

Arnold School of Public Health

**Institute for Partnerships to Eliminate Health Disparities**

University of South Carolina

# Poster Session & Abstracts

Moving Forward: Staying in the Fight to  
Eliminate Health Disparities and to Achieve  
Health Equity for All

FRIDAY

April

5

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Part of the 6th Annual  
James E. Clyburn  
Health Disparities Lecture



UNIVERSITY OF  
**SOUTH CAROLINA**  
Arnold School of Public Health

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Moving Forward: Staying in the Fight to  
Eliminate Health Disparities and to Achieve  
Health Equity for All

Part of the 6<sup>th</sup> Annual James E. Clyburn  
Health Disparities Lecture

**April 5, 2013**

Russell House Theater  
University of South Carolina  
Columbia, South Carolina

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This year's Poster Session & Abstracts booklet will showcase health disparities research and practice being conducted by faculty, postdoctoral research fellows, staff, and students at the University of South Carolina. Abstracts submitted by individuals from other academic institutions and community-based organizations describing their efforts to eliminate health disparities are also included. The 6<sup>th</sup> Annual James E. Clyburn Health Disparities Lecture Poster Session is an opportunity for individuals to share their health disparities research and practice with others who are engaged "*...in the fight to eliminate health disparities and achieve health equity for all.*"

The Poster Session & Abstracts booklet is available on the Institute for Partnerships to Eliminate Health Disparities website at [http://www.sph.sc.edu/health\\_disparities/poster.shtml](http://www.sph.sc.edu/health_disparities/poster.shtml).

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# **Poster Session Abstracts**

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\*Denotes student abstract submission

\*\*Denotes community-based organization abstract submission

## **P01. Gender differences in substance use treatment the year prior to deployment in Army service members (022304)**

Nikki R. Wooten, PhD, LISW-CP<sup>1-2</sup>; Beth A. Mohr, MS<sup>3</sup>; Lena M. Lundgren, PhD<sup>4</sup>; Rachel Sayko Adams, MPH, MA<sup>3</sup>; Elizabeth L. Merrick, PhD, MSW<sup>3</sup>; Diana D. Jeffery, PhD<sup>5</sup>; Thomas V. Williams, PhD<sup>5</sup>; Mary Jo Larson, PhD, MPA<sup>3</sup>

<sup>1</sup>College of Social Work, University of South Carolina; <sup>2</sup>Major (P), District of Columbia Army National Guard; <sup>3</sup>Institute for Behavioral Health, Heller School of Social Policy and Management, Brandeis University; <sup>4</sup>School of Social Work, Boston University; <sup>5</sup>Center for Healthcare Management Studies, TRICARE Management Activity, Department of Defense

### **Background**

Although military men have heavier drinking patterns, military women experience equal or higher rates of dependence symptoms and similar rates of alcohol-related problems as men at lower levels of consumption. Thus, gender may be important for understanding substance use treatment utilization (SUT) before deployment in military and deployment experiences.

### **Methods**

Using a retrospective observational design, military health system data were analyzed to examine gender differences in both substance use diagnosis (SUDX) and SUT in 152,447 Army service members returning from deployments in FY2010.

### **Results**

Propensity score analysis of probability of SUDX indicated that women had lower odds (AOR: 0.91, 95% CI: 0.86-0.96) of military lifetime SUDX. After adjusting for lifetime SUDX using propensity score analysis, multivariate regression found women had substantially lower odds (AOR: 0.61; 95% CI: 0.54-0.70) of using SUT the year prior to deployment.

### **Conclusions**

Findings suggest gender disparities in military-provided SUT and a need to consider whether military substance use assessment protocols are sensitive to gender differences.

### **Funding Source**

This study was funded by the National Institute of Drug Abuse (NIDA; #R01DA030150, PI: Dr. Larson) and Dr. Wooten acknowledges support from a NIDA Diversity Supplement (#R01DA030150-S1).

### **Acknowledgements**

The Office of the Assistant Secretary of Defense for Health Affairs/TRICARE Management Activity of the United States Department of Defense (DoD) provided access to these data. The opinions and assertions herein are those of the authors and do not necessarily reflect the view of the DoD. This research has been conducted in compliance with all applicable federal regulations governing the protection of human subjects. Drs. Thomas V. Williams and Diana D. Jeffery were the TMA/DoD Government Project Managers who sponsored access to the DoD data sources.

## **P02. Digital health solutions for promoting informed decision making about prostate cancer screening among African-American men (022405)**

Otis L. Owens, PhD(c), MPH; Daniela B. Friedman, MSc, PhD; Heather Brandt, PhD, CHES; Jay M. Bernhardt, PhD, MPH; James R. Hébert, ScD

### **Background**

The American Cancer Society recommends that men engage in informed decision making (IDM) with their doctor about prostate cancer (PrCa) screening beginning at age 50 [45 for high-risk groups such as African Americans (AA)]. Because older AAs are significantly more likely to die from PrCa than other racial groups, there is a critical need to identify innovative strategies for providing them with information about the risks, benefits, and uncertainties of screening and the importance of IDM. Interactive communication technologies (ICTs) are increasingly being adopted by older adults. To assess whether a computer-based IDM intervention for PrCa screening would be effective for older AA men, this study examined their (1) PrCa risk and screening knowledge (2) decision-making processes for PrCa screening, and (3) usage of, attitudes toward, and access to ICTs.

### **Methods**

A purposive sample of 39 AA men aged 40-65 years were recruited through faith-based organizations to participate in one of six 90-minute focus groups. Data were analyzed using open and axial coding techniques to identify relevant themes.

### **Results**

Participants were knowledgeable about PrCa. However, few engaged in IDM with their doctor about screening and almost none were informed about the risks and uncertainties. Most participants reported using ICTs on a daily basis for various purposes including health information seeking.

### **Conclusions**

Because older AA men frequently use ICTs, researchers should consider IDM interventions that incorporate ICT. These interventions should provide information that will increase knowledge about PrCa screening and stress the importance of participating in IDM with their providers.

### **Funding Source**

This research was funded by the Institute for African American Research at the University of South Carolina.

### **Acknowledgements**

We would like to thank all research participants.

### **P03. Perceptions of African-Americans with stroke regarding the role of race and culture during inpatient rehabilitation physical therapy experiences (031118)**

Jennifaye V. Greene, PhD(c), PT, MS, NCS; Stacy L. Fritz, PhD; Michelle Bryan, PhD; Daniela B. Friedman, MSc, PhD; J. Larry Durstine, PhD; Roger Newman-Norlund, PhD

#### **Background.**

African-Americans with stroke (AAwS) report inadequate amounts of exercise and higher rates of disability poststroke compared to Caucasian Americans (CAs). They are also more likely to have a second stroke compared to CAs. Research indicated that there is differential care extended to persons with stroke based on race. Distorted perceptions of race and culture in the patient-physical therapist relationship may contribute to the disparities in stroke rehabilitation care and outcomes for AAwS.

#### **Objective**

The purpose of this study was to explore the perspectives of AAwS regarding the ways in which race and culture may have influenced their physical therapy experiences during inpatient rehabilitation.

#### **Design**

Qualitative exploratory research study

#### **Methods**

In-depth semistructured individual and paired interviews were conducted with a purposeful criterion sample of five AAwS. Interviews were digitally recorded, transcribed verbatim, and content analyzed.

#### **Results**

Data analysis revealed six themes: (1) self-acknowledgement, (2) shift in barriers to optimal health, (3) health cultured inferiority or subordination, (4) health outcome investment with a subtheme, culturally-relevant and functional activities, (5) issues of trust, and (6) race role interaction. These themes are all components of the patient-physical therapist relationship or therapeutic alliance in physical therapy practice.

Conclusions. Future qualitative studies should examine how patient health status, race, and culture as perceived PTs may be implicated in stroke rehabilitation care and outcome disparities that negatively impact AAs.

#### **Funding Source**

Dissertation fellowship from the Southern Regional Education Board – State Doctoral Scholars Program

#### **Acknowledgements**

Southern Regional Education Board – State Doctoral Scholars Program



## **P04. A qualitative comparison of barriers, motivators and strategies to clinical trial participation in rural and urban South Carolina (022102)**

Caroline D. Bergeron, DrPH(c); Caroline Foster, PhD(c); Daniela B. Friedman, MSc, PhD; Andrea H. Tanner, PhD; Sei-Hill Kim, PhD

### **Background**

Clinical trials (CTs) are biomedical or health-related research studies that have the potential to provide the most advanced medical treatments and screening options and offer medically-underserved communities the care they need. Despite this necessity for access to care especially among rural populations, CT participation remains low in South Carolina (SC). The purpose of this study was to identify CT recruitment barriers, motivators, and strategies in rural and urban areas of SC to help increase access to and participation in CTs.

### **Methods**

Nineteen focus groups and eight interviews were conducted in South Carolina with a total of 212 men and women aged 21+ (rural: six focus groups, seven interviews; urban: thirteen focus groups, one interview). Focus groups/interviews lasted 90-120 minutes. Audio files were transcribed and organized using NVivo 10®. Recurring themes were examined by geographic location.

### **Results**

CT recruitment barriers mentioned included fear of side effects, limited understanding of CTs, time commitment, and mistrust. Rural groups were particularly mindful of the time commitment involved. Participants said that they would be motivated to participate in CTs if they were given money, had more information, had an illness, or if participation would benefit a family member. Recruitment strategies suggested by rural participants involved word-of-mouth, making community contacts, and using community organizations (e.g., churches). In urban areas, word-of-mouth, health clinics, and the media were frequently cited to promote CT participation.

### **Conclusions**

While many of the same recruitment barriers, motivators, and strategies were reported by both urban and rural participants, there were differences in how they wanted to receive CT information. Findings can inform CT recruitment communication strategies, including tailoring the information, to ensure proper medical care for underserved populations. More effective communication about CTs can help increase CT participation among rural populations, and gradually address current health disparities in the state.

### **Funding Source**

Health Sciences South Carolina

### **Acknowledgements**

We are grateful to the study participants, community partners, and focus group moderators (USC graduate students) who assisted with this research.

## **P05. Patient-provider communication about clinical trial recruitment for rural populations in South Carolina (022507)**

Caroline Foster, PhD(c)<sup>1</sup>; Caroline D. Bergeron, DrPH(c)<sup>2</sup>; Daniela B. Friedman, MSc, PhD<sup>2</sup>; Andrea H. Tanner, PhD<sup>1</sup>; Sei-Hill Kim, PhD<sup>1</sup>

<sup>1</sup>School of Journalism and Mass Communications, University of South Carolina; <sup>2</sup>Department of Health Promotion, Education and Behavior, Arnold School of Public Health, University of South Carolina

### **Background**

Clinical trials (CTs) can offer medically-underserved, rural communities needed medical care. Barriers to participation among rural populations include low literacy and mistrust. Two-way communication and shared decision making between clinician and patient may address barriers and improve participation.

### **Objective**

To evaluate how clinicians communicate with low-literacy, rural populations about CTs.

### **Methods**

An online survey was sent to CT recruiters (n=319) at academic medical centers in a southeastern state. Questions measured CT recruitment challenges and how often recruiters/clinicians used communication strategies such as plain language, metaphors, listen/talk balance, visuals, repeat back, and read/interpret to address challenges. Survey response rate was 33% (n=105).

### **Results**

Some recruiters recognized that patients' low literacy (36.9% n=44) and mistrust (28.6% n=34) were barriers to recruitment. They reported addressing these barriers through: honesty (70.6% n=84); simplifying content/forms (66.4% n=79); providing information in various formats (64.9% n=76); avoiding information overload (55.5% n=66). Clinicians said they most often used these communication strategies: plain language (70.6% n=84); listen/talk (65.5% n=78); and metaphors (52.1% n=52). Visuals (31.9% n=38); read/interpret (22.6% n=27); and repeat back (16.8% n=20) were implemented less often.

### **Conclusions**

Clinicians may recognize the importance of low literacy and mistrust in their communication with patients, however, findings show that two of their top three communication strategies involve asymmetrical communication that is associated with less understanding and trust. Results suggest that increased use of two-way communication and shared decision-making strategies may improve clinicians' communication with medically-underserved patients, resulting in greater understanding of CTs by patients and an increased willingness to participate.

### **Funding Source**

Health Sciences South Carolina

### **Acknowledgements**

Not applicable

## **P06. Primary results from the Faith, Activity and Nutrition (FAN) program: a faith-based, community-based participatory study (030310)**

Sara Wilcox, PhD<sup>1</sup>; Meghan Baruth, PhD<sup>1</sup>; Marilyn Laken, PhD, RN<sup>2</sup>; Margaret D. Condrasky<sup>3</sup>, EdD; Allen Parrott, DMin<sup>4</sup>; Ruth Saunders, PhD<sup>1</sup>; Marsha Dowda, DrPH<sup>1</sup>; Cheryl Addy, PhD<sup>1</sup>

<sup>1</sup>University of South Carolina; <sup>2</sup>Medical University of South Carolina; <sup>3</sup>Clemson University; <sup>4</sup>7<sup>th</sup> Episcopal District of the Africam Methodist Episcopal Church

### **Background**

This presentation reports findings from a large faith-based initiative to increase moderate- to vigorous-intensity physical activity (MVPA) and fruit and vegetable (F&V) consumption in African American churches in South Carolina.

### **Methods**

Church representatives were engaged in a 1-year planning process using a community-based participatory research approach. Churches (N=74) and members within (N=1,257) were enrolled in a RCT to receive an intervention immediately or after a 15-month delay (control). The intervention, based on Cohen's structural ecologic model, targeted the church environment. Primary outcomes (baseline, 15 months) were blood pressure and self-reported MVPA and F&V intake. Repeated measures ANOVAs, accounting for church clustering, were conducted using intent-to-treat principles. Effect sizes were also calculated.

### **Results**

Participants, on average, were 54±14 years of age, had a BMI of 33±8, and had 1.9±1.6 health conditions; >99% were African American, 76% were women, and 58% had at least some college. Sixty-two percent provided at least one primary or secondary outcome. No significant differences between intervention and control churches were found over time for blood pressure (SBP: p=.58 ES=0.05; DBP: p=.91, ES=-0.01) or F&V intake (p=.25, ES=0.09). Leisure-time MVPA increased in intervention but not control churches (p=.02, ES=0.18). Total MVPA approached significance (p=.06, ES=0.15). Post-hoc ANCOVAs with program completers showed significantly higher leisure-time MVPA and F&V intake at posttest for intervention churches (ps<.05).

### **Conclusions**

FAN increased leisure-time MVPA and F&V intake in African American churches. Effects were small but could be meaningful if sustained and disseminated more broadly. Evaluation nonresponse was a study limitation.

### **Funding Source**

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### **Acknowledgements**

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## **P07. Physical activity and inflammation among a church-based population of African-Americans (031114)**

Michael Wirth, PhD; Swann A. Adams, PhD; Lisa Davis, MEd; Briana Davis, MPH; Thomas G. Hurley, MS; Ruby Drayton, RN; E. Angela Murphy, PhD; Nitin Shivappa, MBBS, MPH; Sue P. Heiney, PhD; Steven N. Blair, PED; James R. Hébert, ScD

### **Background**

Chronic inflammation is linked to lifestyle choices and chronic diseases that are prevalent among African Americans. Evidence for the effect of physical activity (PA) on inflammation is conflicting, especially among populations experiencing health disparities. The purpose of this study was to determine if higher levels of PA are associated with lower levels of inflammatory markers.

### **Methods**

Baseline data was used from the Healthy Eating and Active Living in the Spirit study which is a PA and diet intervention among South Carolina African-American churches. Subjects completed a questionnaire packet, anthropometric measurements, and blood draws. PA was characterized using self-report data (i.e. Rapid Assessment for Physical Activity) and objective measurements from the SenseWear® armband monitor (BodyMedia Inc. Pittsburgh, PA). Assayed inflammatory markers included C-reactive protein (CRP), interleukin-6 (IL-6), and monocyte chemoattractant protein-1 (MCP-1). Glycosylated hemoglobin (HbA1c) was measured as an index of long-term glycemic control. Generalized linear models were used to compute adjusted least square means.

### **Results**

The study population (n=272) was primarily female (81%), older (mean age: 54.0±11.0 years), and obese (mean BMI: 34.2±7.7 kg/m<sup>2</sup>). Those self-reporting 30 minutes of activity at least 5 days a week had significantly lower CRP values than those who were sedentary (2.4 vs. 3.8 mg/L, respectively, p=0.02). Those in the highest quartile of PA energy expenditure had lower CRP values than those in the lowest quartile (1.9 vs. 4.1 mg/L, respectively, p=0.01). More time spent in moderate-vigorous intensity PA was associated with lower CRP and IL-6 values (both p<0.01). No differences were found for MCP-1 or HbA1c.

### **Conclusions**

This study provides evidence that higher levels of PA may be associated with lower levels of inflammatory makers. PA education and promotion may be crucial in reducing inflammation and thereby reducing risk of chronic diseases that are both more prevalent and aggressive in African Americans.

### **Funding Source**

Funding was provided by the National Cancer Institute, National Institute on Minority Health and Health Disparities (NIMHD) [R24 MD002769 Hebert, JR (PI)].

Dr. Hébert was supported by an Established Investigator Award in Cancer Prevention and Control from the Cancer Training Branch of the National Cancer Institute (K05 CA136975).

### **Acknowledgements**

The efforts of our community partners, including study participants, is greatly appreciated.

## **P08. Organizational characteristics: critical elements for retaining persons living with HIV in care (031115)**

Medha Vyavaharkar, PhD, MPH, MD, DNB; Donna Richter, EdD, FAAHB; Lucy Annang, PhD, MPH; Leah Williams, MPH, DrPH(c); Saundra H. Glover, PhD, MBA

### **Background**

Early initiation of and continuity in care are vital for HIV treatment success and optimum quality of life among persons living with HIV/AIDS (PLWHA). A significant proportion of PLWHA fails to seek and remain in care after initial diagnosis. Understanding factors that influence HIV care utilization is critical to plan strategies addressing this important issue. Therefore, the purpose of this study was to identify personal, organizational, and environmental factors that influenced care initiation and care continuity among PLWHA living in a rural, predominantly minority county in South Carolina. This presentation will discuss organizational characteristics that can play a critical role in retaining PLWHA in care.

### **Methods**

Focus group discussions with PLWHA and personal interviews with providers and case managers provided qualitative data. Focus group and interview transcripts were analyzed to identify major themes.

### **Results**

Organizational characteristics and culture played a critical role in retaining PLWHA in care at a local Community Health Center. Availability of an infectious disease doctor, “caring” health care providers, transparency in provider actions and communications, dedicated and efficient case managers who often go beyond duty to assist clients, supportive and accessible management, assistance with ancillary services, a welcoming and comforting environment without stigma or discrimination, ability to request a different case manager, and the presence of a peer on the staff were the important themes that emerged from both focus group discussions and personal interviews.

### **Conclusions**

Results have practical implications for service delivery to PLWHA. Health care facilities that offer services to PLWHA can benefit from these findings.

### **Funding Source**

NIMHD, Project # 5P20MD001770-07

### **Acknowledgements**

We are thankful to our participants who offered valuable input for this study. We appreciate the efforts of our community liaison who helped us recruit participants & members of the community advisory board who reviewed study protocols & materials

**P09. The power of the mother-daughter bond: relationship quality, depression, and racial disparities in the physical activity trajectories of young women from adolescence to early adulthood (031117)**

Danielle E. Schoffman; Katrina M. Walsemann, PhD, MPH

**Background**

Physical activity (PA) levels are low among all US children, but markedly lower for females than males, and for black females than white females. PA also declines during the transition from adolescence to early adulthood. Most research has focused on socioeconomic disadvantage in understanding the racial disparity in PA. The family environment and individuals' psychological functioning, however, may also play a role in the establishment of health behaviors and the perpetuation of racial disparities in PA across the life course. We examined the impact of mother-daughter relationship quality in adolescence as well as daughter's depressive symptoms on racial disparities in the daughter's PA trajectory from adolescence to early adulthood.

**Methods**

We analyzed four waves of restricted data from the National Longitudinal Study of Adolescent Health using 3-level linear growth models. Analyses were restricted to female respondents living with a mother figure (n=7,416). We excluded respondents with missing data on indicators included in our analysis, resulting in a final analytic sample of 7,367 (4,189 whites; 1,619 blacks; 1,216 Hispanics; 323 Asians).

**Results**

We found significant racial disparities in PA between whites and blacks; black respondents consistently engaged in less PA from adolescence to early adulthood. PA declined through early adulthood, regardless of race/ethnicity. Better mother-daughter relationship quality was associated with higher PA at age 21 – the median age of the sample – but the effect of relationship quality on PA diminished as respondents aged. Depressive symptoms were associated with lower levels of PA. Mother-daughter relationship quality accounted for 9.4% of the white-black PA disparity at age 21, whereas depressive symptoms accounted for 4.9% of the disparity.

**Conclusions**

Interventions targeted at reducing racial disparities in PA should consider factors beyond the individual PA behaviors of females, including facilitating positive communication between mothers and daughters and addressing their psychological functioning.

**Funding Source**

Not applicable

**Acknowledgements**

Not applicable

## **P10. Reactions to U.S. tobacco industry corrective statements across racial/ethnic and socioeconomic groups: a pre-implementation analysis (031220)**

Christy Kollath-Cattano, PhD; Erika Nayeli Abad-Vivero, MSc; James F. Thrasher, PhD

### **Background**

U.S. Federal Courts have ordered the tobacco industry to disseminate “corrective statements” that inform consumers about their lies about five topics (i.e., smoker health effects; nonsmoker health effects; cigarette addictiveness; design of cigarettes to increase addiction; relative safety of light cigarettes). This study aimed to determine how smokers from groups that suffer tobacco-related health disparities respond to these statements.

### **Methods**

Data were analyzed from an online consumer panel of 1,403 smokers aged 18-64 with diverse racial/ethnic makeup (52% white, 6% African American, 38% Latino, 4% other), sex (males 48%), and educational attainment (high school or less 34%). Participants were randomized to evaluate one of the five corrective statements (n=280-281), for which participants reported novelty, relevance, motivation to quit, and anger at the industry. In a pooled analysis, main and interactive effects of race/ethnicity, education and corrective statement topic on these responses were assessed with logistic and linear regression models, adjusting for smoking intensity, and quit intentions and behaviors.

### **Results**

In bi-variate and adjusted models, African Americans (AA) and Latinos (LA) were more likely than non-Hispanic Whites to report that corrective statements told them something novel (AORAA/LA v White=2.00, 1.61, respectively), gave them important information (B<sub>adj</sub>=1.25, 1.02, respectively), and made them angry (B<sub>adj</sub>=0.73, 0.72, respectively). Participants who completed college were less likely than participants with high school or lower education to report that statements were novel or gave them important information (AOR<sub>high v low</sub>=0.72, p=0.05; B<sub>Adj</sub> =-0.38, p=0.03). No differences were found between race/ethnic groups or educational groups in models predicting motivation to quit due to the statement. In models with interaction terms, no interactions between topics and either education or race/ethnicity were statistically significant.

### **Conclusions**

Responses to corrective statements vary by race/ethnicity and education, suggesting that the effective dissemination of these statements could provide consumers with important information that addresses smoking-related disparities.

### **Funding Source**

This research was funded by the National Institutes of Health (NIH) R01 CA167067-01A1 (PI: Thrasher).

### **Acknowledgements**

Not applicable



## **P11. Sustaining teen pregnancy prevention programs in schools: needs and barriers identified by school leaders (031334)**

Lesley Craft, PhD(c), MPH, CHES; Heather Brandt, PhD, CHES; Mary Prince, PhD, MPH; Shannon Flynn, MSW

### **Background**

Teen pregnancy disproportionately affects people of different races, classes, and geographic locations. When individual risk behaviors are combined with systematic or institutional barriers to quality health information and reproductive health services, the risk of teen pregnancy increases. Schools are an appropriate setting for teen pregnancy prevention programs, especially since school-based programs are designed to reach youth where they learn. However, in order to impact rates of teen pregnancy, prevention programs must be consistently available to large numbers of youth. Regardless of the necessity for continuation of services, prevention efforts have been historically conducted with little emphasis on ensuring program sustainability.

### **Objective**

To examine the needs and barriers school leadership identify to sustaining teen pregnancy prevention programming in schools after grant support has ended.

### **Methods**

Eleven qualitative interviews were conducted between June and September 2012 with middle school leaders involved in the current implementation of a teen pregnancy prevention program in South Carolina. Interviews were audio-recorded, transcribed verbatim, and thematically coded using NVivo 9.

### **Results**

Frequently mentioned barriers to program sustainability included: lack of resources (e.g., computer equipment, curriculum), insufficient funding (at the school and district level), lack of support and/or parental opposition, and other school/district priorities. School leaders also identified several facilitating factors to continue teen pregnancy prevention programming, including: continued funding, training for staff, outcome/effectiveness data to support the program, and regularly updated curriculum.

### **Conclusions**

Identified needs and barriers to sustainability varied across schools. Differences in perceived needs and barriers may indicate different likelihoods of sustainability. Knowledge gained through this research may be utilized to inform future interventions and sustainability planning efforts, allowing us to maximize teen pregnancy prevention programming.

### **Funding Source**

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## **P12. Girl Talk: preventing breast and cervical cancer In young and older adult African-American women (031222)**

Dolores B. Scott, MEd<sup>1</sup>; Deloris Williams, PhD, RN<sup>2</sup>; Marvella E. Ford, PhD<sup>3</sup>; Deidre C. Odom, BS<sup>1</sup>; Claudette C. Cureton, DHS<sup>1</sup>

<sup>1</sup>State Baptist Young Woman's Auxillary – Woman's Baptist Education & Missionary Convention; <sup>2</sup>Carolina Community-Based Participatory Resource Network; <sup>3</sup>Cancer Disparities, Hollings Cancer Center, Medical University of South Carolina

### **Background**

Breast and cervical cancer disproportionately affect African American (AA) women in SC as compared to their White counterparts. In SC, while White women are more likely to be diagnosed with breast cancer, AA women are more likely to die from breast cancer. Unfortunately, parents often do not share or educate their young daughters about these issues. For these reasons, the State Baptist Young Woman's Auxiliary (YWA) recognized the need to educate not only adult women but also female adolescents, ages 10 to 18 years about breast and cervical cancer. To address this issue, the YWA created the Girl Talk (GT) health education program in its catchment areas.

### **Methods**

The overall goal of Girl Talk is to educate about breast and cervical cancer and screening within YWA affiliated congregations and communities. In the present study, young adult AA females, ages 20 to 25 years were selected from each of the eight YWA Health Ministry Regions and trained to conduct educational sessions. Trainees were chosen because of their knowledge, enthusiasm, willingness, and excitement to be the forerunners for implementing Girl Talk. Evaluation of the training revealed the trainees showed a good basic knowledge of both breast and cervical cancer.

### **Results**

Forty young adult AA females trained to conduct Girl Talk presentations within their respective congregations and communities. Presentations have been conducted statewide and at two historically black colleges and universities reaching more than 1,000 young and older adult AA women.

### **Conclusions**

Girl Talk is being proven as an effective strategy to reach and engage young and older AA females in dialogues related to cancer prevention, screening and early detection.

### **Funding Source**

Funding was made possible by the Southeastern US Collaborative Center of Excellence In the Elimination of Disparities (SUCCEED) Legacy Grant 2010 at Morehouse School of Medicine in collaboration with the Medical University of South Carolina Hollings Cancer Center.

### **Acknowledgements**

Not applicable

### **P13. What you should know about cancer health disparities: a community-based, lay health cancer educational session model (031339)**

Deloris G. Williams, PhD, RN<sup>1</sup>; Dolores B. Scott, MEd<sup>2</sup>; Kimberly Comer, MPH<sup>3</sup>; John R. Ureda, DrPH, MPH<sup>4</sup>; Heather M. Brandt, PhD, CHES<sup>3</sup>; Dawnyéa Jackson, MA<sup>3</sup>; Deonna Farr, MPH, CHES<sup>3</sup>; Katherine Leith, PhD<sup>3</sup>

<sup>1</sup>Carolina Community-Based Participatory Resource Center; <sup>2</sup>State Baptist Young Woman's Auxiliary – Woman's Baptist Education & Missionary Convention; <sup>3</sup>University of South Carolina; <sup>4</sup>Insights Consulting

#### **Background**

Although cancer deaths have declined for both Whites and African-Americans (AA) living in the United States, AA continue to suffer the greatest burden for each of the most common types of cancer. Complex and interrelated factors contribute to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. Education plays a big role in eliminating health disparities. If people are not educated on the causes, different risk factors for developing cancer, or on the appropriate interventions available to reduce their risk, there is no self-awareness and individual responsibility in place. The South Carolina Cancer Disparities Community Network (SCDCN) and the State Baptist Young Woman Health Ministry (YWA) developed a presentation, Cancer Health Disparities (CHD): What You Should Know to Empower the Community through Education to Take Actions to Reduce CHD.

#### **Methods**

Community-based participatory approaches helped identify a response to a community request to provide knowledge about cancer and CHD. The YWA and SCDCN developed an educational session to implement within AA faith communities to test acceptability and effectiveness of the educational session. Participant and presenter evaluation instruments were created and revised based on feedback. Evaluation incorporates Likert-type questions and open-ended responses for participants and presenters.

#### **Results**

Fourteen AA women were trained to deliver the presentation. Preliminary data reveal sessions were well received; participants felt satisfied and comfortable dialoging about CHD during and after sessions. Participants stated that for the first time they now understand what cancer is and how it starts in the body, thus the basis for actions to prevent and control it. A next step encompasses developing a specific plan to support presenter recruitment, training, certification, technical assistance, and evaluation.

#### **Conclusions**

The presentation has proven to be an effective model to train lay health persons to conduct the CHD program for AA congregations.

#### **Funding Source**

The project described was supported by Grant Numbers U01CA114601 and U54CA153461 from the Center to Reduce Cancer Health Disparities of the National Cancer Institute. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. The South Carolina Cancer Disparities Community Network (SCDCN) is a program funded by the National Cancer Institute as one of 23 Community Networks Program Centers of the Center to Reduce Cancer Health Disparities. Supplemental funding has also been received from the South Carolina Cancer Alliance.

## **P14. A gender paradox: HIV conspiracy beliefs and sexual health behaviors among African-Americans (031338)**

Cheryl Armstead, PhD<sup>1-2</sup>; Godwin Mbamalu, PhD<sup>2-3</sup>; Sybil Rosado, PhD, JD<sup>3</sup>; Talishia Tucker<sup>1</sup>; Sophia McArthur<sup>3</sup>; Lauren Oree<sup>1</sup>; Tianna Fisher<sup>4</sup>; Troy Chalmers<sup>3</sup>; Emeneke I, PhD<sup>3</sup>

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<sup>2</sup>Statewide Cancer Prevention and Control Program, Arnold School of Public Health, University of South Carolina; <sup>3</sup>Benedict College; <sup>4</sup>Department of Exercise Science, Arnold School of Public Health, University of South Carolina

### **Background**

This study explores the effects of HIV conspiracy beliefs (HIVCON) and gender on sexually transmitted disease (STD) risk and protective behaviors among African Americans (AAs). HIVCON was identified as a barrier to STD control and prevention in previous studies. The positive effects of HIVCON have not been considered. The objective of this study was to understand the contribution of HIVCON to racial disparities in STD risk and protection. Based on the previous literature, it was expected that HIVCON and male gender would increase risky sexual behaviors and attitudes.

### **Methods**

370 AAs from lower SES, Black census tracts completed telephone interviews about sexually-related cultural beliefs, protective behaviors, and risk-taking. Respondent's ages were between 18 to 55 years. Phone exchanges were obtained from a 6% stratified probability sample. Participants indicated their level of agreement with the statement, "HIV/AIDS was created to harm minorities."

### **Results**

35.1% of respondents reported HIVCON. 50.0% reported exposure to information about the Tuskegee Syphilis Experiments. Notably, knowledge about the Tuskegee Studies was unrelated to HIVCON. ANCOVA's showed that males who endorsed HIVCON were more likely to report monogamous sexual relationships than: 1) males who did not endorse HIVCON and 2) all females, regardless of HIVCON beliefs. Males who endorsed HIVCON were more likely to obtain free condoms from clinics than other males and all females. Contrary to the extant literature, gender and HIVCON had no effect on other behaviors.

### **Conclusions**

The results do not support the prevailing assumption that HIVCON deleteriously affects protective behaviors. To the contrary, it appears that HIVCON may increase the prevalence of monogamous sexual relationships among Black males. HIVCON affected the utilization of free condom distribution sites among AA men, but not women. The positive implications of HIVCON must be fully investigated. Policy which supports translational research will facilitate the application of our findings to prevention efforts in communities of color.

### **Funding Source**

Not applicable

### **Acknowledgements**

Not applicable

## **Other Contributed Abstracts**

# List of Other Contributed Abstracts

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<b>ID#</b>	<b>First Author</b>	<b>Title (Abstract ID#)</b>
1	Daniela B. Friedman, MSc, PhD	Knowledge and perceptions about clinical trials from South Carolina's urban and rural populations (022101)
2	James Lyndon McCracken, MA	Reducing cancer disparities in South Carolina by promoting implementation of community and evidence-based cancer prevention and control interventions (022103)
3	*Otis L. Owens, PhD(c), MPH	Developing a tool for assessing prostate cancer decision making among African-American men in the South (022406)
4	*Jonathan L. Brown	NOV-002 induces S-glutathionylation of serpins A1 and A3 in human plasma (022508)
5	*Dawnyéa D. Jackson, MS	A mixed methods approach to exploring African-American men's and women's health and cancer decision making (030411)
6	*Kyle Buck	Socio-spatial factors driving cancer disparities (030612)
7	Linda Robinson, APRN-BC	Seeing through a new lens to transform HIV prevention messages (030613)

\*Denotes student abstract submission

# List of Other Contributed Abstracts

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<b>ID#</b>	<b>First Author</b>	<b>Title (Abstract ID#)</b>
8	James R. Hébert, ScD	Addressing health disparities through community-based participatory research, training and outreach: South Carolina Cancer Disparities Community Network-II (031116)
9	Daniela B. Friedman, MSc, PhD	Provider communication and healthy role modeling at a federally qualified health center-based farmers' market (031119)
10	*Tatiana Y. Warren, PhD(c)	A qualitative study of African-American women's perceived influences on and strategies to reduce sedentary behavior (031221)
11	Heather M. Brandt, PhD, CHES	Comprehensive cervical cancer prevention and control: progress and remaining challenges in statewide efforts in South Carolina (031223)
12	Heather M. Brandt, PhD, CHES	Using photovoice as a tool for community engagement to assess the environment and health disparities and inform interventions (031224)
13	*LaShanta Rice, PhD (c), MPH	Using community-engaged research to inform development of an environmental health survey (031225)
14	*Jamelle H. Ellis, PhD(c), MS	Study of fishing and fish consumption patterns in the Gullah/Geechee Sea Island population (031226)

\*Denotes student abstract submission

# List of Other Contributed Abstracts

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<b>ID#</b>	<b>First Author</b>	<b>Title (Abstract ID#)</b>
15	*Grishma Bhavsar, PhD(c)	Rural-urban differences in receipt of home health care services among Medicare beneficiaries with diabetes (031327)
16	*Dien Anshari, MS	Do the racial and sex characteristics of people portrayed on cigarette package pictorial warning labels matter? Results from a field experiment in a low-income population (031328)
17	Kimberly D. Comer, MPH	The evolution of the South Carolina Witness Project: 2008 – 2013 (031329)
18	Amy Martin, DrPH	Evaluation planning toolkit for the implementation of the National Hemophilia Program Coordinating Center (031330)
19	Cheryl Armstead, PhD	Toward validating a measure of perceived skin color discrimination, health equity and cancer-related risk behaviors (031331)
20	Calvin James, MPH	From the African-American male's perspective: assessing attitudes, knowledge and perceptions of trust with participation in biospecimen research (031332)
21	Calvin James, MPH	Getting your house in order: evaluating the Pastor's role in delivering an interactive prostate cancer educational program (031333)

\*Denotes student abstract submission

# List of Other Contributed Abstracts

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<b>ID#</b>	<b>First Author</b>	<b>Title (Abstract ID#)</b>
22	Calvin James, MPH	We have to do something: African-American males' struggle with the recent U.S. Preventive Services Task Force grade of "D" for prostate cancer screening (031335)
23	Jessica D. Bellinger, PhD	Making decisions about cervical cancer prevention and control: a qualitative study of rural women in South Carolina (031336)
24	Cheryl Armstead, PhD	Aggravation in the Academy: effects of academic stress and global distress on emotional coping among African-American students (031337)
25	Calvin James, MPH	Prostate cancer education materials: are they hindering the informed decision making process among an African-Americans in South Carolina? (031340)
26	Cheryl Armstead, PhD	An overlooked determinant of physical activity (PA) engagement: African-American women's hair decisions (031341)
27	*Samuel D. Towne Jr., PhD(c), MPH, CPH	Capacity and use of computerized systems to supported electronic health information exchange (EHIE) with pharmacies and physicians and electronic health records in residential care facilities in the US (031442)
28	**Tessie Haywood, BSW, MA	Addressing health disparities through community initiatives (031843)

\*Denotes student abstract submission

\*\*Denotes community-based organization abstract submission



## 1. Knowledge and perceptions about clinical trials from South Carolina's urban and rural populations (022101)

Daniela B. Friedman, MSc, PhD; Caroline D. Bergeron, DrPH(c); Caroline Foster, PhD(c); Andrea H. Tanner, PhD; Sei-Hill Kim, PhD

### Background

Clinical trials (CTs) have the potential to provide the most advanced medical treatments and screening options and help medically underserved individuals, including those in rural communities, obtain the medical care they need. Despite the need for access to care and the potential for addressing health disparities, CT participation remains low in rural South Carolina (SC). This study examined South Carolinians' knowledge and perceptions about medical research to better understand these barriers to CT participation.

### Methods

Nineteen focus groups and eight interviews were conducted statewide with 212 men and women ages 21+. Discussions assessed participants' beliefs, perceptions, and sources of information about CTs, and their willingness to participate in a CT. Focus group and interview transcripts were organized into NVivo10 software, coded, and analyzed qualitatively for themes.

### Results

Urban and rural participants expressed similar beliefs about CTs. Common misperceptions were that CTs were intended for people who could not afford care and that completing a survey or participating in a focus group constituted a CT. Rural groups more often believed that CTs involved deception and also expressed less willingness than urban participants to participate in a CT in the future. Urban participants more frequently discussed their distrust of the medical system as a reason for why they may not want to participate. Both rural and urban residents said that their participation would depend on whether their doctor recommended it or if the trial benefitted a family member's health.

### Conclusions

While CT participation is lower among rural communities, this in-depth qualitative analysis demonstrated that both urban and rural groups had limited knowledge and awareness about CTs. Findings have important implications for public health communication. Tailored messages for urban and rural communities are needed throughout the state about what constitutes a CT and to address common misperceptions about participation in medical research.

### Funding Source

Health Sciences South Carolina

### Acknowledgements

We are grateful to the study participants, community partners, and the focus group moderators (USC graduate students) who assisted with this research.

## 2. Reducing cancer disparities in South Carolina by promoting implementation of community and evidence-based cancer prevention and control interventions (022103)

James Lyndon McCracken, MA<sup>1</sup>; Daniela B. Friedman, MSc, PhD<sup>1-2</sup>; Heather M. Brandt, PhD, CHES<sup>1-2</sup>; Swann Arp Adams, PhD<sup>1,3-4</sup>; Sudha Xirasagar, MBBS, PhD<sup>5</sup>; John R. Ureda, DrPH, MPH<sup>6</sup>; Rachel Mayo, PhD<sup>7</sup>; Kimberly Comer, MPH<sup>1</sup>; Miriam Evans, EdD, MCHES<sup>8</sup>; Delores Fedrick, BS<sup>9</sup>; Jacqueline Talley<sup>10</sup>; Madeline Broderick, BA<sup>1</sup>; James R. Hébert, MSPH, ScD<sup>1,3</sup>

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### Background

The South Carolina Cancer Prevention and Control Research Network (SC-CPCRN) implemented the Community Health Intervention Program (CHIP) mini-grants initiative to address cancer-related health disparities among high-risk populations across the state. The CHIP mini-grants project tailored evidence-based health interventions to the specific needs of each community effectively using community health educators to build public health capacity and reduce the cancer burden.

### Objective

To engage and support community partners to realize a shared vision of reducing cancer-related health disparities through the implementation of evidence-based interventions.

### Methods

Three community-based organizations were awarded \$10,000 each to implement one of the National Cancer Institute's evidence-based interventions. Each partner had approximately 12 months to complete their project. SC-CPCRN investigators and staff provided guidance, oversight, and technical assistance for each project. Grantees provided regular updates and reports to their SC-CPCRN liaisons to capture vital evaluation information.

### Results

The intended CHIP mini-grant target population reach was projected to be up to 880 participants combined. Actual combined reach of the three projects reported upon completion totaled 1,081 individuals. The majority of CHIP participants were African-American females. Participants ranged in age from 19 to 81 years. Evaluation results showed an increase in physical activity, dietary improvements, and screening participation.

### Conclusions

The success of the initiative was the result of a strong community-university partnership built on trust. Active two-way communication and an honest open dialogue created an atmosphere for collaboration. Communities were highly motivated. All team members shared a common goal of reducing cancer-related health disparities and building greater public health capacity across the state.

**Funding Source**

Funding for the SC-CPCRN provided by the Cooperative Agreement Number U48/DP001936 from the Centers for Disease Control and Prevention and the National Cancer Institute (PI: J.R. Hébert; Co-PI: D.B. Friedman; <http://sccpcrn.sph.sc.edu/>). This work is also partially supported by an Established Investigator Award in Cancer Prevention and Control from the Cancer Training Branch of the National Cancer Institute to J.R. Hébert (K05 CA136975).

**Acknowledgements**

This publication was supported by Cooperative Agreement Number U48/DP001936 from the Centers for Disease Control and Prevention and the National Cancer Institute (PI: J.R. Hébert; Co-PI: D.B. Friedman). We would like to thank CHIP mini-grant project liaisons and the communities that implemented and evaluated these. The mini-grants program and associated documents were adapted from Emory University's Cancer Prevention and Control Research Network mini-grants program.

### **3. Developing a tool for assessing prostate cancer decision making among African-American men in the South (022406)**

Otis L. Owens, PhD(c)MPH; Tracey L. Thomas, MA, MS; Calvin James, MPH; Dawnyéa D. Jackson, MS; Andrea Williams, MEd; Daniela B Friedman, PhD; John R. Ureda, DrPH, MPH; Kim Johnson, RN; Joe Dickey; Ron Miller; Sonya Lovett; Lucy Gansauer, RN, MSN, CPSO, OCN; James Bearden, MD, FACP; James R. Hébert, ScD

#### **Background**

African-American (AA) men experience significantly higher prostate cancer (PrCA) incidence and mortality rates than do European-American men. AA men in South Carolina have the highest PrCA mortality rates in the United States. In order to effectively create and implement interventions to reduce PrCA disparities, we developed and pilot-tested a survey measuring whether, and to what extent, AA men in South Carolina are: 1) learning about PrCA screening, treatment, and survival and 2) engaging in informed decision making about PrCA screening and treatment as recommended by the American Cancer Society.

#### **Methods**

A 45-item survey (to be administered statewide) containing demographic, knowledge, and behavioral questions was developed based on existing instruments. A purposive, convenience sample of 35 AA men 40-74 years of age were recruited to participate in one of two 90-minute group-based cognitive interviews where they completed the survey and provided feedback regarding the format, readability, and content of each survey question.

#### **Results**

All participants were instrumental to the discussion and provided valuable feedback on each question. Approximately 34 of the questions were modified. Overall, men felt that the format and content of the questions were appropriate. Specific changes such as changing word selection (e.g., friend vs. acquaintance) enhanced question readability.

#### **Conclusions**

In order to create culturally appropriate survey instruments researchers should consider pilot-testing their instruments among a small subset of their target population. Coordinating forums where the community can be involved in early phases of the research process can increase rapport and establish trust between communities and researchers.

#### **Funding Source**

The grant to implement this research was funded by the South Carolina Cancer Alliance

#### **Acknowledgements**

We would like to thank our research participants

#### **4. NOV-002 induces S-glutathionylation of serpins A1 and A3 in human plasma (022508)**

Jonathan L. Brown; Christina Grek, PhD; Kenneth D. Tew, PhD; Danyelle M. Townsend, PhD

Serine protease inhibitors (serpins) make up about 2% of the total protein in human serum. There is evidence that the Serpin protein family influences myeloproliferation and hematopoietic progenitor cell mobilization. Serpins have been found to undergo post-translational modification, S-glutathionylation, in patients treated with redox chemotherapeutics. S-glutathionylation is the specific posttranslational modification of protein cysteine residues by the addition of glutathione. S-glutathionylation alters the functionality of enzymes, receptors, structural proteins, transcription factors, and transport proteins. The drug, NOV-002, is the redox chemotherapeutics utilized in this experiment to induce S-glutathionylation of serpin A1 and A3 in treated human serum. After receiving the redox chemotherapeutics, S-glutathionylated Serpin A1 and A3 may affect myeloproliferative events. Hence after standard chemotherapy, the myeloproliferative status is low and in the future, this information will help to increase this condition. Evidence shows that the down-regulation of serpins A1 and A3 in bone marrow occurs during progenitor cell mobilization. Eight plasma samples of cancer patients are treated with NOV-002 and without the drug. Using protein electrophoresis and Western blot analysis, S-glutathionylation of serpin A1 and A3 proteins was measured before and after the addition of the drug NOV-002 to serum samples of cancer patients. The results will evaluate the effects of the redox chemotherapeutics on the S-glutathionylation of serpins and ultimately serve as an efficacy biomarker.

#### **Funding Source**

Department of Defense Grant

#### **Acknowledgements**

Jonathan L. Brown, Christina Grek, PhD, Kenneth D. Tew, PhD, Danyelle M. Townsend, PhD, Verlie A. Tisdale, PhD, Gloria McCutcheon, PhD, Marvella Ford, PhD, Melanie Sweat Jefferson, MPH, Debbie Bryant, PhD

## 5. **A mixed methods approach to exploring African-American men's and women's health and cancer decision making (030411)**

Dawnyéa D. Jackson, MS; Otis L. Owens, PhD(c), MPH; Tracey L. Thomas, MA, MPH; Daniela B. Friedman, PhD; James R. Hébert, ScD

### **Background**

African Americans (AAs) are more likely to develop and die from cancer than any other racial or ethnic group. Numerous factors serve as barriers to informed health decision making (e.g., cancer screenings) among AAs. Given this cancer disparity, the purpose of this study was to use a mixed methods approach to assess AA men's and women's (1) knowledge and attitudes regarding prostate cancer prevention and screening, (2) health and cancer-related decision making practices, and (3) perceived impact of a community photovoice experience and booklet.

### **Methods**

Data were collected from a total of 81 participants using qualitative focus groups (81 participants), quantitative pre/post survey data from a community education program, (56 of 81 participants), and a photovoice experience (15 of 81 participants). All data were collected in South Carolina.

### **Results**

Focus group findings showed that men often relied on their female significant other and doctors for health-related information and decisions. In line with men's decision making, women described their role and responsibility as assisting with their male partners' health and cancer-related decisions. AA men's and women's prostate knowledge scores increased significantly between pre- and post-tests. Finally, most of the photovoice participants reported that the experience and booklet had influenced a change in their dietary behaviors and health decision making.

### **Conclusion**

Future community-based formative research and intervention work should consider using a similar mixed methods approach to explore a more complete picture of health- and cancer-related decision making in AA communities.

### **Funding Source**

This work was supported by two grants from the National Cancer Institute: U54 CA153461, JR Hébert (PI) from the Center to Reduce Cancer Health Disparities (Community Networks Program Centers) to the South Carolina Cancer Disparities Community Network (SCCDCN-II; pilot project leader: DB Friedman); and K05 CA136975, an Established Investigator Award in Cancer Prevention and Control from the Cancer Training Branch of the National Cancer Institute to JR Hébert. Additional funding was provided by the University of South Carolina Cancer Prevention and Control Program.

### **Acknowledgements**

We are grateful to the study participants and our partners at the Spartanburg Regional Gibbs Cancer Center's National Cancer Institute Community Cancer Centers Program and UsTOO International for their support of this project.

## 6. Socio-spatial factors driving cancer disparities (030612)

Kyle Buck

### **Background**

The impact of cancer is enormous and takes a toll on both the individual and societal level. A major goal in cancer research involves the elimination of cancer-related health disparities, which result in diverse rates of incidence and mortality. Factors instigating a divide among the groups range from genetic factors to environmental exposures to social processes resulting in differential diagnoses and treatments for the disease. The NCI has funded numerous programs and research initiatives aimed at the measurement and remedy of these existing inequalities. Research thus far has typically focused on the measurement and comparison of rates, such as incidence and mortality (outcome measures), to one of many socioeconomic variables. The goal of this research is to identify the primary factors influencing cancer-related health disparities, the relative impact of these factors on the disparities, and the spatial extent of these factors on a county level throughout the entire U.S.

### **Methods**

Current concepts and metrics from the realm of hazards geography can make relevant contributions to the field of health disparities by integrating the complex environmental and social systems. In order to effectively measure such complex systems, the disparities research must first be framed using a more suitable conceptual framework--one that takes into account the interaction of social networks with genetic and environmental factors influencing health outcomes. This research will be composed of three main procedures intended to address the sociospatial factors driving cancer disparities, the identification of a more robust and consistent set of indicators of cancer vulnerability, and the identification of regional differences in the data. Collection of data will be followed by a polynomial regression, principle components analysis, and hot spot analysis on the county level to determine the variables contributing the most to the disparities.

### **Results**

This research is in the initial stages, so results and conclusion are pending.

### **Conclusions**

Pending

### **Funding Source**

Not applicable

### **Acknowledgements**

Not applicable

## 7. Seeing through a new lens to transform HIV prevention messages (030613)

Linda Robinson, APRN-BC; Kathryn Luchok, PhD

### **Background**

CDC reports one in five of the 1.2 million people in the United States living with HIV are unaware of their infection. In recent years the annual number of new HIV infections has remained relatively stable, with approximately 50,000 Americans infected each year. Minority women are at high risk; many of these cases are associated with unprotected intercourse. South Carolina ranks 9th in new infections; clearly some new ways of reaching at-risk populations is needed. Traditional training for HIV prevention suffers from the “curse of knowledge”, a tendency to assume knowledge the audience does not have. When trainings forgo accessibility, they perpetuate information imbalances between trainers and learners. Transforming messages to be more effective requires looking through a new lens to better communicate information.

### **Methods**

Derived from listening to clients’ personal stories through 13 years of clinical practice, these innovative approaches help people easily understand difficult topics, illuminating core messages that promote understanding, retention, and application of content. Using everyday language, simple analogies, and concrete metaphors helps core messages “stick;” ideas are easily understood and have a lasting impact because they are tied to familiar concepts individuals already know. Shifting from dramatizing to normalizing sex veers away from the fear-based messages that have had little success in reducing HIV transmission. This shift more effectively promotes HIV prevention because it uses humor and concrete easy-to-assemble tools to help make complicated reproductive facts simple and memorable.

### **Results**

Normalization increases the comfort level of learners to open their minds; concrete sticky messages and tools strengthen the knowledge they already have and stimulate learning new knowledge. Participants report high satisfaction with the transformative nature of the training.

### **Conclusions**

This approach can be used for all aspects of comprehensive sex education with a variety of audiences, including social services providers, health professionals and clients.

### **Funding Source**

Not applicable

### **Acknowledgements**

Not applicable



## **8. Addressing health disparities through community-based participatory research, training and outreach: South Carolina Cancer Disparities Community Network-II (031116)**

James R. Hébert, ScD

With a focus on eliminating cancer health disparities and improving health outcomes among the African-American population in South Carolina and the nation, the SCCDCN-II's overarching goal is to contribute materially to: understanding the underlying causes of cancer-related health disparities; developing effective innovations to lower incidence, improve survival, and reduce suffering; delivering innovations to high-risk populations; and moving them to widespread dissemination.

Our goal will be realized by:

1. Increasing the knowledge base needed to understand which biomedical and behavioral procedures are most likely to prevent and control cancer in African-American communities;
2. Developing and testing interventions that are likely to reduce cancer incidence, downstage disease at time of diagnosis, increase longevity, and improve quality of life in people with cancer;
3. Delivering interventions shown to be effective to places of greatest receptivity and public health need and to evaluate them in terms of generalizability; and
4. Disseminating results from successful interventions in the form of interventions and collaborations with national partners to determine universal elements that will work in most places and to discern essential elements that are more place- and culture-specific.

The success of SCCDCN-II is predicated on: dedication to community-based participatory research; understanding that the philosophical underpinnings and practical methods of applying knowledge are transparent across interdisciplinary, translational and community-based participatory research; that the missions of research, education, and service are inseparable and interdependent; and that training of the next generation of scientists must be dedicated to the highest ideals of community-based participatory, interdisciplinary, and translational research.

### **Funding Source**

National Cancer Institute, Center to Reduce Cancer Health Disparities

### **Acknowledgements**

The SCCDCN-II is supported by the National Cancer Institute as one of 23 Community Network Programs of the Center to Reduce Cancer Health Disparities: (U54CA153461) PI: Dr. James R. Hébert.

## 9. Provider communication and healthy role modeling at a federally qualified health center-based farmers' market (031119)

Daniela B. Friedman, PhD<sup>1-2</sup>, Darcy A. Freedman, PhD<sup>2-3</sup>, Seul Ki Choi, MPH<sup>1-2</sup>, Edith Anadu, MD<sup>4</sup>, Heather M. Brandt, PhD, CHES<sup>1-2</sup>, Natalia Carvalho, MS<sup>2</sup>, Thomas G. Hurley, MS<sup>2</sup>, Vicki M. Young, PhD<sup>5</sup>, James R. Hébert, ScD<sup>2,6</sup>

<sup>1</sup>Department of Health Promotion, Education and Behavior, Arnold School of Public Health, University of South Carolina; <sup>2</sup>Statewide Cancer Prevention and Control Program; <sup>3</sup>College of Social Work, University of South Carolina; <sup>4</sup>Family Health Centers, Inc., Orangeburg, South Carolina; <sup>5</sup>South Carolina Primary Health Care Association; <sup>6</sup>Department of Epidemiology and Biostatistics, Arnold School of Public Health, University of South Carolina

### Background

Farmers' markets have the potential to improve the health of underserved communities, shape people's perceptions, values, and behaviors about healthy eating, and serve as a social space for both community members and vendors.

### Methods

This study explored the influence of health care provider communication and role modeling for diabetic patients within the context of a farmers' market located at a federally qualified health center (FQHC). Provider communication strategies included: providing patients with "prescriptions" and vouchers for market purchases; educating patients about diet; and modeling healthy purchases.

### Results

Data from patient interviews revealed that patients enjoyed social aspects of the market including interactions with their health care provider. They reported that seeing providers at the market influenced their purchasing decisions. Providers reported distributing prescriptions and vouchers to patients and shopping at the market, and they believed the market had potential to improve the health of both FQHC staff and patients.

### Conclusions

Results provide important implications for future community-FQHC-university partnerships on diet-related studies and on the potential benefits of provider communication and role modeling on patients' health behaviors and outcomes.

### Funding Source

Funding Source: Cooperative Agreement Number U48/DP001936 from the Centers for Disease Control and Prevention and the National Cancer Institute (PI: J.R. Hébert; Co-PI: D.B. Friedman; Farmers' Market Pilot Project Leader: D.A. Freedman). This work also was partially supported by an Established Investigator Award in Cancer Prevention and Control from the Cancer Training Branch of the National Cancer Institute to J.R. Hébert (K05 CA136975).

### Acknowledgements

We thank James Lyndon (Lyn) McCracken, MA, project director, South Carolina Cancer Prevention and Control Research Network and Jason Greene, farmers' market graduate assistant for their support with this research.

## 10. **A qualitative study of African-American women's perceived influences on and strategies to reduce sedentary behavior (031221)**

Tatiana Y. Warren, PhD(c); Sara Wilcox, PhD; Sara M. St. George; Heather M. Brandt, PhD, CHES

### **Background**

Despite a growing body of research linking sedentary behavior (SB) with adverse health outcomes, few studies have explored perceptions of this behavior.

### **Objective**

To describe African American women's perceived influences on and proposed strategies for reducing SB.

### **Methods**

Three focus groups were conducted with African-American women in Columbia, SC (N=32, 53.6 ± 6.0 years, 75% obese). Groups were audio-taped, transcribed, and coded by two independent raters. QSR NVivo 9 was used to code and organize themes, defined as concepts discussed by ≥ 3 participants across ≥ 2 groups.

### **Results**

Participants were unfamiliar with the term SB prior to the focus groups yet described spending a large portion of their time in SB at work and home. Participants were not concerned about excessive time spent in SB during their leisure-time. They reported being "stressed out" or tired and viewed leisure-time SB as necessary for stress management, personal time, and enjoyment. Participants were more amenable to decreasing SB at work. Participants also identified personal (daily routine, health, age, enjoyment), social (social role constraints, cultural influences, family and friend influences), and environmental factors (home, work) as contributing to their SB. Strategies for reducing SB included building physical activity into daily routines, taking breaks at work, and focusing on psychosocial factors (social support, self-monitoring). Message framing was a key component for influencing strategies for reducing SB.

### **Conclusions**

Interventions aimed at African-American women should first strive to increase knowledge about SB and its associated health risks. Approaches that target prolonged sitting at work by incorporating designated times for breaks and prompts to take breaks hold promise.

Furthermore, improving stress management techniques may be necessary for simultaneously reducing stress and decreasing SB during leisure time.

Funded by NHLBI. Content does not necessarily represent the official views of NIH/NHLBI

### **Funding Source**

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### **Acknowledgements**

We would like to thank Carol Rheaume for providing consultation with QSR NVivo 9. We also gratefully acknowledge each of the women who took part in our focus groups.

## 11. Comprehensive cervical cancer prevention and control: progress and remaining challenges in statewide efforts in South Carolina (031223)

Heather M. Brandt, PhD, CHES<sup>1</sup>; Jennifer Young Pierce, MD, MPH<sup>2</sup>; Saundra H. Glover, PhD<sup>1</sup>; Dolores Scott, MEd<sup>3</sup>; Deloris G. Williams, PhD<sup>4</sup>; Sharon Bond, PhD, CNM<sup>2</sup>

<sup>1</sup>University of South Carolina; <sup>2</sup>Medical University of South Carolina; <sup>3</sup> State Baptist Young Woman's Auxillary – Woman's Baptist Education & Missionary Convention; <sup>4</sup>Carolina Community Based Health Supports Network

### Background

Cervical cancer (CxCa) is an ideal cancer to target for disparities reduction efforts since virtually all cases are preventable through screening, follow-up care/early intervention, and/or human papillomavirus (HPV) vaccination. Widespread implementation and uptake of CxCa screening resulted in 75% reduction in mortality; however, 2000-2010 data show a downward trend in CxCa screening. HPV vaccination is less than ideal. CxCa incidence and mortality in South Carolina (SC) have decreased from 3rd and 8th, respectively, to 14th in both as a result of statewide efforts to focus on CxCa prevention and control.

### Methods

A systematic examination of CxCa prevention and control activities, including HPV vaccination, and outcomes resulted in identification of a need to convene stakeholders through statewide meetings and conferences in SC (A Call to Action; Moving to Action). Working with the faith-based and larger community, survivors, organizations, professionals, and other stakeholders, these statewide initiatives resulted in localized action plans. Local plans have been supplemented with billboards, small media campaigns, and educational programs. Recent declines in CxCa screening and HPV vaccination has raised concerns and underscored the need for further action. Cervical Cancer-Free South Carolina, part of Cervical Cancer-Free America, is in initial stages of reconvening stakeholders to promote action.

### Results

The active involvement of diverse partners has proven essential in the past and contributed to decreases in CxCa incidence and mortality. This same approach will be used to address emergent declines and support current HPV vaccine policy under consideration in SC.

### Conclusions

Recognizing a decline in CxCa prevention and control behaviors in SC, reconvening stakeholders to ensure incidence and mortality do not increase as a result is a priority. The Cervical Cancer-Free South Carolina movement represents an opportunity to develop and implement statewide strategies to address declines in behaviors connected to incidence and mortality.

### Funding Source

The efforts described in the abstract reflect multiple funding sources, including the Center to Reduce Cancer Health Disparities/National Cancer Institute, National Institute on Minority Health and Health Disparities, American Cancer Society, Palmetto Health (Columbia, SC), and the South Carolina Cancer Alliance.

### Acknowledgements

The efforts described in the abstract reflect multiple funding sources, including the Center to Reduce Cancer Health Disparities/National Cancer Institute, National Institute on Minority Health and Health Disparities, American Cancer Society, Palmetto Health (Columbia, SC), and the South Carolina Cancer Alliance.

## **12. Using photovoice as a tool for community engagement to assess the environment and health disparities and inform interventions (031224)**

Heather M. Brandt, PhD, CHES; LaShanta Rice, PhD (c), MPH; Dayna Campbell, PhD(c), MS; Edith M. Williams, PhD; Saundra H. Glover, PhD, MBA; Jamilah Giles; Evangeline Cornelius

### **Background**

Photovoice, documentary photography, was used as a participatory research method to document perceptions of local environmental hazards, pollution sources, and potential impact on health among community members to inform action steps to address environmental health disparities.

### **Methods**

A convenience sample of 16 adults (81% female) in Orangeburg County, South Carolina, a predominantly minority, underserved area with disparate health outcomes, was recruited and participated in a three-part implementation of photovoice. Participants completed a descriptive survey, received instructions, and took photos over specified period; selected and provided written descriptions for up to 10 photos; and engaged in a discussion after photo selection. Descriptive statistics were calculated for survey data. Photos and descriptions were reviewed using an iterative process involving participants, community leaders, and research team members.

### **Results**

Photos depicted positive and negative implications of the environment and health across seven emergent themes: recreation and leisure; food access; hazards and pollution; health, human, and social services; economic issues; beautification; and accommodation and accessibility. Positive photos (e.g., fresh fruits and vegetables, community gardens) and negative photos (e.g., standing water, abandoned houses) demonstrated a high level of interest among community members in considering how the environment influences health and contributes to health disparities. Evaluation of photos resulted in preparation of an action plan to guide future advocacy to support positive elements of the environment and address negative ones.

### **Conclusions**

Photovoice was successful in engaging participants in a thoughtful, strategic process of considering how the environment influences health and connects to health disparities. Participants were able to make connections that underscored the importance of environmental justice work in underserved communities. The next steps will include enactment of an action plan to sustain engagement and stimulate positive change to the environment to improve health in Orangeburg County.

### **Funding Source**

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### **Acknowledgements**

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### **13. Using community-engaged research to inform development of an environmental health survey (031225)**

LaShanta Rice, PhD(c), MPH<sup>1</sup>; Dayna Campbell, PhD(c), MS<sup>1</sup>; Jamilah Giles, BA<sup>1</sup>; Dawn Bush, BA<sup>1</sup>; Evangeline Corenlius, AA<sup>1</sup>; Heather M. Brandt, PhD, CHES<sup>1</sup>; Sacoby M. Wilson, PhD<sup>2</sup>; Sandra H. Glover, PhD, MBA<sup>1</sup>

<sup>1</sup>University of South Carolina, <sup>2</sup>University of Maryland

#### **Background**

Studies have demonstrated an association between chronic illnesses and exposure to toxic environmental conditions. We used Photovoice to document community members' perceptions of environmental factors that influence health and contribute to health disparities. We conducted a formative assessment of community risks to inform the development of an environmental health survey on cancer and environmental risk perceptions.

#### **Methods**

Homogenous and convenience sampling were used to recruit community members (n=14) across North Charleston, South Carolina. Participants documented positive and negative environmental features of their neighborhoods using Photovoice. Group consensus was employed to identify and confirm photo themes obtain information on social perceptions of environmental health risks and inform development of survey questions.

#### **Results**

Research staff identified 10 emergent themes from the photos. They included: housing/dwellings, industrial, hazards/pollution, beautification, places of worship, human and social services, businesses/schools, construction, natural environment, and other. Photovoice resulted in the generation and/or revision of questions on perceived cancer risk, environmental health risks, and social factors that influence health and identification of three to five factors perceived as paramount to addressing risk perceptions.

#### **Conclusion**

Our findings demonstrated that Photovoice is a useful method of ascertaining community input, engaging community members in research, and documenting perceptions of environmental challenges in underserved communities. Results from this study will inform development of an environmental health survey and future health promotion interventions. Understanding social beliefs and general perspectives on environmental risks may provide a partial explanation for racial/ethnic differences in environmental and cancer health disparities.

#### **Funding Source**

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#### **Acknowledgements**

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#### **14. Study of fishing and fish consumption patterns in the Gullah/Geechee Sea Island population (031226)**

Jamelle H. Ellis, MS; Dwayne E. Porter, PhD; Daniela B. Friedman, MSc, PhD; Geoff Scott, PhD; Robin Puett, PhD

##### **Background**

The Gullah Geechee Sea Island population has historically relied on subsistence fishing as a primary source of protein, but there is limited research documenting fish consumption patterns in this population. The goal of this study is to explore the process of refining the interview survey instrument used to collect data on fishing and fish consumption habits and understanding of the state fish advisory program in this population.

##### **Methods**

Between April and October 2012, purposeful sampling of African American Sea Island men and women from Beaufort and Charleston counties was implemented to recruit focus group participants. Participants were recruited using key informants identified by African American clergy, community organizers, and fishermen in the study area (Beaufort, Charleston, and Colleton counties). Inclusion criteria required that participants: (1) be 18 years or older, (2) self-identify as African American and/or Gullah/Geechee Sea Islander, (3) live within the geographical footprint of the study area, and (4) be any combination of fishers, fish consumers, and/or fish preparers. Qualitative and quantitative data were collected through four focus groups (N=35) comprised of 7-12 people.

##### **Results**

In addition to refining the instrument, robust qualitative data which contributed to thematic coding was also collected during focus groups. Questions such as those regarding species-specific consumption frequency categories and the cultural relevance of fishing were modified based on participant responses. Once all focus groups were conducted and questions were refined, the individual survey instrument was sent to the IRB for approval.

##### **Conclusions**

Focus group sessions were needed to finalize the instrument for individual interview surveys conducted in the study area. This research seeks to add to the knowledge base because it will address a gap in the literature on fishing and fish consumption patterns in this population which relies significantly on fish as a dietary staple.

##### **Funding Source**

African American Professors Program

##### **Acknowledgements**

Daniela B. Friedman, PhD; John McFadden, PhD; Marquette Goodwine; Gullah/Geechie Focus Group Participants



## 15. Rural-urban differences in receipt of home health care services among Medicare beneficiaries with diabetes (031327)

Grishma Bhavsar, PhD(c); Medha Vyavaharkar, PhD, MPH, MD, DNB; Kevin Bennett, PhD

### Objective

This study examines the rural-urban differences in the distribution and duration of home health (HH) services and type of service providers among Medicare beneficiaries with diabetes.

### Method

A cross sectional analysis was conducted using data obtained from the Centers for Medicare and Medicaid Services (CMS) Research Data Center linked with data drawn from the Area Resource File. Wald chi-square tests ( $\alpha=.05$ ) were conducted to test differences between the types of services (diabetes associated vs. non-associated) and their providers by rurality. A Wilcoxon test was used to detect differences between the total number of home health visits and duration of each episode.

### Results

There was no difference in the number of HH service claims that are associated with diabetes in rural compared to urban areas ( $p=0.88$ ). Urban beneficiaries had an average of 24.0 visits per claim, while rural beneficiaries had 17.0 visits ( $p<0.0001$ ). In urban counties, physical therapists provided a larger proportion of HH services (62.2% v 54.8%,  $p<0.0001$ ), while in rural counties, licensed practical nurses (LPN) or registered nurses (RN) (42.0 v 35.3%,  $p<0.0001$ ) and occupational therapists (2.1% v 1.8%,  $p=0.02$ ) provided a greater proportion of HH services.

### Conclusion

There were no rural-urban differences in the number of HH service claims that were associated with diabetes. However, disparities were evident in the duration of HH services and service providers among Medicare beneficiaries with diabetes.

### Funding Source

Office of Rural Health Policy (ORHP)

### Acknowledgements

Not Applicable



**16. Do the racial and sex characteristics of people portrayed on cigarette package pictorial warning labels matter? Results from a field experiment in a low-income population (031328)**

Dien Anshari, MS; James F. Thrasher, PhD; Rachel E. Davis, PhD; Jeannette O. Andrews, PhD

**Background**

The US Food & Drug Administration has selected pictorial health warning labels (PHWLs) for cigarette packaging that include imagery of people with different racial and sex characteristics. Concordance effects due to the similarity of racial and sex characteristics of PHWL imagery and of smokers have not been studied.

**Methods**

Field experiments were conducted with a convenience sample of 701 mostly low-income smokers (50.5% White, 49.5% African American; 41.8% male, 58.2% female) in South Carolina. Each participant evaluated in random order 2 to 8 cigarette packs displaying PHWLs that varied the race and sex of the person pictured in the PHWL and the smoking-related topic it addressed (e.g., cardiovascular disease). Participants rated PHWLs for salience, credibility, relevance, negative emotional response, and effectiveness. To adjust for repeated observations, linear mixed effects (LME) models were estimated, wherein each PHWL response was regressed on participant race, PHWL race, and the interaction between them; on participant sex, PHWL sex, and the interaction between them; and on age, education, income, smoking intensity, quit attempts, quit intention, and PHWL topic.

**Results**

Compared to White participants, African-American participants rated PHWLs as significantly more salient, credible, relevant, negatively arousing, and effective, regardless of the race of the person depicted in the PHWLs. For all PHWL responses, statistically significant interactions between participant race and PHWL race were found, indicating that this difference was greatest when African-American participants rated PHWLs that depicted African Americans. Across PHWL response variables, no main or interaction effects were found when examining sex, except for the main effect of male smokers having a somewhat stronger negative emotional response than female smokers.

**Conclusions**

Racial concordance with people depicted in PHWLs appears to influence smokers' responses to PHWLs. Research should determine whether concordance influences cessation outcomes and whether it is important to consider when developing PHWLs.

**Funding Source**

Not applicable

**Acknowledgements**

Not applicable

## 17. The evolution of the South Carolina Witness Project: 2008 – 2013 (031329)

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<sup>1</sup>Statewide Cancer Prevention and Control Program, Arnold School of Public Health, University of South Carolina; <sup>2</sup>Department of Public Health Sciences, Clemson University; <sup>3</sup>American Cancer Society; <sup>4</sup>Best Chance Network; <sup>5</sup>Carolina Community-Based Health Supports Networks <sup>6</sup>State Baptist Young Women's Auxillary Health Ministry; <sup>7</sup>Second Chance Cancer Support Group; <sup>8</sup>Insights Consulting, Inc.

### Background

African-American (AA) women have lower breast cancer incidence yet higher breast cancer mortality and higher cervical cancer incidence and mortality as compared to White women in South Carolina (SC). Due to these disparities, the Witness Project® was adapted to be implemented in SC. The SC Witness Project is a culturally-appropriate, evidence-based, breast and cervical cancer educational program. The purpose is to increase breast and cervical cancer screening among AA women.

### Methods

Witnesses (breast or cervical cancer survivors and lay health advisors) receive 8 hours of training, booster sessions, and then conduct at least 3 community presentations. The SC Witness Project team is a partnership of the SC Cancer Disparities Community Network, Clemson University, SC Cancer Alliance, Best Chance Network, American Cancer Society, Susan G. Komen Foundation, State Baptist Young Woman's Auxiliary Health Ministry, and Second Chance Cancer Support Group. Each organization has committed staff and/or funding for sustainability. The project is included as a strategy to reach disparate populations as outlined in our state cancer plan.

### Results

Since the inception of the SC Witness Project, 384 Witness volunteers have been trained statewide, 301 community presentations conducted, reaching 8,085 individuals with breast and cervical cancer education. 640 women have been referred for screening. Additionally, the original project video was updated in July 2011 to feature SC women and their stories. The team is currently expanding evaluation efforts to include evaluation of the impact of community presentations and the SC Witness video as well as working to improve tracking of women receiving screening.

### Conclusions

The Witness Project has been successful in reaching AA women with breast and cervical cancer educational messages to address cancer disparities in SC.

### Funding Source

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### Acknowledgements:

Not applicable

## **18. Evaluation Planning Toolkit for the Implementation of the National Hemophilia Program Coordinating Center (031330)**

Amy Martin, DrPH; Jessica D Bellinger, PhD

### **Background**

It is projected that, by the year 2050, 20% of the hemophilia population will be over 60 years of age. Patients are increasingly affected with comorbidities associated not with hemophilia, but with aging (i.e., cancer, cardiac disease, hypertension, and diabetes). The National Hemophilia Program Coordinating Center (NHPCC) is designed to facilitate, coordinate, and evaluate the implementation of activities carried out by HRSA Regional Hemophilia Networks (RHNs) to optimize the health of individuals with bleeding and clotting disorders throughout their lifespan.

### **Objective**

Design an implementation plan for NHPCC evaluation with an emphasis on process, program integrity, and quality improvement methodology.

### **Methods**

Using a four-phase, rapid learning response cycle framework from implementation science, balanced with Donabedian's structure-process-outcome model, the team developed an evaluation plan for the NHPCC that includes discovery, development, implementation/delivery, and evaluation. The discovery phase was completed in February 2013 when the team conducted key informant telephone interviews with representatives from RHNs (n=8). One interview per region (n=8) was conducted with representation from key positions. To inform the interviews, we coded the RHNs' strategic plans and conducted a qualitative thematic analysis for technical assistance (TA) priorities on which the NHPCC could provide assistance.

### **Results**

Synthesis of qualitative data indicated that quality of care improvements and demonstration of HTC model effectiveness are priorities for the NHPCC. As we move from discovery to development, patient data collection feasibility and shared patient outcome goals among the RHNs will be determined.

### **Conclusion**

The application of frameworks from implementation science and quality improvement have thus far demonstrated appropriate for the evaluation of a technical assistance program designed to improve care and outcomes for highly vulnerable patients with relatively rare disorders.

### **Funding Source**

U.S. Department of Health and Human Services, Health Resources & Services Administration

### **Acknowledgements**

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## 19. Toward validating a measure of perceived skin color discrimination, health equity and cancer-related risk behaviors (031331)

Cheryl Armstead, PhD<sup>1-2</sup>; James Hébert, ScD<sup>2-3</sup>; Godwin Mbamalu, PhD<sup>2-4</sup>; Sybil Rosado, PhD, JD<sup>3</sup>; Lisa Davis, MEd<sup>2</sup>; Lauren Oree<sup>1</sup>; Sofia McArthur<sup>4</sup>; Tianna Fisher<sup>3</sup>

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### Background

Health disparities research on African Americans (AA) is hampered by a paucity of psychometrically validated instruments that examines the social determinants of skin color discrimination, rather than singular racial discrimination. Perceived colorism, refers attitudes or inequitable treatment based on social meanings attached to the wide gradient of skin tone shades found among AAs. Darker skin color increases an individual's vulnerability to stress, inequalities in health care, and lower socioeconomic status. We validated a measure of colorism and assessed relationships between colorism, stress load, and cancer-related health behaviors

### Methods

Study participants were drawn from a convenience cohort of students and community adults, ages 18-64 in the South Carolina Midlands. The main study analytic sample included 252 AA and 108 European American (EA) participants; the validation study included 98 AA and 59 EA participants who completed a re-test survey two to four weeks after the initial survey. Instruments included the PCS, social desirability, and several single-item cancer-related behavioral risk questions; the validation survey also included the Perceived Racism Scale and Perceived Stress Scale.

### Results

Key findings indicated the PCS can be validly and reliably employed. Scale reliability was high, as demonstrated by confirmatory factor analysis, Cronbach's alpha (0.74 or greater), and test-re-test reliability coefficients (0.70). Structural equation modeling demonstrated the PCS had the highest correlation ( $r=0.79$ ) with an underlying discrimination construct compared to other self-report discrimination measures employed. Exposure to colorism was significantly associated with psychological distress and tended to be associated with higher BMI, use of potentially carcinogenic skin bleaches, lack of medical system trust, and it was not associated with social desirability.

### Conclusions

These results underscore the need for using validated measures of multiple forms of discrimination, including, colorism. Findings suggest the PCS may be one such measure that can be validly employed with adult AAs.

### Funding Source

Not applicable

### Acknowledgements

Not applicable

## **20. From the African-American male's perspective: assessing attitudes, knowledge and perceptions of trust with participation in biospecimen research (031332)**

Calvin James, MPH; Deloris Williams, PhD, RN; John Ureda, DrPH, MPH; Dolores Scott, MEd; Heather Brandt, PhD, CHES

### **Background**

Disparities in health status continue to reveal higher rates of mortality among African American males (AAM) than any other group. The recognition of the importance of culturally relevant empirically based knowledge in eliminating health disparities among AAM has increased the interest in recruiting African Americans into biospecimen research studies. However, AAM are highly underrepresented in research because of a long history of negative experiences and general mistrust of the health care system. This project examines the AAM's perspective on participation in biospecimen research (BR).

### **Method**

We administered a 27-item demographic survey to 123 AAM, ages 36-78 (mean age 56) who participated in a faith-based prostate cancer screening program. Survey items assessed prior BR participation, distrust of medical systems, awareness of BR, benefits and risks of participation, BR knowledge and willingness to participate.

### **Results**

Ninety-one percent of AAM indicated that they never been invited to participate in BR. More than half (58%) expressed suspicious feelings towards BR and 73% believed BR to be unsafe. Although, AAM considered participation in BR beneficial to society (88%), their families (94%), and themselves (83%), the majority (98%) reported that they never participated in BR while (77%) stated they were not likely to participate in the future. However, 75% revealed that they would participate if it paid money. Perceptions of trust with the medical system revealed higher trust levels among doctors (81%), then medical researchers (74%) and BR (67%).

### **Conclusion**

Although there is an abundance of research regarding the barriers and obstacles to BR participation among AAM, there are still several areas where information is lacking. First, more systematic research is needed on the most effective ways to raise awareness about BR. Additionally, there is a great need to improve BR communication and design research projects that harvest trust in order to increase rates of AAM participation in BR.

### **Funding Source**

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### **Acknowledgements**

Not applicable

## 21. **Getting your house in order: Evaluating the Pastor's role in delivering an interactive prostate cancer educational program (031333)**

Calvin L. James, MPH; John Ureda, DrPH, MPH; Deloris G. Williams, PhD; Dolores B. Scott, MEd; Heather M. Brandt, PhD, CHES

### **Background**

African-American (AA) pastors command significant influence within faith-based communities and are an important conduit through which to inform AAs about health disparities. Because of their historical and trusted roles, pastors are pivotal in shaping congregational members' perceptions and preferences to participate in health promotion among populations that are sometimes considered hard to reach or who view traditional health care channels with distrust. The purpose of the study was to assess the role of pastors in the implementation of a cancer educational program.

### **Methods**

Using a community-based participatory approach, a community-university partnership recruited and trained four church officials (three pastors and one deacon) to implement a faith-based, interactive educational program to facilitate informed decision-making for prostate cancer (PrCA) screening among AA men in South Carolina. To evaluate the efficacy of the program, knowledge, level of participation in decision making and intention to be screened was assessed using a pre- and post-test evaluation among 71 program participants (61=males, 10=females).

### **Results**

Pastors were trained to deliver a two-hour educational session. The session included a tailored script, PowerPoint with video clips to stimulate discussion, and printed materials. Over a four-month period, two training and five program implementation sessions were evaluated to measure the impact of the pastor led program. Preliminary results showed an increase in participant's intention to be screened (81.5%) while two-thirds (67.7%) noted that they were in a more active decision making position. A PrCA knowledge index revealed that the number of correctly answered items significantly increased following the program as compared to before the program ( $p < .000$ ).

### **Conclusions**

AA churches are essential partners in the effort to reduce health disparities. Our findings suggest that the legitimacy and efficacy of cancer educational programs can be greatly enhanced when working in partnership with respected leaders, such as pastors, within the community.

### **Funding Source**

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### **Acknowledgements**

Not applicable

## 22. **We have to do something: African-American males' struggle with the recent U.S. Preventive Services Task Force grade of "D" for prostate cancer screening (031335)**

Calvin James, MPH; John Ureda, DrPH, MPH; Deloris Williams, PhD, RN; Dolores Scott, MEd; Heather Brandt, PhD, CHES

### **Background**

The recent statement of the U.S. Preventive Services Task Force (USPSTF) affirms that prostate specific antigen (PSA) screening results in small to no reduction in prostate cancer-related (PrCA) mortality that is more than countervailed by the negative consequences of screening. Despite the evidence and this recommendation, African-American (AA) men continue to advocate for and express a desire for regular PrCA screening. We examined AA men's issues with changing recommendations for PrCA screening in light of high incidence and mortality in South Carolina.

### **Methods**

An interactive faith-based educational program was designed to increase knowledge and skills relevant to decision-making involving PrCA screening. A pre- and posttest group design was used to evaluate the impact of the program.

### **Results**

Overall, 53.7% of men (mean age = 47.6 years) indicated that they had previously been screened and would continue yearly screenings. Similarly, 52.1% indicated speaking with a doctor and/or family members (56.9%) about prostate cancer screening. After the presentation, 74.6% of men indicated that they definitely wanted to get screened. A review of an 11-item knowledge test revealed a significant increase in correct responses between the pre- and post-test ( $t [50] = -6.333$ ,  $P < .000$ ) highlighting knowledge gain in regards to participants beliefs that it is ok for men to not get screened for PrCA (18.8% vs. 48.5%).

### **Conclusions**

Three-quarters of participants thought that men should be screened yearly for PrCA despite just having participated in an educational session presenting data on the pros and cons of getting screened with reference to current recommendations. The USPSTF recommends against the use of PSAs. AA men believe they should be screened. Many AA men have shielded away from the recommendations and are looking for additional education about PrCA screening in order to make better decisions for their health.

### **Funding Source**

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### **Acknowledgements**

Not applicable



### **23. Making decisions about cervical cancer prevention and control: a qualitative study of rural women in South Carolina (031336)**

Jessica D. Bellinger, PhD; Whitney Millegan, MPH; Azza Abdalla

#### **Background**

Despite advances in screening and prevention, cervical cancer disparities have been detected in minority, rural, and underserved women. This study explored women's knowledge, attitudes, and behavior related to human papillomavirus (HPV) and cervical cancer prevention in South Carolina, which ranks fourteenth in the United States in cervical cancer incidence and mortality.

#### **Methods**

Three focus groups were conducted as part of a larger community-based participatory (CBPR) project. Two focus groups were conducted in an urban county (n=17) and one focus group in a rural county (n=10). Instrument development and participant recruitment were conducted in partnership with a community advisory board. Snowball sampling was employed to recruit twenty-eight adult women (18-70 years of age). An Institutional Review Board approved the study and informed consent was obtained.

#### **Results**

Cervical cancer prevention knowledge varied, with urban women reporting greater exposure to public health campaigns. Most participants had more positive views about screening than HPV vaccination, but were less knowledgeable about current screening guidelines. Lack of health insurance, transportation, and costs were main barriers to screening. Provider recommendations for HPV vaccination also emerged as a barrier. Lack of provider recommendations and ineffective patient-provider communication were viewed as greater barriers to HPV vaccination than cost due to expanded access vaccination programs.

#### **Conclusion**

Rural women view cervical cancer screening as an important health service; however, their health decisions are informed by cancer prevention knowledge, access to care, cost concerns. Providers are a trusted source of health information and present an opportunity to convey culturally-appropriate evidence-based messages about cervical cancer prevention and control.

#### **Funding Source**

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## 24. **Aggravation in the Academy: effects of academic stress, and global distress on emotional coping among African-American students (031337)**

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### **Background**

Daily life stress has been hypothesized to contribute significantly to morbidity and mortality from a host of chronic diseases. Hostility-related stress has been demonstrated to produce significant and potentially pathogenic alterations in cardiovascular, immune, and neuroendocrine functioning. Academic stress is one aspect of daily life stress in students, which may be exacerbated by hostility and emotion-focused coping, rather than proactive coping. It has been suggested that African American (AA) students encounter a unique pattern of academic stress eliciting emotional coping. Our study is the first to examine the roles of gender, academic stress, and general distress among AA university students on multiple measures of self-reported hostility.

### **Methods**

Participants were 209 African-American female and male university students. Participants obtained course credit for their participation. Self-reported measures were completed: The Cook-Medley Hostility Scale, the SCL-90R, and the Student-Life Stress Scale, along with questionnaires assessing demographic, and health.

### **Results**

Univariate Analysis of Covariance were performed controlling for age. Student-life stress scores were divided into tertiles for group analyses. Global distress symptom scores were also divided into tertiles. There were significant main effects for both gender and distress groupings for Cook-Medley Hostility (Trait). These research findings show that the moderately-stressed AA college students showed higher levels of trait hostility and cynicism than the mildly-stressed and extremely-stressed tertile groups. They did not differ from mildly-stressed or highly stressed groups for hostility symptomology during the past seven days/

### **Conclusions**

If styles of hostility expression among AA college students experiencing moderate stress are among the psychosocial factors that are: 1) identifiable in early adulthood, and 2) put women more at risk for hostility, it may be possible to identify and treat, by way of stress management training, subgroups of AA students who are at increased risk of developing hypertension and other cardiovascular problems.

### **Funding Source**

Not applicable

### **Acknowledgements**

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## **25. Prostate cancer education materials: are they hindering the informed decision making process among an African-Americans in South Carolina? (031340)**

Calvin James, MPH; Deloris Williams, PhD, RN; John Ureda, DrPH, MPH; Dolores Scott, MEd; Heather Brandt, PhD, CHES

There has been a burgeoning of research highlighting the extremely high incidence and mortality from prostate cancer (PrCA) among African American (AA) men in South Carolina. Consequently, it is important that AA men are clearly informed about PrCA because of the current disparities and because of recent controversy regarding PrCA screening using the prostate specific antigen test. Although, many men are utilizing the internet to obtain information about how to screen for, prevent, and control PrCA, AA men are still gravitating to printed materials to access their cancer health related information. The purpose of this study was to evaluate printed PrCA screening materials for readability, suitability (including cultural appropriateness), and PrCA content. Materials were identified through a review of national agencies and organizations. Readability of selected materials was assessed using the Simple Measure of Gobbledygook (SMOG), Fry Method, Flesch-Kincaid (FK), and Flesch Reading Ease (FRE). Suitability was assessed using the Suitability Assessment of Materials (SAM). PrCA content was evaluated using a tool created by the authors based on PrCA informed decision making recommendations. Thirty-three PrCa screening materials were identified from nine health agencies by three trained evaluators. The SMOG reading level estimates of the materials ranged from grade 5.1-15.4, with a mean reading grade level of 15.5. The mean FRE score of 54.2 yielded a FK mean reading grade level of 10.1 with a FRY of 11.4. SAM ratings showed that 75.8% of the materials were categorized as "not suitable" for African Americans with 91% of the materials being written for a generic audience. Of content items assessed, a mean score of 77.3% indicated the presence of specific PrCa screening themes within each material. Although, PrCa content themes were fairly consistent across materials, high levels of readability and inadequate suitability for African Americans may hinder utilization and meaning for this population.

### **Funding Source**

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## 26. An overlooked determinant of physical activity (PA) engagement: african-american women's hair decisions (031341)

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### Background

Alarming rates of obesity and physical inactivity among African American women (AAW) in South Carolina puts them at disproportionate risk of cancer, diabetes, and cardiovascular disease compared to European American women (EAW). Prior research indicates that AAW are significantly more likely to be obese compared to EAW. Recent SC survey data indicates that AAW are also significantly less active than EAW. The extant literature shows that hair concerns have been voiced by participants in physical activity (PA) interventions, but there are few programs equipped to address these issues. It was our goal to: 1) examine hair management-related decisional determinants of PA and 2) to explore ways to incorporate hair maintenance to enhance PA programs targeting AA women.

### Methods

We applied mixed qualitative and quantitative methodologies to examine hair maintenance factors influencing PA among AAW, ages 18 or older. Our community sample was recruited from AA churches, USC and Benedict College, and beauty salons. We conducted brief surveys and six focus groups.

### Results

In study 1, we found that 1.4% EAW compared to 20% AAW, reported limiting their PA due to hair style concerns. In study 2, focus group responses were analyzed using constant comparative and thematic analysis. Themes were: 1) Natural hair was associated with healthy behavior, 2) There was an inverse economic relationship between hair maintenance and PA, 3) limiting PA intensity and duration were coping strategies to extend the life of the hair style, and 4) PA barriers related to poor control over hair texture changes. 5) Braids, weaves, and natural hair were seen as PA facilitating factors, 6) Sedentary women were more likely to prioritize hair over exercise. 7) Pre-paid gym memberships were not sufficient incentives to balance hair related barriers to physical activity.

### Conclusions

It is our future goal to synthesize themes to develop culturally acceptable hair management messaging for improving PA interventions among AAW.

### Funding Source

USC Associate Professors Development Award

### Acknowledgements

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## 27. Capacity and use of computerized systems to supported electronic health information exchange (EHIE) with pharmacies and physicians and electronic health records in residential care facilities in the US (031442)

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### Background

We examined a nationally representative sample of residential care facilities (RCFs) to ascertain whether facility's computerized systems (CS) supported electronic health information exchange (EHIE) with pharmacies/physicians and having Electronic Health Records (EHRs). RCFs include assisted living residences, board/care-homes, congregate-care, enriched-housing programs, homes for the aged, personal-care homes, and shared-housing establishments.

### Methods

We used the National Survey of Residential Care Facilities (NSRCF) public-use file (2010) to conduct a cross-sectional analysis. The unit-of-analysis was facilities. Dependent variables: having EHRs and EHIE with pharmacies/physicians. Facility characteristics included in analysis: facility size (small, medium or large), ownership-type (for-profit or non-profit), Metropolitan Statistical Area (MSA) status (MSA or non-MSA), and chain-affiliation. Bivariate analysis: Chi Square; Multivariable analysis: logistic regression.

### Results

The population studied was a nationally representative sample of RCFs (n=2,302). Approximately 17.4% of RCFs used EHRs (2010). Having EHRs was associated with location, facility-size, ownership-type and chain-affiliation. Having CS supporting EHIE with physicians was associated with size. EHIE with pharmacies was associated with chain-affiliation. Absence of CS supporting EHIE with pharmacies was associated with: non-chain-affiliation (OR=1.7, 1.1-2.6). Absence of EHIE with physicians was associated with: small-sized (OR=0.4, 0.3-0.7). Absence of an EHR was associated with: non-chain-affiliation (OR=1.5, 1.2-2.0) small/medium-sized (OR=1.6, 1.2-2.3; OR=1.5, 1.2-2.1, versus large respectively), for-profit (OR=1.7, 1.3-2.3) and MSAs (OR=1.4, 1.03-1.9).

### Conclusions

Maintaining health and independence for vulnerable adults across the spectrum-of-care calls for increasing use of EHRs and CS supporting EHIE in RCFs.

Implications for Policy, Delivery or Practice:

As more adults enter into older age groups, resources must be in place to provide an integrated system of care across multiple settings.

### Funding Source

Not Applicable

### Acknowledgements

Not Applicable

## 28. Addressing health disparities through community initiatives (031842)

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### **Introduction and Project Overview**

The Community Action Board, Inc. (or "CAB") is a nonprofit organization that serves the greater Orangeburg community. It began as a community-based initiative under the USC/Coordinating Center of Excellence in the Social Promotion of Health Equity through Research, Education, and Community Engagement (CCE-SPHERE), in partnership with the Minority AIDS Council of Orangeburg, Bamberg, and Calhoun Counties (MAC). The Board has 13 members who are community leaders representing various organizations and sectors of the community. The CAB's primary interest is meeting various health community needs, while facilitating academic and community partnerships. It is committed to addressing community health needs and provides financial support and oversight of community initiatives that address health disparities.

### **Methods/Selection Criteria used to Select and Fund Community Initiatives**

Faith-based or community organizations in Orangeburg or Calhoun counties can respond to the CAB's Funding Announcement/Request for Application. Organizations can propose a project or activities that focus on one or more of the following health-related areas: 1) HIV/AIDS, 2) HPV/cervical cancer, 3) environmental health, 4) chronic disease prevention or self-management, 5) community health education and promotion, 6) youth health initiatives, 7) physical activity, 8) healthy living or 9) other health-related topic.

- a) Organizations are required to summarize their plan of action; which includes a brief description of community partners;
- b) Describe their plans to identify, recruit, or engage participants in their program;
- c) Describe the types of activities they intend to coordinate;
- d) Briefly describe strategies or measures to be used to document the completion of the project and prove that they met project goals and objectives (e.g., pre-post knowledge test, participant satisfaction surveys, sign in sheets, workshop evaluations, etc.)

### **Results/Recently Funded Projects**

1. Kingdom Life Ministries Fine Arts Department World AIDS Day Event
2. Spring Hill Baptist Church Youth Empowerment Ministry National Black HIV/AIDS Awareness Conference

### **Funding Source**

This community outreach and engagement project was made possible (in part) by P20MD001770 from the National Institute on Minority Health and Health Disparities and is managed by the CCE-SPHERE and Community Action Board, Inc. Project activities, materials, views expressed in written materials, or publications and presentations delivered by speakers and moderators, do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention by trade names, commercial practices, or organizations imply endorsement by the U.S. Government or CAB.

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