total of 66% of participants received PCP counseling and 58% of participants received nurse goal setting. Duration of counseling and goal setting was 4.5 ± 4.5 and 7.2 ± 3.8 mins, respectively. The majority of goals selected were stage-appropriate (94% of diet and 80% of PA goals). Outcome data collection is ongoing and will include physical activity, dietary practices, blood pressure, and blood lipids.

Conclusions: A sizeable percentage of PCPs and nurses completed training, rated it favorably, and delivered the intervention, suggesting the potential for broader dissemination.

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Title: Prevalence of Traditional Cardiovascular Risk Factors in African American Women with Systemic Lupus Erythematosus (SLE): Findings from the Breakfast with a Buddy Biomarkers of Lupus Study

Authors: Edith Williams, PhD, MS, Joan Dorn, PhD, Carlos Crespo, DrPH, MS

Previously Presented At/Published In: Minority Women's Health Summit, August 23-26, 2007, Washington, DC

Abstract:

African American women are at high risk for systemic lupus erythematosus (SLE). Women with SLE are 5 to 8 times more likely to develop cardiovascular disease (CVD). The objective of our study was to characterize the prevalence of traditional CVD risk factors and markers of subclinical atherosclerosis in African American SLE cases (n=28) and controls (n=73). Significant differences were observed between SLE cases and controls in the areas of high blood pressure (68% of cases, 42% of controls, p=0.02), current smoking (18% of cases, 15% of controls, p=0.01), and average fasting glucose (85mg/dL in cases, 98mg/dL in controls, p=0.02). Cases displayed non-significantly higher HDL-c levels, lower LDL-c levels, and lower BMI. Our results must be interpreted cautiously since the study sample was small and highly select. Larger studies are recommended to elucidate non-traditional mechanisms that may modulate some of the increased risk for CVD associated with SLE in women.

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Title: Not Me: Reviewing the Literature on Risk Perceptions of College-Age Minority Females regarding STDs and HIV/AIDS

Authors: Ariel Winston*, Dr. Lucy Annang (mentor)

Previously Presented At/Published In: N/A

Abstract:

In 2007, 76% of female HIV/AIDS cases were among minority females, particularly Hispanic and African American females (CDC 2007). College students, in general, are a population potentially at risk for sexually transmitted diseases (STDs) given that nearly 80% of all college-age individuals are sexually active (Rimsza, 2005; Roberts, Smith, Wiesmeier, & Ward, 2006). Previous research has shown that college students, broadly speaking, engage in high rates of behavior that place them at risk for HIV/AIDS (Fisher & Fisher, 1992; Fisher, Fisher, Misovich, Kimble, & Malloy, 1996; Lewis, Malow, & Ireland, 1997). Although there has been limited research conducted on the subject, a review of the existing literature regarding the sexual risk perceptions of college students suggests that, in general, students feel that it is unlikely that they will contract HIV/AIDS through sexual contact (Baldwin & Baldwin, 1988). These studies also indicate that knowledge does not necessarily predict behavior, and that in many cases, external factors actually influence behavior such as: the level of intimacy sought or expected from a sexual partner, the desire for a long-term relationship, or the desire to please oneself or a partner (Foreman, 2003). As a result, education alone regarding STDs and HIV/AIDS is not sufficient intervention in the prevention of risky sexual behaviors of college students. Rather, it is necessary to concentrate on strategies to increase personal risk perception regarding STDs and HIV/AIDS. Given the particularly high rate of disease among young minority women, future studies should focus on the emotional factors that contribute to college students' decisions to engage in risky sexual behavior.

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Title: Birth Outcomes in Low Income Latinas and Teens in South Carolina using the CenteringPregnancy® Model of Care

Authors: Debra L Harrod Woda, DNP, APRN, CNM & Mary Liaghat, MSN, APRN-BC, FNP

Previously Presented At/Published In: N/A

Abstract:

Healthy People 2010, the public health goals for states, have established targets for improvement in birth outcomes. Public health programs serving pregnant women have adopted these goals and are working to improve birth outcomes nationally, as well as in South Carolina. Birth outcomes in South Carolina's have been compared to its boarding states and to the national as a whole. These outcomes, including preterm birth, low birth weight and overall infant morbidity due to pregnancy complications, continue to rise despite current advances in maternal care. A trend is noted toward worse outcomes in South Carolina, as compared to Georgia, North Carolina and the United States particularly among low income groups, such as Latinas and African Americans, as well as the teen population.

CenteringPregnancy®, a model of group prenatal care, has been identified as an intervention that can improve pregnancy outcomes through continued risk assessment, education & social support by peers with similar pregnancy gestations. It consists of ten prenatal visits of 120 minutes that contain an educational session, time for discussion and prenatal assessment all in a group setting. A number of studies have found that this new and innovative method of prenatal care delivery increases empowerment in pregnant women & encourages participation in prenatal care. Findings of these studies include a decrease in preterm birth and low birth weight, as well as increases in patient satisfaction.

CenteringPregnancy® is an initiative of the March of Dimes in South Carolina in an effort to reduce negative birth outcomes and increase the health of the mothers and infants in the state. There are currently two sites in the midlands area offering the CenteringPregnancy® concept to low income women, Eau Claire and Palmetto Health Women's Center. Palmetto Health Women's Center will begin the first CenteringPregnancy groups to Latina mothers in April of 2008.

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Title: The Role of African American Faith Leaders in Addressing HIV/AIDS in a Southern Rural County

Authors: Brandi L. Wright, MPH, PhD (c)*

Previously Presented At/Published In : 2007 South Carolina Rural Health Association Conference and the 2007 National Rural Health Association Conference

Abstract:

Background/Introduction. African Americans make up approximately 13% of the United States population, however, one half of the estimated new numbers of HIV/AIDS diagnoses in the United States in 2004 were African Americans. HIV/AIDS was the second leading cause of death for all African Americans aged 35–44 in 2002. Religion and spirituality historically have significantly influenced what African Americans think and believe. Spirituality has been linked with positive health outcomes, from improved perception of health status to the diagnosis of HIV.

Methods. Six pre-selected African American Faith Leaders located in a large rural county in a southern state were individually interviewed.

Objectives. To explore the roles African American Faith Leaders play in addressing HIV/AIDS; examine their perceptions of how the epidemic is affecting their community and congregation; and determine what resources are needed for African American Faith Leaders to better be able to address HIV/AIDS.

Results. African American Faith Leaders understand and acknowledge that they play a role in addressing the HIV/AIDS epidemic. The primary results concluded that most African American leaders feel they play a pivotal role in addressing HIV/AIDS; perceive risky health behaviors, such as multiple sexual partners and substance/drug abuse increase person's chances of being infected; and that technical resources are needed to become better leaders in the field of HIV/AIDS.

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Title: Assessing Psychosocial, Cultural, and System-Level Barriers to Colorectal Cancer Screening Among African-Americans

Authors: Marcie S. Wright, PhD^{1,2}, Heather M. Brandt, PhD^{1,2}, Sara Corwin, PhD¹, Daniela Friedman, PhD¹, James Hébert, ScD^{2,3}

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Previously Presented At/Published In: N/A

Abstract:

Colonoscopy has been found to be an effective tool for the prevention and control of colorectal cancer (CRC), yet it is underutilized by African Americans (AAs). Consequently, AAs with CRC are diagnosed at late stages and suffer disproportionately higher mortality rates. This study assessed barriers to colonoscopy screening among AAs and identified specific motivational strategies to increase AAs' utilization of colonoscopy. Data were collected during ten (n=10) semi-structured focus groups and eleven (n=11) in-depth semi-structured interviews.

The focus group sample comprised 50 male and 45 female (n=95) AAs aged 45 years and older residing in medical underserved areas (MUAs) and attending a specific Baptist religious organization in South Carolina. The majority of barriers identified by participants were: lack of knowledge about colonoscopy, fear, lack of insurance or poor insurance coverage, transportation, poor communication about CRC and colonoscopy both with health care providers and family members, and distrust of the healthcare system and their providers. Participant identified strategies to increase motivation included: dispelling unrealistic fears about CRC and colonoscopy through targeted interventions and reducing out-of-pocket costs for colonoscopy.

The in-depth interview sample was comprised of eleven (n=11) healthcare administrators and physicians familiar with the administrative and policy factors associated with colonoscopy in the same MUAs where the focus groups were conducted. The majority of barriers identified by participants were: AAs are not educated about CRC as an asymptomatic disease in all but very late stages or the importance of prevention; the profit motive of the United States (US) healthcare system; nonexistent physician recommendation; capacity issues; and logistical problems, which included issues related to the "gatekeeper" process and referral processes. Participants identified strategies to increase accessibility including: improving AAs knowledge about CRC; improving patient-physician interactions; developing patient navigation systems; and training primary healthcare practitioners in colonoscopy procedures.

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Website: <http://sccdcn.sph.sc.edu>

Note: Abstract #77 is part of the South Carolina Cancer Disparities Community Network. See Abstract # 35 and Poster # 7.

Title: DIABETES 101: Singing from the Same Hymnal; How We Got There

Authors: Barbara Wright-Downs, Diabetes Community Liaison

Previously Presented At/Published In: 2008 Diabetes Translation Conference
(Oral panel presentation during concurrent breakout sessions)

Abstract:

Objective: To describe the evolution of a diabetes awareness curriculum developed primarily for African American audiences with a focus on type 2 diabetes.

Method: The South Carolina Department of Health and Environmental Control (DHEC), Diabetes Prevention and Control Program began using the Diabetes 101 concept in 2001 using NDEP materials and other brochures to get the awareness message to over 9000 South Carolinians. In January 2005 the "What is Diabetes" brochure was developed and used as the tool for Diabetes 1010 until May 2005 when the curriculum was completed, field tested and ready for community use.

Results: The curriculum is an awareness tool not to replace self-management education for people with diabetes. To date, over 3000 presentations have been made to over 3000 people using the Diabetes 101 curriculum. Participants are encouraged to take the train the trainer class to carry this information to family members, church groups and other community outlets.

Conclusion: The Diabetes 101 curriculum has also been included as a mandated educational tool for outreach community advocates in other DHEC programs. This curriculum can be an effective awareness tool in reaching people at risk and those with diabetes.

Learning Objective: From this abstract, you should learn the importance of getting feedback from the community when developing materials; the development of multiple tools to be used in different physical outlets to include the use of CDs, transparencies, flip charts and tabletop charts. You should understand the importance of culturally tailored literature and the need to update tools as your audience matures.

Key words: Diabetes awareness, African Americans, curriculum development

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Title: Expanding African Americans' Access to Screening Colonoscopies: How effective and safe are Primary Care Physician (PCP)-Performed Procedures

Authors: Sudha Xirasagar, MBBS, PhD, Tom Hurley, MS, James Hebert, ScD

Previously Presented At/Published In: N/A

Abstract:

Need for expanding African Americans' Access to Colonoscopy Services: Colonoscopy screening can prevent 90% of colorectal cancer (CRCA) cases and 95% of deaths, by detecting and removing polyps, the precursors of CRCA. The former CRCA screening tool, sigmoidoscopy, which was widely performed by primary care physicians (PCP), is now widely abandoned because of missing about 50% of cases due to its limited anatomical reach. Currently about 50% of the screening colonoscopy need is met by the available gastroenterologist expert capacity. African Americans (AA) have disproportionately higher case incidence, deaths, and aggressive cancers relative to whites, have twice the incidence of CRCA among <50 age group, and have far higher incidence of right (ascending) colon polyps and cancers, the sites missed by sigmoidoscopy. Therefore, screening capacity should be increased to reduce CRCA disparities.

Project Objective: To evaluate the quality (cecal intubation rate and time, withdrawal time, polyp and cancer yield rate) and patient safety (complication: perforation, hemorrhage, and non-specific symptoms) of screening colonoscopies performed by PCPs.

Study Design: We analyze data on 13,366 screening colonoscopies performed by trained PCPs at an endoscopy center in South Carolina (with the expert available on call in case of difficulties). Univariate statistics on the above quality and patient safety indicators will be compared with gastroenterologists' statistics documented in the literature. Quality and safety impacts of PCP procedure experience will be examined, using hierarchical linear and logistic regression modeling, using experience as a fixed effect and PCP as a random effect. We will control for patient demographics (age, gender and race), and for total procedure time, the number of polyps. A 2% chart review showed high accuracy of the database. Cleaned data are currently under analysis.

The results will provide policy guidance on CRCA prevention and disparity reduction through training PCPs in screening colonoscopies.

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This is a pilot project of the South Carolina Cancer Disparities Community Network.

Website: <http://sccdcn.sph.sc.edu>

**Note: Abstract #79 is part of the South Carolina Cancer Disparities Community Network.
See Abstract # 35 and Poster # 7.**

Title: Screening Colonoscopy Among Patients of African American Primary Care Physicians Trained in Colonoscopy Performance in South Carolina

Authors: Sudha Xirasagar, MBBS, PhD, Ali Mansaray, MHA, PhD (c), Tom Hurley, MS, Lekhena Sros, MPH, James Hebert, ScD

Previously Presented At/Published In: N/A

Abstract:

Project Significance: African Americans have: a) disproportionately higher case incidence, deaths, and aggressive colorectal cancer (CRCA) than whites, b) twice the incidence of colorectal cancer among <50 age group as whites, and c) far higher incidence of right (ascending) colon polyps and cancers, the sites missed by sigmoidoscopy, the traditionally used screening tool. Reducing colorectal cancer disparities will require widely accessible colonoscopy screening services. Colonoscopy screening can prevent 90% of CRCA cases and 95% of deaths, by detecting and removing polyps, the precursors of CRCA. While sigmoidoscopy was performed by primary care physicians (PCP), colonoscopy, which is a more skilled procedure, is almost exclusively performed by gastroenterologists. Currently available specialist capacity is able to meet about 50% of the screening colonoscopy need. The question is, will training of primary care physicians in colonoscopy increase colonoscopy completion rates among age-eligible African Americans?

Project Objective: To compare the colonoscopy compliance rates among age-eligible primary care outpatients of trained African American primary care physicians before their training began and after beginning to train in colonoscopy performance.

Data sources and analysis: Medical chart review of 200 screening-eligible patients each of 6 African American primary care physicians trained in colonoscopy (total 1200 chart reviews) will serve as the data source. Compliance differences before and after training will be compared. The rates of having had a screening colonoscopy between African American and white patients of these physicians will be compared for each of the two periods (before and after training began). Demographic and insurance status association with having had a colonoscopy will be assessed using hierarchical modeling using physician as a random effect variable.

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