Break Out A
Public Health Research:
Community-Based Participatory Research
Around Disease Areas
– Best Practice Models

Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform
CHILDHOOD OBESITY: PREVALENT CONTRIBUTIONS FROM THE ENVIRONMENT THROUGH EXPOSURES

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Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform
CHILDHOOD OBESITY:
PREVALENT CONTRIBUTIONS FROM THE ENVIRONMENT THROUGH EXPOSURES

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Xavier University of Louisiana College of Pharmacy’s Fourth Health Disparities Conference
“Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform”
Sheraton New Orleans Hotel
March 27-29, 2011
CHILDHOOD OBESITY

• More than tripled in the past 30 years.
• The prevalence of obesity among children aged 6 to 11 years increased from 6.5% in 1980 to 19.6% in 2008.
• The prevalence of obesity among adolescents aged 12 to 19 years increased from 5.0% to 18.1%
• Obesity is the result of caloric imbalance (too few calories expended for the amount of calories consumed) and is mediated by genetic, behavioral, and environmental factors.

Immediate and Long-term health impacts

Source: http://www.cdc.gov/healthyyouth/obesity/
GENE-ENVIRONMENT INTERACTION
IN COMMON OBESITY

• It has also demonstrated that interactions between genetic makeup and environment (G×E) are critical for the regulation of adipose mass function [17196040]
  
  – Polygenic, or common, obesity arises when an individual's genetic makeup is susceptible to an environment that promotes energy consumption over energy expenditure.

• The gene GAD2 encoding the glutamic acid decarboxylase enzyme (GAD65) [14691540]
  
  – GAD65 catalyzes the formation of gamma-aminobutyric acid (GABA), which interacts with neuropeptide Y in the paraventricular nucleus to contribute to stimulate food intake.

Focus of Presentation:
In utero Environment

Pollution caused by Mercury

Jackson State University
College of Science, Engineering and Technology
Changes in Biological Pathways Induced by Mercury Includes Those for Obesity
Sale and Extensive Ritual/Religious/Spiritual use of Mercury in a Largely-Latino Populated Community in Lawrence, Massachusetts

http://scx.sagepub.com/content/25/2/204.abstract

Jackson State University
College of Science, Engineering and Technology

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8 of 78
Lawrence MA has the highest rate of students with excessive weight – 47%

<table>
<thead>
<tr>
<th>District</th>
<th>Number of students</th>
<th>Overweight %</th>
<th>Obese %</th>
<th>Overweight or obese %</th>
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<tbody>
<tr>
<td>LAWRENCE</td>
<td>2,564</td>
<td>19.1</td>
<td>27.5</td>
<td>46.6</td>
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<tr>
<td>FITCHBURG</td>
<td>1,417</td>
<td>18.8</td>
<td>27.4</td>
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<tr>
<td>HOLYOKE</td>
<td>1,063</td>
<td>20.7</td>
<td>24.3</td>
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<td>NORTH BERKSHIRE UNION</td>
<td>109</td>
<td>24.8</td>
<td>19.3</td>
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<td>BOSTON</td>
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<td>HAVERHILL</td>
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<td>17.7</td>
<td>22.9</td>
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</tbody>
</table>


The study, which reflects weight and height measurements for about 110,000 students, for the first time provides data on separate school districts and underscores the role of poverty and affluence in determining weight.

Lawrence, one of the state’s poorest cities, had the highest rate of students with excessive weight, about 47 percent. Arlington, a wealthier suburban community with a longstanding commitment to nutrition and exercise campaigns, had the lowest level, about 10 percent.

Is there a Mercury link to Childhood Obesity in Lawrence MA or other communities that are exposed to mercury?
MERCURY INFLUENCE ON MAMMALIAN EARLY DEVELOPMENT

- Pollutant in air, water, diet
- Public health hazards
- Expecting mothers are constantly exposed to it
- In the process mercury influences gene expressions via up- or down-regulation of protein expressions
- By analyzing types of proteins actively participating in mercury intoxication one can explain toxicity resulting in the disease state from gene activities.

- Receptors: interacts with functional groups
  - Sulphydryl groups (-SH),
  - Hydroxyl (–OH)
  - Carboxyl (-COOH)

- OBJECTIVE: To determine stage-specific embryonic expression of GABA receptor genes from microarray data and digital in situ hybridization images of mouse embryo.
**FINDINGS FROM PRELIMINARY STUDIES ON EFFECTS OF LOW DOSE MERCURY ON LIVER AND LYMPHOCYTES CELLS**

- Identification of genes responsive to mercury
- Suggest Gene-Environment and Gene-Gene-environment interactions
- Among genes influenced were those encoding for Gamma AminoButyric Acid (GABA) Receptor involved with regulatory functions in the brain

<table>
<thead>
<tr>
<th>Gene Symbol*</th>
<th>Entrez Gene Identifier</th>
<th>Official Full Name</th>
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<tbody>
<tr>
<td>GABBR1</td>
<td>Human: 2550, Mouse: 54393, Rat: 81657</td>
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<tr>
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<tr>
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Integration of Microarray* and In situ Hybridization** Assays Results for Normal Expression of GABA Receptor Genes

<table>
<thead>
<tr>
<th>Gene Symbol</th>
<th>E14.5 Microarray</th>
<th>E14.5 EUR express</th>
<th>Brain Expression Annotation (Strength: Pattern)</th>
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<tr>
<td>Gabra2</td>
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<td>Strong: Regional</td>
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<tr>
<td>Gabra6</td>
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<tr>
<td>Gabrg2</td>
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<td>Strong: Regional</td>
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Data Sources
*Brains of Normal Mice NCBI GEO: GDS2702
** A Transcriptome Atlas Database for Mouse Embryo www.eurexpress.org
Summary

• Gamma-aminobutyric acid (GABA) interacts with hypothalamic neuronal pathways regulating feeding behavior.

• Low levels of mercury can alter the normal expression of GABA-receptors which may lead to unregulated food intake.

• Community Participatory Research can help identify practices that lead to mercury exposure in at risk communities.
Funding Source

CBOB
Research Centers in Minority Institutions (RCMI) – Center for Environmental Health at Jackson State University (NIH-NCRR 2G12RR013459); Mississippi NSF-EPSCoR Grant Awards (EPS-0800360, EPS-0903967) Pittsburgh Supercomputing Center’s National Resource for Biomedical Supercomputing (T36 GM008789); U.S. Department of Homeland Security Science & Technology Directorate (2007-ST-104-000007; 2009-ST-062-000014; 2009-ST-104-000021).

BBCDP

Visual Analytics Career Development Program

Collaborative URM Program
Empowering Historically Underrepresented Undergraduate Students in Functional Genomics (NSF-DBI-0958179)

Mississippi Functional Genomics Network (NCRR P20RR016476-09A1)
Partnerships For Biomedical Research In Arkansas (NCRR P20RR016460-09)
National Center for Integrative Biomedical Informatics (NIH-NIDA#U54DA021519)
QUESTIONS
BUILDING COMMUNITY CAPACITY IN RURAL MISSISSIPPI DELTA FOR POLICY AND ENVIRONMENTAL SYSTEMS CHANGE

Jackie Hawkins
Mississippi State Department of Health

Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform
“BUILDING COMMUNITY CAPACITY IN RURAL MISSISSIPPI DELTA FOR POLICY AND ENVIRONMENTAL SYSTEMS CHANGE.”

Jackie S. Hawkins, MRRPP, BS
Mississippi Delta Health Collaborative
Mississippi State Department of Health
Fourth Health Disparities Conference,
Xavier University, New Orleans, La
March 28, 2011
Creating Systems in the Mississippi Delta that Support Healthy Lifestyles

- Improved Clinical Outcomes for Diabetes, Hypertension, Cholesterol, and Smoking Cessation
- Improved access to physical activity
- Improved access to healthy foods
- Improved access to quality care
- Reduction health disparities by addressing the social determinants of health
Overview of the Mississippi Delta Health Collaborative

- Develop infrastructure at the community level to facilitate policy and environmental system changes to support healthier lifestyles and decrease risk factors for heart disease and stroke, leading to the reduction in chronic disease prevalence and incidence.

- Improve management of the ABCS among consumers.

- Address social determinants of health for the reduction in health disparities by reaching beyond public health and bringing together diverse representation from the community, government, law enforcement, recreation, business, transportation, health, public and private organizations, and academia.
Phase I
Mayor’s Meeting

- Initial Introductory Meeting with Mayors
- Mayors Informational Packet
  - Overview of Delta Health Collaborative
  - County and State Level Chronic Disease Statistics
  - Community Engagement Matrix
Partnered with local Mayors to hold City Forums to discuss how and what local conditions have an adverse impact on health.

- Utilized Unnatural Causes Series and Discussion Guide
- Began September 2009
- Supported by and planned in coordination with each Mayor’s Office
City Forum - Gunnison, Ms

What does your neighborhood look like?
- Run Down
- No Recreation
- No Parks
- No Grocery Stores
- Needs Supermarkets
- Pesticide (cars, houses, lungs)
- Too Much Dust

What are the strengths in your neighborhood?
- Crime Rate
- A lot of Open Ground
- A lot of Young People
- A MAYOR THAT CARES!!
- Someone from every sections of town came to the meeting

What actions could be taken to sustain those strengths?
- Unity/Commitment
- Working Together
- Keeping Citizens Informed
- Leadership Keys
- Motivation
- Knowing what to ask
- Leaders in Different Areas (team captains).
- Low
What actions could be taken to sustain those strengths?
- Unity/Commitment
- Working Together

Who can help us take those actions?
- MS Delta Health Collaborative
- Mayor and Board
- Citizens of Town

What actions could be taken to make those improvements?
- Enforce the 911 rule
- Lighting in the community
- Signs (Street)
- Farmer’s Market

What things in your neighborhood need to be improved to reduce chronic stress, give residents better access to healthy choices, and/or give people a greater control over their lives?
- Visible addresses of homes for emergencies
- Keep trash picked up
- Recreation Center
- Walking Trails/Sidewalks
- Stray dogs
- Farmer’s Market Close By
Common Themes

- Stray dogs
- No parks
- No grocery stores
- Travel 20 miles for nearest grocery store for fresh fruits and vegetables
- Not enough lighting
- No walking trails
- Too much trash
- Pesticides
- No sidewalks
- One local convenient store with fast food only
- Lot of empty space
- Dilapidated property
Phase II
Policy Listening Sessions

- Assess community/individual readiness for the implementation of policies to create the conditions for every citizen to achieve optimal health
- Identify policy champions or political leaders interested in health issues
- Identify health related issues (medical, environmental, social and financial) of importance to political leaders
- Identify prior or planned actions taken by political leaders to address these health related issues and discuss the impact of these actions
- Identify/discuss actions to improve or create environment in the Delta that supports healthy behaviors
- Address and attempt to understand political leaders’ concerns regarding the MDHC
- Gain political leaders’ support for the MDHC and work collaboratively as the MDHC move forward
When I say the words “community health” what comes to your mind? What do you think makes up a “healthy community”?

Community Health: Overall, the participants’ perception of the words “community health” related to addressing illnesses or poor health conditions. Current health status and the provision of health services to their various constituents were priority concerns. In general, “community health” signifies interventions to address the health needs of individuals and families.

Healthy Community: The participants were less clear on what makes up a healthy community. The participants expressed an understanding that good health is just one component that makes up a “healthy community.” Social determinants of health were mentioned.

What are biggest health problems and/or issues in your community or among your constituents (not ranked by any priority)?

- Obesity
- Diabetes
- Hypertension/Stroke
- Drug and alcohol abuse
- Asthma and allergies
- Heart disease
- Access to care
- Lack of insurance and underinsured
Data Trends and Analysis

What challenges or barriers exist in your community or among your constituents which have negative impact on it or their ability of staying healthy (not ranked by any priority)?

- Poverty
- Rural location of small communities
- Unemployment
- Lack of economic development activities and descent housing
- Few recreational/wellness facilities for all ages and after-school programs
- Lack of affordable and accessible healthy foods (e.g. fruits and vegetables)

What resources does your community have to help your constituents stay healthy (not ranked by any priority)?

- Local churches and faith-based organizations
- Local schools, community colleges and institutions of higher learning
- Local city and county governments including local health departments
- Healthcare including hospitals and federally qualified health centers
- Local private and non profits organizations
- Local farmers’ markets
- Delta Health Alliance and Delta Council
If you could change one thing about health in your county, what would it be (not ranked by any priority)?

- Improve the nutrition habits and practices of the community
- Eliminate obesity in the community
- Decrease exposure to asbestos and agriculture pesticides and chemicals
- Increase commitment to improve the built environment
- Provide accessible and affordable health care
- Increase the number and quality of health care providers, facilities and services
Recommendations

- Facilitate the development of a Delta Region health policy agenda based upon policymakers’ priorities and resident needs.

- Continue efforts to engage other local champions beyond the political leadership (business, faith-based, health, education and medical providers).

- Local policy makers, key community stakeholders and the general community should be provided a menu of evidence-based policies successfully implemented in similar communities with potential to improve the health status in the Mississippi Delta.

- The development of local related health policies should be promoted as an integral and integrated component of community development activities such as housing, education, transportation and economic development.

- Invest in leadership training and technical assistance in the target counties.

- Develop capacity to provide technical assistance in the development, implementation and evaluation of local policies to local policy makers, key stakeholders and the local communities.

- Program sustainability should be a primary goal for public and community health policy and program interventions in the target counties. Technical assistance and support in developing strategies to increase program sustainability should be provided to local policy makers, key stakeholders and the local communities.
Nineteen (19) Mississippi Delta municipalities were selected through a competitive process to:

1. build or strengthen a coalition of community partners in collaboration with their Mayor’s office and
2. develop and implement a community action plan to address risk factors for heart disease at the policy and environmental systems levels. Focus groups were held and community members were surveyed in each municipality to assess each community’s most pressing need.

Councils received training and technical assistance on policy and environmental change. The project partnered with Emory University Prevention Research Center and Jackson State University to evaluate the project.
Mayor Health Councils

- Webb, Tutwiler, Glendora and Sumner in Tallahatchie County
- Lambert, Marks, and Sledge in Quitman County
- Greenwood in Leflore County
- Coahoma, Friars Point, and Lula and Jonestown in Coahoma County
- Beulah, Winstonville, Pace, Gunnison, Alligator, Shaw, Rosedale in Bolivar County
- Greenville, Arcola, and Leland in Washington County
- Inverness, Ruleville and Moorhead in Sunflower County
- Belzoni in Humphreys County
Membership

- Mayors
- Retirees
- Community Members
- School Nurses
- Superintendent
- Home Health
- Teachers
- Boys and Girls Club
- YMCA
- MS State/MS State Ext
- Pharmacist
- Healthcare Providers
- Churches
- Banks
- Tobacco Treatment Specialist
- Sororities
- Law Enforcement
- Mental Health
- Social Workers
- Manufacturers
Mayors' Responsibilities

- Verify all expenditures
- Mayor must participate in monthly conference calls
- Mayor must participate in quarterly grantee meetings
- Mayor must participate in the evaluation process (which includes a community assessment and focus groups)
Health Council Responsibilities

- Develop Action Plan
- Implement Strategies around physical activity, nutrition and reducing exposure to tobacco smoke.
- Participate in Leadership Institute
- Participation in Community Action Institute
- Participate in all technical assistance activities, including grantee meetings, conference calls and peer networking.
- Share lessons learned with the Mississippi Delta Health Collaborative.
- Participate in an annual evaluation and community assessment for a minimum of two years. The evaluation will involve the collection of data at the community level to demonstrate the impact of the intervention(s).
Health Council Coordinator Responsibilities

- Build or strengthen a coalition diverse community partners.

- Responsible for coordinating and/or ensuring the responsibilities of the Health Council are carried out as stated in the Health Council’s approved application and the contractual agreement between the Health Council and the Mississippi State Department of Health.

- Participate in a community assessment process developed by the Mississippi Delta Health Collaborative. This includes conducting a community forum to engage community members and identify policy and environmental concerns related to risk factors for heart disease and stroke.

- Participate in monthly conference calls.
Community Assessments

Three Phases

1. Community Assets Survey for each town completed by the Mayor’s Health Council
2. 22 focus groups conducted with each town
3. Community questionnaire administered within each town
Common Themes from the Focus Groups

- Perception of community.
  - Small, rural, friendly, welcoming and diverse.

- Concerns of community.
  - Health issues, jobs, safety, transportation, crime and teen pregnancies.

- Common illnesses in community.
  - High blood pressure, diabetes, stroke, heart disease, arthritis, and asthma, cancer.

- What people can do to prevent them from getting sick?
  - Exercise, eat right, follow doctor’s advice, loose weight, and stop smoking.
Common Themes

- Where do people buy food?
  - Out of town… (Wal-Mart & Kroger), farmer’s market, gardens, local store in town (expensive), Wild game meat.

- Safety and physical activity.
  - Stray dogs, crime, and inadequate lighting.

- Perception of physical activity.
  - People do not enough exercise (No sidewalk, no indoor and out facilities).

- Reasons why people don’t exercise.
  - No sidewalk, no bicycle trail, not motivated, lack awareness and lazy.

- Community coming together to solve an issue.
  - Natural disasters and community projects.
Common Themes from the Focus Groups

Perception of physical activity.
- People do not enough exercise (No sidewalk, no indoor and out facilities).

Reasons why people don’t exercise.
- No sidewalk, no bicycle trail, not motivated, lack awareness and lazy.

Community coming together to solve an issue.
- Natural disasters and community projects.

Resources in community.
- Existing health programs, clinics, home health, hospice and hospitals.

Perception of schools.
- Needs improvement and parents need to be involved in children’s school.

Access to healthcare.
- Travel long distance to access healthcare, expensive and lack health insurance.
Focus Group Training
Action Plan Training

Moorhead

1. Church/Meal Plan
   - Healthier Church Meals
   - Community Gardens

2. School
   - Healthy Lunch Menus
   - Nutrition Class
   - Healthier Snacks

Project Activities
- Walking Groups
- Meal/Field Class
- Healthier Snacks
- Healthier Lunch Menus
- Nutrition Class
- School

Tasks
- Help implement new tobacco use policies with local government officials
- Continue P.A.T. campaign (reduce cell phone use)

Health Goals
- Annual health screenings
- Wellness assessments
Leadership Institute Training
During a 9-month time frame:

- Five (5) municipalities worked with their local school districts to implement joint-use agreements allowing community members to use school facilities.
- Four (4) municipalities implemented smoke-free air policies.
- Eleven (11) municipalities developed community gardens.
FY 2011
Priority areas for Mayoral Health Councils include:

- Access to healthy foods through the establishment of farmers markets, corner store/fruit and vegetable programs, and farm to market/school programs, polices for after school activities

- Access to recreation through joint use agreements, land use policies, rehabilitating blighted areas, sidewalks, mandated physical activity requirements for city funded youth programs, improving the built environment

- Smoke-free air ordinances

- Educate on and market health behaviors
Contact Information

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662-455-1344(fax)
Jackie.Hawkins@msdh.state.ms.us
SEXUAL VIOLENCE AS A PREDICTIVE RISK OF HIV AND STI AMONG WOMEN WHO LIVE IN A PUBLIC HOUSING IN PUERTO RICO

Lymari Cintron
Ponce School of Medicine

Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform
SEXUAL VIOLENCE AS A PREDICTIVE RISK OF HIV AND STI AMONG WOMEN WHO LIVE IN A PUBLIC HOUSING IN PUERTO RICO

Lymari Cintron Lugo PhD (c)
Lisa R. Norman, PhD
Carolina Alvarez, MD, DrPH
Department of Public Health
Ponce School of Medicine, Ponce, Puerto Rico
Background

• Gender-Based Violence (GBV) is one of the most widespread human rights abuses and public health problems in the world today, affecting as many as one out of every three women.

• The consequences of GBV are often devastating and long-term, affecting women's and girls' physical health and mental well-being.

• Its ripple effects compromise the social development of other children in the household, the family as a unit, the communities where the individuals live, and society as a whole.
Background

• In Puerto Rico, according to official statistics collected by the Office of the Women’s Advocate [in Spanish], 178 women have been murdered by their partners or ex partners between 2001-2008. This year, already 16 women [in Spanish] have been murdered in cases of domestic violence in an Island with a population of roughly 4 million people.

• There is an average of 20,000 domestic violence incidents reported to the police every year. Those are only the ones that are reported.

• In their latest study (2007), the government’s Center for Victims of Rape [in Spanish] calculated that 18,000 people, mostly women and girls, are victims of sexual violence every year.

Objectives

- Reports of sexual violence incidents and HIV infection have found an association between sexual violence and HIV at a population level.

- The objective of these analyses is to examine the relationship between reported sexual violence and prevalence of HIV/STI.
Methods

- As part of Proyecto MUCHAS, 386 women who live in public housing in Ponce, Puerto Rico were surveyed about their experience with sexual violence, among other topics. Also, they also volunteered to submit to HIV and STI testing (gonorrhea and chlamydia).
Sample Characteristics

• Age:
  – Mean age → 36.79 (S_x=14.07); Range 14-80 years

• Relationship Status:
  – 51.3% legally married / involved in common-law relationship
  – 30.7% single
  – 18.0% divorced, widowed, or separated

• Education:
  – 40.1% less than high school education
  – 38.7% high school education
  – 21.2% post high school education
Results: HIV/STI Test

• 2 women tested positive for HIV – 0.52%

• 11 women tested positive for chlamydia – 2.85%

• 1 woman tested positive for gonnorhea – 0.26%
Results: Sexual History

- 12.3% of women reported to have a sexually aggressive partner.
- 13.8% of women reported to have a recent sexually aggressive partner.*
- 6.2% of women reported being threatened if ask for condom use.
- 14.7% reported being forced to have sex.

*Of those women who reported having had a previous sexually aggressive partner.
Results: Previous Sexually Aggressive Partner

- **Age:**
  - 13.2% of youth vs. 10.2% of adults (p>0.05)

- **Education:**
  - 15.2% with at least a high school education vs. 7.6% of those with less than a high school education (p<0.05)

- **Relationship Status:**
  - 14.1% of those in a stable relationship vs. 10.7% of those in an unstable relationship (p>0.05)
Results: A Recent Sexually Aggressive Sexual Partner*

Age:
6.2% of youth vs. 18.3% of adults (p>0.05)

Education:
8.2% with at least a high school education vs. 5.8% of those with less than a high school education (p>0.05)

Relationship Status:
7.7% of those in a stable relationship vs. 7.0% of those in an unstable relationship (p>0.05)

*Among those who reported having a previous sexually aggressive sexual partner.
Results: Threatened if Asked to Use Condoms

- Age:
  - 3.6% of youth vs. 9.6% of adults (p>0.10)

- Education:
  - 5.6% with at least a high school education vs. 5.5% of those with less than a high school education (p>0.05)

- Relationship Status:
  - 6.0% of those in a stable relationship vs. 5.2% of those in an unstable relationship (p>0.05)
Results: Forced to Have Sexual Relations

- Age:
  - 6.2% of youth vs. 8.3% of adults (p>0.05)

- Education:
  - 8.2% with at least a high school education vs. 5.8% of those with less than a high school education (p<0.05)

- Relationship Status:
  - 7.7% of those in a stable relationship vs. 7.0% of those in an unstable relationship (p>0.05)
Relationships between Sexual Violence Indicators and HIV/STI Cases

- Previous Sexually Aggressive Partner
  -- 21.4% of those with a previous sexually aggressive partner vs. 12.0% of those without a previous sexually aggressive partner were more likely to test positive for HIV/STI (p<0.05).

- Recent Sexually Aggressive Partner*
  -- 25.0% of those with a recent sexually aggressive partner vs. 6.4% of those without a recent sexually aggressive partner were more likely to test positive for HIV/STI (p<0.05).

*Among those who reported having a previous sexually aggressive partner.
Relationships between Sexual Violence Indicators and HIV/STI Cases

- **Threatened if Ask for Condom Use**
  
  --5.9% of those with threatened if ask for condom vs. 0.0% of those threatened if ask for condom were more likely to test positive for HIV/STI ($p>0.05$).

- **Forced to Have Sexual Relations**
  
  --12.0% of those who reported being forced to have sex vs. 3.6% of those forced to not have sex were more likely to test positive for HIV/STI ($p<0.05$).
Conclusion

- These findings support our hypotheses that exposure to sexual violence increases the risk of HIV/STI among women who live in public housing in Ponce, PR.

- The trend suggests that exposure to sexual violence is a significant predictor of STIs, including HIV.
Conclusion

- Domestic/sexual violence has been identified as an important public health problem that affects millions of women around the world, in particular, increased HIV/STI risk.

- Despite being of epidemic proportions, domestic violence too often remains in the secrecy of the home.
Conclusion

• As such, these factors should be considered when developing interventions to help women decrease their risk of contracting STIs, taking into account the cultural influence in which they live as well as their exposure to sexual violence.

• Understanding why women continue to stay with these abusive partners warrants further research to enhance our understanding of the underlying factors contributing to their continued selection of sexually abusive partners. In addition, negotiating skills need to be taught to better enable these to avoid these risky sexual situations.
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INTERDISCIPLINARY: CULTURE COMPETENCY FOR HEALTH PROFESSIONS

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Utilizing Interdisciplinary Strategies to Advance from Disparity to Reform
Interdisciplinary: Culture Competency For Health Professions

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Purpose of Study:

- Design and implement creative, evidence-based interdisciplinary educational activities
- Promote positive and cultural competence learning outcomes for culturally diverse students
- Prepare health professional students with the requisite knowledge and skills to provide culturally congruent and competent care to diverse population (reduce health disparities)
Methodology:

- It is Qualitative and quantitative study

- That measures students’ level of cultural awareness, competence and proficiency pre and post educational intervention

- By the *Inventory for Assessing the Process of Cultural Competence-Student Version* (IAPCC-SV) by Campinha-Bacote

- And course evaluations, students’ feedback, and portfolio journal reflections.
Culturally Congruent Care, OR
Culturally Congruent Education, first?

Cultural blindness exist in education, *customized* teaching-learning style/strategies that fit student’s learning abilities and culture (*passive/active OR product/process*)

Specific cultures’ memorization & teaching are inadequate

Eclectic, fun likable, and culturally congruent course

*self-heritage, role play, storytelling, debate, discussions, shared life experiences, textbooks, evidence-based research, videos, Clickers, case studies, guest speakers, st. presentation, exam, reflection journal “low-stake writing” or final paper “high stake Writing”, one-day community immersion.*

Faculty and students are challenged and energized by the variations in topics & activities
CONCLUSION:

- Results of IAPCC-SV showed that students are becoming more culturally competent and were progressing toward proficiency as a result of course participation (over estimation, on-going process).

RECOMMENDATIONS:

1. Use eclectic culturally congruent teaching-learning strategies that address diverse learner’s needs,

2. Assign course faculty with expertise in culture competency, application of health communication skills and role modeling cultural competency / sensitivity, and

3. Evaluate course and revise periodically based on assessment of course outcomes, learner needs, and healthcare trends in society.
Thank you for your participation!