

UAB MINORITY HEALTH AND HEALTH DISPARITIES
RESEARCH CENTER

A University-Wide Interdisciplinary Research Center Since 2002 • 2016 Edition, Volume 1

I NNOVATIONS AND C COLLABORATIONS TO ADVANCE HEALTH EQUITY



A Word from Dr. Mona Fouad

It is with great pride that we mark the 14th year of operations for the Minority Health & Health Disparities Research Center at the University of Alabama at Birmingham (UAB MHRC). Since its founding in 2002, the MHRC has invested important resources in advancing research, training, and outreach in order to ensure that everyone has a fair opportunity to live a long and healthy life.



Health disparities - specific differences in the presence of disease, health outcomes, and/or access to healthcare between population groups - are a distressing reality for far too many Americans who lack access to healthy food, health care, education, and the other resources essential for living a healthy life. The UAB MHRC is able to make unprecedented strides in rectifying this imbalance because we approach health from an interdisciplinary perspective.

Through innovation, collaboration, and research, the Center uses new and creative ways to expand the capacity of investigators, organizations and community partners.

In this issue of UAB MHRC Magazine, we focus on the ways innovation and collaboration have defied traditional disciplinary divisions, drawing upon the best resources of numerous fields of study in order to address health inequities. From crowdsourcing research questions to focus on the most salient community issues, to showcasing a wealth of research at the annual Health Disparities Research Symposium, to reaching patients one-on-one through the Patient Navigators program, this issue reveals the true work of the MHRC on every level. You'll read about our Dinner Lab event, which raised funds for the Center in a new and creative way, and about the ongoing benefits researchers are reaping from the generous gift of long-time supporter Charles Barkley. You'll see how communities are being touched through the REACH program, the transdisciplinary collaboration centers, and through UAB HealthSmart.

Although we have reason to celebrate great progress toward advancing health equity, our work is far from complete. I ask you to partner with us as we tackle the challenges that still remain.

Together, we can make a lasting impact in the health of individuals and communities across the country – and around the world.

A handwritten signature in black ink that reads "Mona Fouad".

Director, MHRC
Senior Associate Dean for Diversity & Inclusion, UAB School of Medicine
Professor and Director, Division of Preventive Medicine

MHRC Staff

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REACHing Out 17



Putting Research into Action

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“*The MHRC and our scientists have helped define the science of health disparities for the U.S.*”

- Selwyn Vickers, MD
 Senior vice president for Medicine
 School of Medicine
 University of Alabama at Birmingham

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Following page art from left: Monica Baskin, PhD; Karan Singh, PhD; Bisakha “Pia” Sen, PhD; Raegan Durant, MD; Yu-Mei Schoenberger, PhD, MPH; Sejong Bae, PhD; Isabel Scarinci, PhD; James Shikany, DrPH



Mona Fouad, MD, MPH; Selwyn Vickers, MD; Regina Benjamin, MD, MBA



..... PUTTING RESEARCH INTO ACTION

THE MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH CENTER RELIES ON RESEARCH, TRAINING, AND OUTREACH TO COMBAT THE GROWING CHALLENGE OF HEALTH DISPARITIES IN THE UNITED STATES

Laura Coulter

In the United States, where you live, your family's income, your educational background, and your race all determine your life expectancy, whether you will be healthy, and at what age you will die. In recent decades, the gap in health between those at the top of the economic and social spectrum and those at the bottom has been widening to a chasm. Since 2002, the UAB Minority Health & Health Disparities Research Center (MHRC) has been leading the nation in studying and seeking to eliminate these health disparities.

Health is a complex equation, resting on many social determinants, including environmental, cultural, educational, and economic factors. These health disparities are

especially stark in the heart of the Deep South region of the United States, where 50 percent of the African American population in the U.S. lives. "We are in the middle of some of the highest health disparities in the United States," says Mona Fouad, MD, MPH, founding director of the MHRC and Director of UAB's Division of Preventive Medicine. "Because here at UAB we have the knowledge and resources to address this issue, it is one of our ethical responsibilities to address the health disparities in this region."

The complexity of the problem of health disparities resists easy solutions; the MHRC has long recognized this reality and endeavored to address it by utilizing a multifaceted approach. This approach rests on the three pillars of research, training, and community outreach.





Research

“Our first goal is to advance the science of health disparities,” Fouad explains. She notes that “very little science” regarding health disparities existed when the Center launched 14 years ago.

The University of Alabama at Birmingham provided Fouad with \$50,000 in pilot funding to help establish the UAB MHRC. Since its creation, the MHRC has attracted more than \$80 million in grants. These funds allow researchers to understand and address the root causes of higher incidence and greater mortality related to chronic illnesses such as cancer, cardiovascular disease, obesity, diabetes, and stroke, experienced by racial/ethnic and underserved populations. “With these grants, we are able to move beyond researching the superficial issues of health disparities to understand the fundamental issues,” Fouad says.

Most of this research is conducted under the auspices of three Transdisciplinary Collaborative Centers (TCCs), funded by the National Institute on Minority Health and Health Disparities. Only seven such Centers exist in the country; the MHRC is part of three of them. These three TCCs, The Mid-South Transdisciplinary Collaborative Center for Health Disparities Research (Mid-South TCC), the Center for Healthy African American Men Through Partnerships (CHAAMPS), and the Gulf States Health Policy Center, are all engaged in ground-breaking research into health disparities in states across the country.

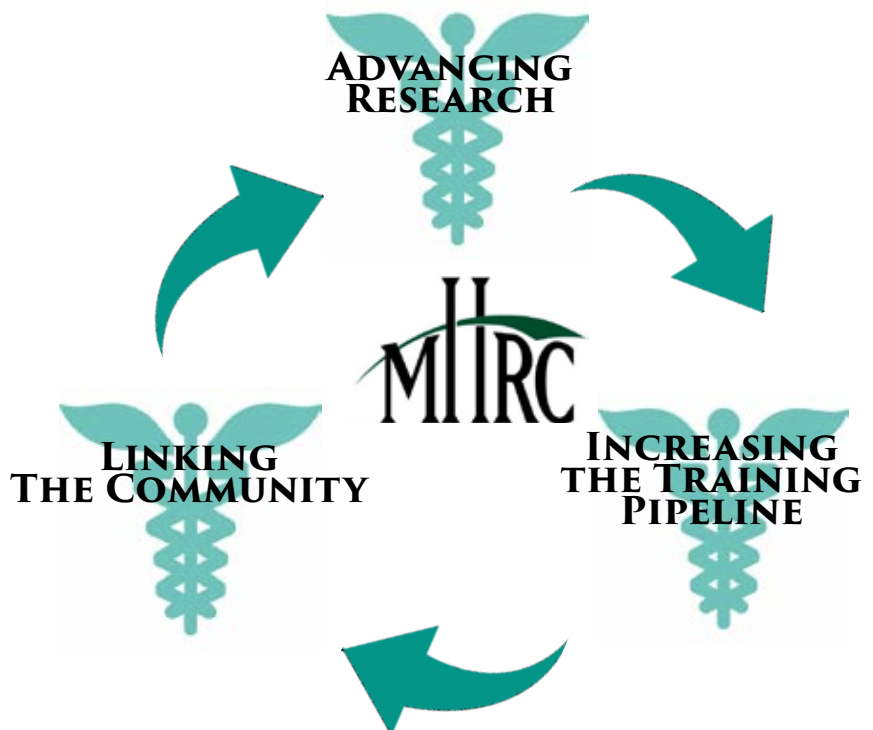
The Mid-South TCC, which functions as a coalition of academic institutions and community partners, seeks to reduce the disparities in the chronic disease burden experienced by racial and ethnic minorities in the heart of the South. This area includes the most impoverished rural counties and inner-city communities of the nation, which carry an exceptionally high burden of obesity, chronic diseases, and elevated mortality rates. CHAAMPS is a collaborative consortium of academic centers and community organizations, specifically working to improve outcomes for African American men. The Gulf States Health Policy Center (GSHPC) is a comprehensive community, education, and research center which includes research initiatives for the Gulf State region. Through numerous mechanisms and projects, they are engaged in wide-ranging and transformative research that will change the landscape of how health disparities are understood and addressed for decades to come.

Traditional research has experienced disciplinary division, with biomedical researchers focusing on the ways in which physiological processes impact health, and public health researchers exploring the interactions between the behavior of individuals and their health. The research of the MHRC and the TCCs moves beyond these traditional limitations, exploring not only biomedical and behavioral factors, but integrating this research into a social and economic context. This creates a holistic picture of the causes, correlations and effects of health disparities – as well as pointing the way to potential solutions.

Training

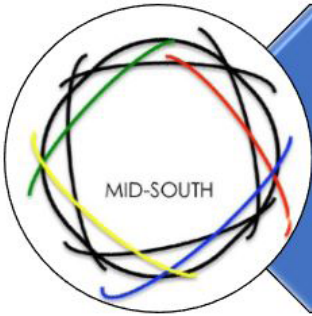
The MHRC’s efforts in combatting health disparities are not limited to research. Training a new generation of researchers and health professionals is an essential part of the mission of the MHRC. “We must develop the pipeline for future scientists, including racial and ethnic minorities, to work in this field,” Fouad says. “Communities ask, ‘If you are trying to address our concerns, why aren’t we seeing doctors or health care providers who look like us?’”

Through partnerships with Historically Black Colleges and Universities (HBCUs) in Alabama, the MHRC has created a pipeline of minority scholars and healthcare professionals. Through summer training and enrichment programs for undergraduate and graduate students, as well as training and mentoring





THE MHRC AND TCCs



MID-SOUTH TCC FOR HEALTH DISPARITIES RESEARCH

UAB MHRC investigates the causes of health disparities and their solutions in conjunction with Jackson State University, the University of Mississippi Medical Center, Louisiana State University Health Sciences Center, and Dillard University.

Principal Investigators Include: Mona Fouad, MD, MPH (UAB); Edward Partridge, MD (UAB); Lucio Miele, MD, PhD (LSU); Richard Scribner, MD, PhD (LSU); Marinelle Payton, MD, PhD, MPH (JSU); Mario Sims, PhD (UMC)



CENTER FOR HEALTHY AFRICAN AMERICAN MEN THROUGH PARTNERSHIPS (CHAAMPS)

Collaborative consortium of academic centers and community organizations working to improve African American men’s health by investigating the socioeconomic, behavioral, and biological factors that drive and sustain the pronounced health disparities in cancers, diabetes, strokes and other diseases. Led by UAB and the University of Minnesota.

Principal Investigators Include: Selwyn Vickers, MD (UAB); James M. Shikany, DrPh (UAB); Badrinath Konety, MD, MBA (UM)



GULF STATES HEALTH POLICY CENTER

Gulf States Health Policy Center (GSHPC) works with communities to identify pressing health issues and opportunities for policy change, strengthening the collective voice, and increasing community capacity to improve health policy. Includes Alabama, Mississippi, Louisiana, Florida, and Texas.

Principal Investigators Include: Regina Benjamin, MD, MBA (Bayou La Batre Rural Health Clinic, South Alabama); David Butler, PhD (USM); Maria Pisu, PhD (UAB)

initiatives for junior faculty, the Center has impacted the professional development of some 500 current and future scholars.

Moreover, the MHRC has trained hundreds of community health advisors serving inner-city Birmingham and Alabama’s traditionally impoverished Black Belt region, provided health screenings to thousands, and reached tens of thousands of attendees at health education events.

Outreach

The research and training efforts of the MHRC are interdependent with the Center’s outreach initiatives, which give feet to the research and training efforts. “Before the MHRC,” Fouad explains, “there was a disconnection between the academic institutions, who held the science and knowledge, and the communities they needed

to help. There was no linkage; no voices heard. We were addressing issues without knowing the priorities. The MHRC works to link the community to academic institutions.”

The TCCs are crucial to this community-academic linkage, as they generate partnerships which work to understand how health issues play out for people in their schools, neighborhoods, places of work, and homes. The MHRC works alongside key community partners to address health issues in five Birmingham-area communities: Avondale, Bessemer, Kingston, Norwood, and West End.

The MHRC plays an important role in educating researchers and health providers alike in creating a greater understanding of the difficulties confronted by economically or socially marginalized community members. In the past, it was common to blame individuals for failing to eat right or exercise, or for being unable to take their medication. Fouad explains how the MHRC



has changed this perception: “Now scientists can understand why people can’t access healthy food, why they can’t take their medicine, why they can’t access the healthcare system, and why gaps exist in communication between a patient and a physician.”

In March 2011, the MHRC opened the doors to UAB HealthSmart, an innovative health and wellness facility. UAB HealthSmart has become a significant nexus in the delivery of free health education and wellness services to the community as a whole. Preventive health is essential to reducing the chronic disease burden; UAB HealthSmart seeks to fill this need. The MHRC also brings health education to communities through initiatives like Healthy Happy Kids, a nutrition and exercise program created to fight childhood obesity and WALK Feel Alive, a community walking program.

The work of the UAB MHRC transcends state, national, and international boundaries. Through the TCCs partnerships, the Center is now conducting research, training and outreach programs in 14 states. Additionally, in 2015, the UAB MHRC collaborated with Staffordshire University, for the establishment of a center similar to the UAB MHRC in the United Kingdom.

“I hope that the MHRC will become a center without borders, that will not only serve the vulnerable populations in this state, region and country - but can expand globally.”

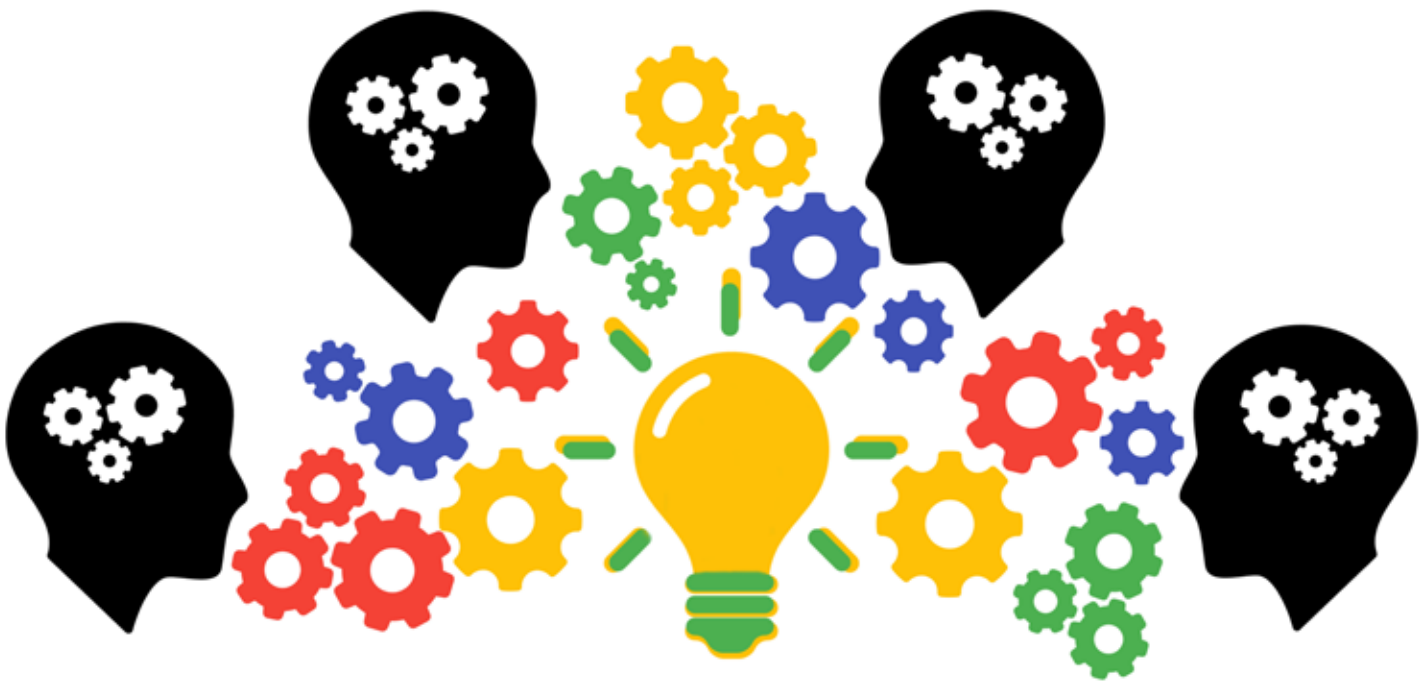
- Mona Fouad, MD, MPH, Director, MHRC

Dreaming for the Future

To date, the MHRC has created an effective integrated infrastructure of research, training and outreach to successfully compete for federal resources and help transform the health and well-being of vulnerable communities in Alabama and the Southeast.

Dr. Fouad believes that the regional, national and international efforts to understand and address health disparities fostered by the MHRC will only continue to grow. “I hope that the MHRC will become a center without borders, a center that will not only serve the vulnerable populations in this state, region, and country, but can expand globally,” she says.





MHRC INNOVATES CROWDSOURCING SOLUTIONS

USING OPEN INNOVATION FOR COLLABORATIVE RESEARCH

Laura Coulter

In 2014, the Mid-South Transdisciplinary Collaborative Center for Health Disparities research (Mid-South TCC) broke new ground as Maria Norena, Associate Center Director for Strategy and Innovation at the MHRC, together with Tony Blake, software engineer, and Yu-Mei Schoenberger, PhD, assistant professor in the Division of Preventive Medicine, developed UAB MHRC's own crowdsourcing platform for collaborative research.

Given the difficulties inherent in effectively understanding and addressing health disparities in the South, a new approach, using technology, to engage affected communities was worth exploring. "If the problem is in the community, the solution is in the community," Norena explains. It was this premise which guided the initiative to crowdsource the questions that would help guide future research into obesity and chronic illness of the Mid-South TCC.

Crowdsourcing is the process of obtaining needed services, ideas, or content by soliciting

contributions from a large group of people, particularly from an online community. Norena developed the idea of crowdsourcing research questions after attending the National Conference on Health Communication, Marketing and Media in 2008. The conference, which was sponsored by the Centers for Disease Control and Prevention (CDC) and National Cancer Institute (NCI), featured keynote speaker James Surowiecki, author of The New York Times bestseller, *The Wisdom of Crowds*. His book describes systematic ways to gather and organize collective knowledge in order to arrive at a superior decision that shapes economies, societies, and nations.

At the first regional meeting of the Mid-South TCC in 2012, Norena proposed the development of an online platform to capture and assemble input from the community related to the social stressors and physical barriers on their daily lives. She suggested that community members could submit comments, photos, and video clips from their mobile devices, in order to better connect academic



investigators to the real problems facing the people whom they were hoping to help with their research. In 2013, she further refined the crowdsourcing notion after reading the article “Experiments in Open Innovation at Harvard Medical School,” published in the *MIT Sloan Management Review*. Crowdsourcing could be used to guide the research process through applying open innovation.

Crowdsourcing the direction of future research is exciting because it involves people who are seldom consulted regarding the health problems that affect them. The online platform allows the Mid-South TCC to gather new ideas worth researching.

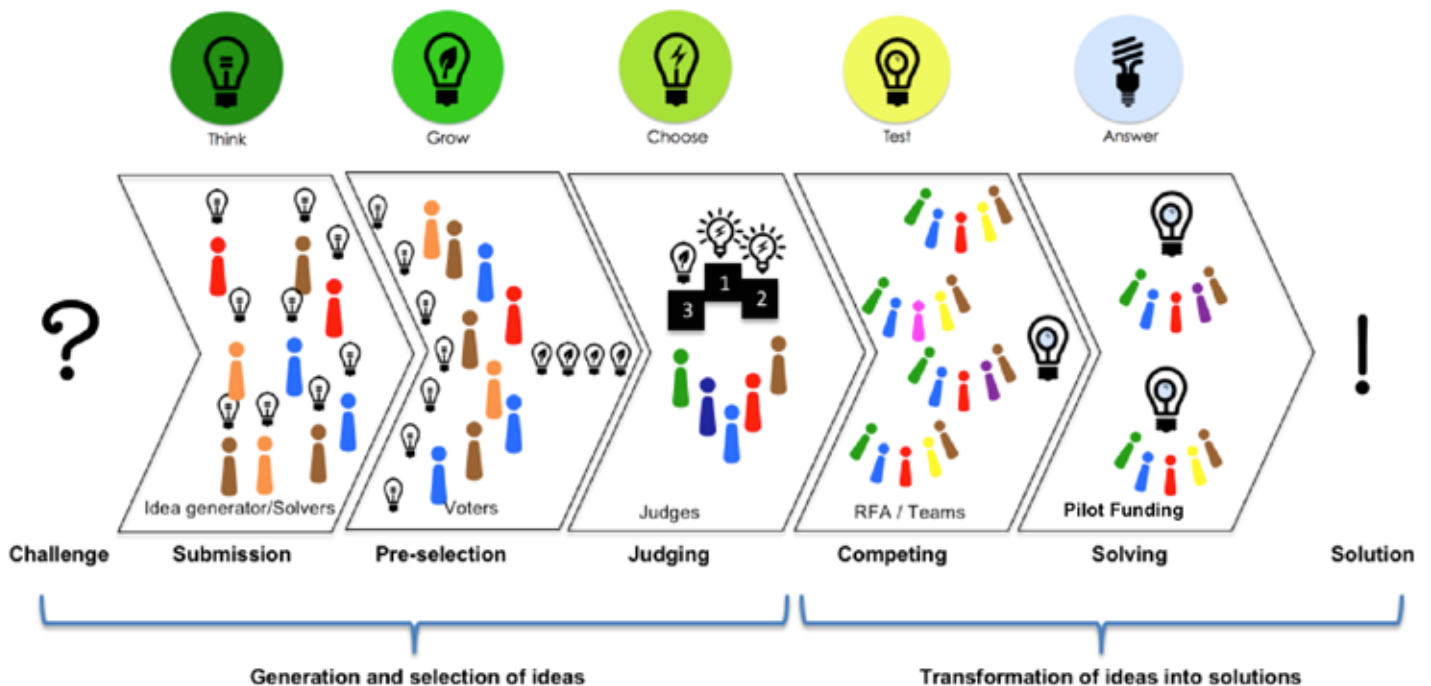
The initial “Stop Obesity” challenge was launched in November 2014. Community response was electric: 111 ideas were submitted, of which two won \$500 awards. The two winners, along with two other strong submissions, were used to craft the Mid-South TCC Request for Applications for 2015: “Research Projects on Solutions for Obesity in the Mid-South, with a Focus on Social Determinants.” Three projects were ultimately granted \$100,000 each to combat obesity in specific and targeted ways throughout the Mid-South region.

“When you get a large group of people looking at one problem, solutions come quicker

and are more innovative,” Norena says. She explains that crowdsourcing opens a space for collaboration between different academic disciplines. For example, biomedical, social behavioral, computer science, and technology development specialists are able, through this mechanism, to work better with one another and with the community. Crowdsourcing as a research method, complements and enhances the academic research process, and amplifies the likelihood that the final projects will have a true connection to the community as a whole.

Although the crowdsourcing initiative has enjoyed great success, resulting in a follow-up crowdsourced research question in October 2015, Norena and the dissemination team continue to refine the process. “We’ve learned that the formulation of the challenge question to solicit ideas from the public is the most important piece for a successful crowdsourcing campaign,” she says, “and also that the judging and final selection of ideas for further research must be open as well.”

Given the success of this digital innovation, crowdsourcing is a tool that can enhance the traditional research process by engaging affected communities in the process of generation and selection of research ideas, as well as transforming ideas into solutions.





HUNGRY FOR INSIGHT: DINNER LAB KICKS OFF

DINNER LAB COMBINES UNUSUAL VENUES,
LIVE ENTERTAINMENT, AND GREAT FOOD IN
THE SERVICE OF A GOOD CAUSE



SERVING UP COLLABORATION

Jesse Chambers

The UAB Minority Health and Health Disparities Research Center (MHRC) has a very serious mission – to eliminate health disparities – and has achieved national renown by using innovative ways to help achieve that mission.

The MHRC also innovates by coming up with fun, entertaining events to engage the people of Birmingham and lead them to understand and support the Center’s goals. These have included elegant galas and Casino Royale events.

The MHRC Philanthropic Advisory Council found another unique, innovative fundraising vehicle last April. This event that combined unusual – even stunning – venues, live entertainment, and great food, in order to give attendees a truly once-in-a-lifetime experience.

The Council hosted a pop-up dinner presented by those famed culinary renegades at the New Orleans-based Dinner Lab, a social dining platform, in their first Birmingham visit. Dinner Lab connects undiscovered

chefs with adventurous diners in unconventional spaces in over 30 U.S. cities.

The “UAB MHRC Celebration, Introducing Dinner Lab” was held April 17, 2015 at a warehouse near the UAB campus. About 250 people attended and, in keeping with the spontaneity of a pop-up party, they weren’t told the location until immediately prior to the event.

The old tire factory, abandoned for years, became “a happening new dinner spot,” *Al.com* said. “String lights

dangle from the ceiling, music bounces off the cinder-block walls, and gladiolas decorate the tables.”

Dinner Lab was curated by 25-year-old Kwame Onwuachi, formerly of Eleven Madison Park and Per Se, Top Chef competitor and chef/owner of The Shaw Bijou opening soon in Washington, D.C. Onwuachi’s diverse culinary background, flavored by an upbringing in Brooklyn, a mother in New Orleans, and grandparents from Nigeria, have all contributed to his approach to food and his tremendous success.

Dinner Lab, which began in 2012, provides a way for ambitious sous chefs and line cooks to test out their own menus on an audience of avid foodies. “It’s a platform for up-and-coming chefs,” explained Francisco “Paco” Robert, Dinner Lab’s co-founder and chief operating officer. As a graduate from Vestavia Hills High School, Robert kept the context of Birmingham in mind while networking with chefs and planning menus.

The MHRC was delighted to be able to introduce Birmingham to Dinner Lab because, like the MHRC, Dinner Lab is committed to diversity, research and providing opportunities for young people to succeed. The event highlighted the parallel and complementary missions of both organizations.

“Dinner Lab nurtures rising chefs, giving them an opportunity to experiment and excel, similar to the support the MHRC provides for scientists and scholars working to reduce health disparities,” said Mona Fouad, MD, MPH.

The event’s host committee consisted of members of the Philanthropic Advisory Council – co-chairs Dudley Reynolds and Corey Hartman,

MHRC PHILANTHROPIC ADVISORY COUNCIL

The UAB MHRC Philanthropic Advisory Council, established in 2005, is a group of dedicated, long-time supporters working to engage the Birmingham area community with the mission of the Center and to raise awareness and much-needed funds to support the work of the MHRC.

The current members of the Council are Dudley Reynolds, retired Alagasco CEO; Corey Hartman, MD, Skin Wellness Center of Alabama; Frank Adams Jr., Executive Director of the A.G. Gaston Boys and Girls Club; Lajuana Bradford, Senior Vice President of Corporate Social Responsibility, Regions Bank; Cathy O. Friedman, Sales Director of City Ad Specialties; Koko Mackin, Vice-President of Corporate Communications and Community Relations, Blue Cross and Blue Shield of Alabama; and Donald Watkins Jr., President, The Watkins Agency.

For nearly a decade, prior to hosting The Dinner Lab, the Council hosted the signature annual fundraising event for the MHRC – an elegant black-tie gala with a reception and seated dinner. Charles Barkley – Leeds native, former NBA star, TV basketball commentator and passionate MHRC supporter – was a fixture at the galas.

Barkley became a big believer in, and financial supporter of, the MHRC after being invited to speak at an MHRC conference in 2003 by Dr. Mona Fouad. “Because of the opportunities I’ve had in life, I feel I have an obligation to speak up about issues affecting our communities, and one of those issues is the health status of African-Americans and how to raise their level of health,” Barkley said.

Over the years, the Advisory Council’s efforts have generated over \$1.8 million in support for the MHRC.



Photo, from left: Dottie Pak, Steve Pak, Chef Francisco “Paco” Robert, Charles Fry, Rachel Fry

along with Frank Adams Jr., Lajuana Bradford, Cathy O. Friedman, Koko Mackin, Wendy Padilla-Madden, Foster L. Ware III, and Donald Watkins, Jr.

Young Professionals Board launches Summer in the City

The unique setting for the second Dinner Lab event, Summer in the City, held in June 2015 and hosted by the MHRC's Young Professionals Board, was the Triton Stone Group. The huge warehouse in the Continental Gin complex showcased beautiful stone, granite, onyx and agate slabs, making an incredible backdrop.

The stunning food was prepared by Brett Jones, *chef de cuisine* for Dinner Lab New Orleans, who offered an homage to his grandmother's farm to table style cooking.

Local comedian and poet Brandan Stuckey served as emcee. Guests were entertained by the dynamic vocalist Toia Jones, a Montgomery native and one of the stars of NBC's "The Voice."



YOUNG PROFESSIONALS BOARD WORKS TO KEEP KIDS HEALTHY, HAPPY

The UAB MHRC Young Professionals Board (YP Board) is a dynamic group of 25- to 40-years old who serve as ambassadors for the MHRC.

The members of the YP Board share a deep commitment to engaging new audiences in support of the Center's efforts to eliminate health disparities and seek to raise funds to support its research, community outreach, and training programs.

The YP Board's fundraising emphasis has long been in support of Healthy Happy Kids, an MHRC program designed to fight childhood obesity – an epidemic in the United States and even worse in Alabama – by teaching Birmingham children how good nutrition and an active lifestyle will help them lead healthier lives.

2015-2016 MHRC YP Board officers are: Chuck Price, president; Rayna Dyck, vice president; and Dee Jimmeh, secretary. Members include: Amber Anderson, DeWayne Bailey, Jamie Bell, Sonja Bell, Arlillian "Kate" Bushelon, Ashley Carter, Chris Carter, Tekuila Carter, Xavier Carter, Prince Cleveland, Rashida Cloud, Chasseny Lewis, Marcus Nix, Jessica Oliver, Amanda Plain, Danielle Ridgeway, Amy Roberts, Emuni Sanderson, Marquelon Sigler, Kre Trimble-Johnson, Marion Wallace, Earlisha Williams, Randall Woodfin, and Reggie Young.

Membership in the YP Board is open to any young professional with an interest in eliminating health disparities. For more information, email mhrcYPBoard@uabmc.edu.

BARKLEY WITH THE ASSIST



GENEROUS GIFT FROM LOCAL SUPERSTAR LAUNCHES RESEARCH CAREERS

Sarah Domm

When Charles Barkley made a gift in 2005 to the UAB Minority Health and Health Disparities Research Center, his intent was characteristically straightforward: Change the lives of minorities and the underserved through better health care.

Over the last 10 years, 42 young UAB investigators have received Charles Barkley Health Disparities Awards -- pilot grants of \$30,000 each -- to explore new ways to level the health care playing field. Many Barkley Award winners have leveraged those initial funds into large grants from the NIH, thus not only fulfilling Barkley's wish to help others, but also launching their careers. Projects have focused on a wide range of topics, including childhood obesity and improving access to eye care among Hispanic children.

Surgeon Jayme Locke, MD, who leads UAB's Incompatible Kidney Transplant Program, used her 2012 Barkley Award to study health risks of organ donation for African Americans, and used that data to secure an NIH Career Development Award on her first try. "I had an idea, but I didn't have any data, and most research awards require that you come to the table with some sort of data. The NIH certainly does," Locke said. "Without the Barkley Award, I wouldn't have had that data, and I'm not sure I would have gotten funded by NIH."

Locke's efforts continue to pay enormous dividends for patients through UAB's Kidney Chain, a paired exchange in which a recipient gets an organ from someone in the chain, and a relative or friend of that recipient agrees to donate a kidney to another participant. UAB's kidney chain is the longest living-donor kidney transplant chain on

record anywhere, and to date, 25 percent of the 102 participants have been minorities.

The 2005 Charles Barkley Award came at a critical stage in the career of researcher Monica Baskin, PhD. "Had I not received the initial funding, it would have been difficult to establish myself as an independent investigator," said Baskin.

In the ten years since the Barkley Award, Baskin, now a tenured full professor, leveraged the award into \$6.4 million in external funding. "The Charles Barkley Award was vital in not only setting a trajectory of sustained research funding to address minority health disparities, but in defining my career as an investigator" said Baskin.

MHRC Director Mona Fouad, MD, MPH, emphasizes the importance of the Barkley Awards. "These programs prepare our young faculty to be successful by giving them what is often their very first funding," Fouad said. "Having funds for the early stages of your research increases your chances when you are competing in a national or international arena."

Fouad believes the greatest impact of the Barkley Awards is yet to come. "You don't think about the return investment just as money, but as building the careers of a generation of scientists studying problems that need to be solved," she said. "Charles Barkley wanted to make a lasting change for minorities and the underserved. He has done that, and so much more."

For information on supporting young investigators: Christian N. Smith, 205.934.1974
cnsmith@uab.edu

A DECADE OF



DISCOVERIES

HEALTH DISPARITIES IN THE UNITED STATES ARE A PRESENT AND GROWING REALITY WITH NO EASY REMEDY. IN MARCH 2015, SOME OF THE BEST MINDS IN THE COUNTRY CAME TOGETHER IN ORDER TO INVESTIGATE SOLUTIONS

Jesse Chambers and Laura Coulter

Sound research is not only the foundation upon which the work of the UAB Minority Health & Health Disparities Research Center (MHRC) rests, it is also the driving force behind its outreach, training, and community partnerships. Innovative and multidisciplinary, this research provides key insights into health disparities, and critical pathways to effective solutions.

Each year, many of the best minds in the multitude of disciplines researching health disparities come together at the UAB Health Disparities Research Symposium (HDRS). Academic investigators representing numerous fields of study, students, and community partners, converge at the HDRS to present insightful – and often groundbreaking – research.

The 10th annual symposium was hosted March 17-18, 2015, representing a crucial milestone in the work of the MHRC and bringing together more than two dozen stellar speakers from Alabama, Georgia, Louisiana, Mississippi, Tennessee, Nebraska, Connecticut, Michigan, and California. The speakers shared their insights on the science of health disparities, a science which transcends disciplinary boundaries, and rests on research from the ranging from social determinants of health to the ramifications of personalized medicine.

Regina Benjamin, MD, MBA, and Mark Alexander, PhD, served as keynote speakers. Benjamin, an Alabama native and UAB graduate, is the founder and CEO of Bayou La Batre Rural Health Clinic in Bayou La Batre, Alabama. An award-winning family physician, endowed chair in the Xavier University of Louisiana Department of Public Health Sciences, and former president of the American



Medical Association Education and Research Foundation, Benjamin also served as the 18th U.S. Surgeon General. Alexander, who serves on the Board of Directors and Executive Committee of 100 Black Men of America, Inc., is the former Assistant Director of the Medical Effectiveness Research Center for Diverse Populations at University of California, San Francisco, and the Executive Director of Youth Movement, a community based initiative dedicated to improving the health, fitness and well-being of black children.

Dr. Benjamin discussed the topic, “Policy Solutions for Health Disparities” on the first night of the symposium. Highlighting a storied career, which involved an assignment in Bayou La Batre by the National Health Service Corps after medical school, Benjamin spoke of her experiences with health disparities. Bayou La Batre, she explained, was “a pretty place, but a poor place.”

Many of her patients’ health problems were either caused or exacerbated by the situations in which they found themselves. Lack of education or financial stability impaired their ability to prevent or address crucial health needs. She spoke of a patient who did not have the money to fill essential prescriptions for pain medication, and another patient whose illiteracy meant she could not keep track of her pills. Seizures resulted, seriously endangering her well-being.

Benjamin observed that she identifies herself as a family physician, insisting that “we treat the whole patient” at Bayou La Batre Rural Health Clinic. Her concern for her patients, as well as her desire to have a greater role in the formulation of health policy on



Dr. Regina Benjamin and Dr. Mark Alexander

their behalf, motivated her to accept the position of U.S. Surgeon General. Having completed her term, she continues her work on behalf of the rural patients in Bayou La Batre.

Keynote speaker Dr. Mark Alexander spoke on the topic: “African American Men’s Health: Breaking the Silence.” As an epidemiologist, Alexander’s research has focused in part on the effects of racism and social class on health, and he is both intellectually and personally committed to improving the health outcomes of marginalized communities.

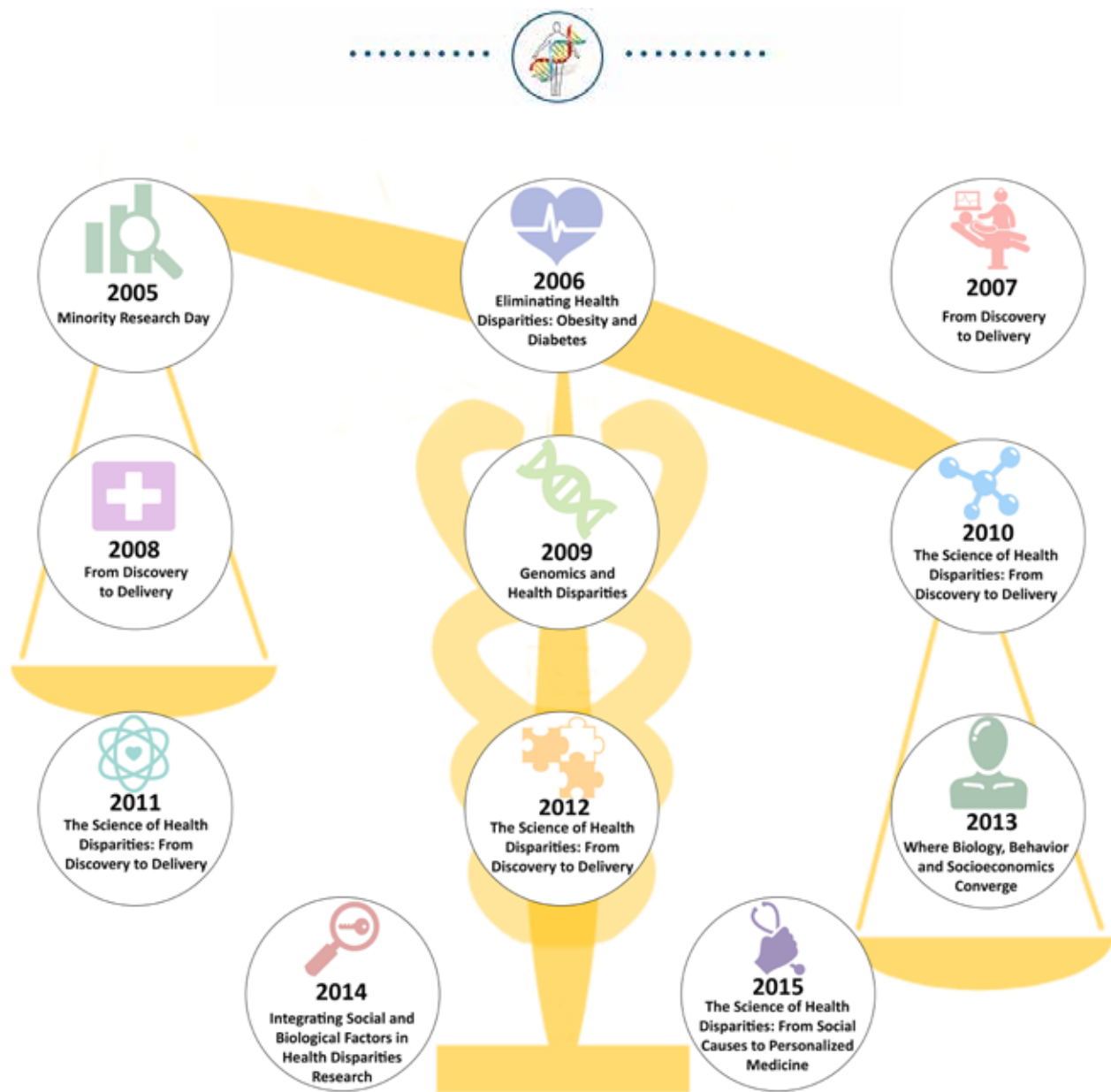
Alexander explained that the criminal justice system is a major source of health problems for black men, particularly since they are jailed at far higher rates than white men. Many prisoners suffer from mental illness, or develop mental illness as a result of incarceration. “Infectious diseases are a big problem for men in prison,” Alexander said, according to AL.com. “Overcrowding and health conditions exacerbate these problems.”

Benjamin and Alexander served as the keynote speakers, but they were not the only dignitaries: the symposium was overflowing with notable speakers and session leaders discussing numerous aspects of health disparities research. “The symposium provides an overview of the latest in health disparities research,” said Mona Fouad, MD, MPH, Director of the MHRC, Senior Associate Dean for Diversity & Inclusion, and Director of the UAB Division of Preventive Medicine. “Scientists and scholars look to it as an excellent opportunity to share discoveries, new approaches and successful models.”

In addition to the keynote speakers, there were seven plenary sessions led by distinguished researchers from across the United States. Bruce Link, a professor of epidemiology and socio-medical sciences at Columbia University, led a session entitled, “Social Conditions as a Fundamental Cause of Health Disparities.” Based on his research, which focuses on understanding health inequalities by race/ethnicity and socioeconomic status, the life-course origins of health inequalities, and the health consequences of social stigma, the inequalities we see in health stem from larger economic inequalities. “Social causes include

“*Truly reducing and eliminating health disparities will require more than an insurance card. We also have to address the social determinants of health, such as poverty.*”

- Regina Benjamin, MD, MBA
Founder and CEO, BayouClinic
18th U.S. Surgeon General



resources – knowledge, money, power, prestige, and beneficial social connections – that determine the extent to which people are able to avoid risks and adopt other protective strategies so as to reduce mortality and morbidity,” he said.

Barbara A. Israel and Zachary Rowe led a session dealing with academic-community partnerships. Israel is a professor of health behavior and health education at the University of Michigan who has published widely on the topics of social and environmental determinants of health and health inequities, and Rowe serves as the Executive Director of the Detroit-based nonprofit Friends of Parkside, a community-based organization located in a Detroit public housing complex. Rowe advocates for making research responsive to community needs, and designs interventions to make a difference in the lives of community members.

Rowe and Israel have worked together for 20 years, but forming and sustaining this partnership required overcoming some intrinsic distrust. Rowe

and other community members were skeptical when Israel and her group first proposed conducting research in Detroit. “We didn’t trust researchers, because they would come in, get the data, and leave,” Rowe explained. However, Israel’s persistence and continued presence ultimately earned the community’s trust.

Trust is essential to community-academic partnerships, the session emphasized. Rowe and Israel discussed how to conduct community-based participatory research (CBPR), a “partnership approach to research that equitably involves all partners in all aspects of the research process” and is “about power-sharing,” in Israel’s words.

This sort of academic-community partnership is at the heart of many of MHRC’s activities, drawing upon evidence-based research to improve the health of real people in communities throughout the country.



“A real benefit of the MHRC in general, and this symposium in particular, is generating knowledge that helps create ideas and opportunities to change the paradigm of minority health disparities in this country.”

- Mona Fouad, MD, MPH,
Director MHRC

Other sessions dealt with critical issues such as “Social Consequences of Genetic Explanations for Racial Differences in Health,” “Personalized Medicine: Implications for Disparities in Drug Response,” “Challenges and Opportunities in Studying the Multilevel Determinants of Health,” and “Policy Solutions for Health Disparities.” Distinguished speakers and presenters also included: Ana Diez Roux, MD, PhD, MPH, professor of epidemiology at Drexel University; Nita A. Limdi, PhD, MSPH, FAHA, professor of neurology and epidemiology and director, Personalized Medicine Institute, UAB;

Jo Phelan, PhD, Professor of Sociomedical Sciences, Mailman School of Public Health at Columbia University; and Brian Smedley, PhD, executive director, National Collaborative for Health Equity. Numerous researchers presented posters, offered speeches, and fielded questions for participants.

In addition to the presentation and discussion of research, awards were presented for oral and poster presentations. The Excellence in Mentoring Award for 2015 was presented to Turner Overton, MD, an associate professor in Infectious Diseases.

The Health Disparities Research Symposium was co-sponsored by three national transdisciplinary collaborative centers (TCCs) for health disparities research: the Mid-South TCC, focused on the social determinants of health and led by Mona Fouad, MD, MPH; the Center for Healthy African American Men through Partnerships, led by Selwyn Vickers, MD, senior vice president for medicine and dean of the UAB School of Medicine; and the Gulf States Health Policy Center, led by Regina Benjamin, MD, MBA, CEO and Founder BayouClinic, 18th U.S. Surgeon General.





MHRC REACHES OUT TO EMPOWER COMMUNITY MEMBERS TAKE CONTROL OF THEIR HEALTH

Jesse Chambers

Statistics show that African Americans are at a much higher risk for many chronic diseases than white Americans.

This health gap is very evident in the South, home to some of America's poorest communities, where many residents typically lack safe streets, a clean environment, or access to grocery stores. This lack of access to fresh, healthy food and to safe places to walk, run or bike has a very negative effect on residents' health, researchers say.

"Substandard nutrition and lack of physical activity are key factors driving the disparities in chronic disease between

African Americans and whites," said Mona Fouad, MD, MPH, Director of the UAB Minority Health & Health Disparities Research Center (MHRC) and Director of the UAB Division of Preventive Medicine.

That's why the MHRC, working with community partners, has launched a program called Birmingham REACH for Better Health to help African Americans live healthier, more active lifestyles.

REACH, or Racial and Ethnic Approaches to Community Health, was made possible with funding from the Centers for Disease Control and Prevention as part of a

federal push to support public health efforts to reduce chronic diseases and promote healthier lifestyles.

Such programs can help take some of the burden off the health care system, according to Fouad, who is the REACH principal investigator, along with Mark Wilson, MD, of the Jefferson County Department of Health.

"One of the most efficient ways to improve population health and cut down health care cost is to ensure access to healthy food and physical activity," said Theresa Wynn-Wallace, PhD, program director for the REACH project.



The project, which began in 2014 and will last through 2017, is expected to reach more than 116,000 people, providing tools and access for residents to make better choices and change their habits for the better.

The program focuses on two census tracts in Kingston and North Avondale in Birmingham where more than 70 percent of the residents are African American who have no easy access to healthy food or adequate places to walk and exercise.

A History of Success

UAB has been working on REACH initiatives for a number of years, according to Fouad, beginning with a 12-month planning grant in 1999.

“The first grant, REACH 2010 focused on promoting mammography and cervical cancer screenings among African American women in three urban and six rural communities and developing partnerships and coalitions among non-profits, state agencies, foundations, and lay individuals to develop a sustainable community action plan,” Fouad said.

The main goal of REACH 2010 was to train lay volunteers as Community Health Advisors (CHAs) across the REACH coverage area, which included the Alabama Black Belt. These CHAs could then talk to other women in their communities about having much-needed mammography and cervical cancer screenings.

Based on Medicare claims data, this program was crucial to women’s health. At the start of the project, there was a gap of about 20 percent between white and black women in terms of getting mammograms, according to Fouad.

“By the end of the project, this gap was reduced to about three percent, and in some counties, the health disparities were reversed, and there were more African American women getting screened than white women,” Fouad said.

The MHRC found that women from the area who could speak to their peers about the screenings were more effective than the usual health professionals would have been, according to Fouad.

“We found that having support from people in the same community could have more impact on women getting screened than if a nurse or a doctor told them to get a mammogram, because (the CHAs) understood the barriers,” Fouad said. “They understood the fear of getting a mammogram. There are a lot of myths. Some women thought, ‘If I get a mammogram, I will get cancer.’ We trained women who really knew how

to connect with their target community, and they succeeded.”

After the completion of REACH 2010, the CDC awarded the MHRC additional funding to develop a comprehensive model to address disparities in breast and cervical cancer prevention, early detection, treatment, and survivorship across the Mid-South. The REACH Mid-South Center of Excellence in the Elimination of Disparities (CEED) formed partnerships and coalitions in Alabama, Arkansas, Louisiana, Kentucky, Mississippi and Tennessee. As an outcome of REACH CEED, a six-state multi-level plan was developed and 17 pilot grants ranging from \$25,000-\$50,000 were awarded to further spread the impact of REACH.

With its most recent funding of Birmingham REACH for Better Health – the third phase of REACH – the CDC seeks to move beyond just addressing individuals and to “address policies, systems and environment. In this way, we can reach more people,” Fouad said.

Partners Working Together

In the spirit of collaboration, key partners are furthering the



Dr. Mona Fouad, Jeh Jeh Pruitt, Dr. Theresa Wynn-Wallace



REACH mission as evidenced by the Jefferson County Department of Health passing and enforcing new childcare regulations that promote physical activity and healthy eating in childcare centers. REV Birmingham's Urban Food Project is providing fresh fruits and vegetables at affordable prices at corner stores in Kingston and Avondale. The YMCA is implementing CATCH, an evidence-based nutrition and physical activity curriculum at the Y and after school readiness sites, as well as offering REACH fitness class and walking groups at Avondale and Stockham Parks. The Freshwater Land Trust will soon launch the Parks Rx program, providing physicians with tools and resources needed to prescribe exercise as medicine for their patients. The United Way of Central Alabama's Safe Routes to Schools program continues their work to identify opportunities to incorporate safe routes to school language into an existing or new school health policy.

The MHRC's partners are essential to making the project work, according to Fouad. "(REACH) cannot be done effectively by the single individual or by a single organization," she said. "Collaboration is key for bringing about a change in policies, systems, and environments that impact health."

BIRMINGHAM REACH FOR BETTER HEALTH SUCCESSES

- The REACH partnership has expanded beyond the initial five core partners to include grassroots, civic, and faith based community leaders from Kingston and Avondale.
- Initial REACH-based efforts have encouraged enthusiastic communities agencies and partnerships to find ways to collaborate even beyond the grant, as evidenced by hosting Pop-Up Farm Stands in Kingston and Avondale and piloting "Yummy in My Tummy", an introduction to fresh fruits & veggies for children in daycare settings.
- Jefferson County Health Department has provided resources to ensure childcare owners comply with the revised childcare regulations.
- REV Birmingham has significantly increased the number of food-related businesses purchasing

produce through the Urban Food Project from 15 to 52 and increased the number of producers selling fresh produce through the Urban Food Project from 25 to 43.

- YMCA implemented CATCH in 14 YMCAs and 16 outside school care sites such as A.G. Gaston Boys and Girls Clubs.
- Freshwater Land Trust has conducted an assessment of 130 parks and trails in Birmingham and surrounding areas and piloted the Parks Rx toolkit with physicians.
- Safe Routes to Schools worked with the City of Birmingham Traffic Engineering to create safe routes for children walking to school within two miles of 27 elementary schools in the Birmingham school district. The geo-mapping project identified the location of crosswalks, school and pedestrian signs and traffic signals in order to determine the safest routes.

- An interactive and engaging website provides useful information about exercise, recipes and meal plans, as well as tools to help community members take control of their health - REACHforbetterhealth.com.



Dr. Theresa Wynn-Wallace at a REACH Event.



LIGHTING THE WAY

THE HEALTH CARE SYSTEM CAN BE INTIMIDATING FOR LOW-INCOME PATIENTS ALREADY GRAPPLING WITH A LIFE-THREATENING ILLNESS. PATIENT NAVIGATORS PROVIDE SUPPORT TO SUCCESSFULLY NAVIGATE TROUBLING TERRAIN

Jesse Chambers

It's devastating for a patient to hear a cancer diagnosis from his or her doctor.

Beyond the emotional dimensions of the diagnosis, some patients must deal with a complex process of treatment, which may include radiation, chemotherapy, surgery, and many doctor visits.

Cancer patients from all socioeconomic levels may face particular challenges with finances, health coverage, transportation, etc. which can make it difficult to maintain appointments and may delay or interfere with treatment plans.

That's where the Patient Navigation Program at UAB Division of Preventive Medicine and the Minority Health & Health Disparities Research Center (MHRC) makes a difference.

This program, with MHRC director, Mona Fouad, MD, MPH, matches five dedicated navigators, Elise McLin, Angela Williams, Diane

Williams, Joe Ann Askew, and Kimberly Robinson, LBSW, to provide support for patients who are in a clinical trial or receiving regular standard cancer treatment at the UAB Comprehensive Cancer Center.

"The navigators bridge the gap between the patient and the health care system," said patient navigation manager Nedra Lisovicz, PhD, MPH.

Patient navigators are trained non-medical professionals, who assist low-resourced patients get access to the quality care, including therapeutic clinical trials, they deserve. The navigators play a key role in enhancing minority participation in therapeutic clinical trials.

Navigators assist patients throughout the entire treatment process according to Fouad. "Our navigators are there whenever their patients need them. They see patients at the clinic during treatment, prior to surgery, and before and during doctor appointments. They communicate with clinic staff, family members, social services



Elise McLin

Diane Williams

Kimberly Robinson

Jo Ann Askew

Nedra Lisovicz, PhD, MPH

Angela Williams



and community organizations. Navigators work to help patients complete their treatment plan.”

An important role for the navigators is to help patients overcome the barriers they may face in trying to make it to all of their appointments for treatment. “Those barriers could be lodging, transportation, insurance, and social support,” stated Kimberly Robinson.

The navigators empower patients to work with the health care system by coaching them to ask questions and communicate symptoms. Patients can better understand their diagnosis and follow their doctor’s instructions, according to Lisovicz. “(Patients) ask the navigators to go with them to their appointments to support them and help them understand the physician’s instructions,” she said.

The navigators work with health care professionals in communicating concerns when patients need help. “We help physicians understand some of the issues that are going on with their patients,” Robinson said. “We are an essential part of their health care team.”

This free support program has been in existence for about a decade, according to Lisovicz. It is an outgrowth of the CDC-funded REACH program, where Community Health Advisors were trained as patient navigators.

As part of REACH 2010, 60 community volunteers in the Black Belt were trained for six to eight weeks to help women who had received an abnormal breast cancer screening or a confirmed diagnosis of breast cancer access appropriate care and comply with the recommended treatment.

Expanding that concept, Fouad “developed a program so... navigators have become part of the health care team,” Lisovicz said.

Lisovicz said she’s “very proud” of the navigators, having witnessed positive results. “I have gone to the clinic with the navigators,” she said. “I have seen the patients talk to (the navigator) as a family member.” The navigators become “a resource,” not only to empower patients but their family also.

Few minorities participate in clinical trials, according to Fouad. “The reasons are numerous, including mistrust of the medical community, fear and lack of understanding of the risks and the benefits of clinical trial participation.” Navigators are trusted people who can help explain patient rights as

participants on a clinical trial and discuss the benefits of having patient navigation support.

Fouad said that the Division of Preventive Medicine/MHRC program has successfully proven that navigators can help minority patients gain access to potentially life-saving therapeutic cancer trials when standard care may not be enough.

Not only are the patients pleased with the navigators but the navigators are often inspired by the quiet heroism of the cancer patients.

“I just love all my patients,” said Robinson, who cited a young woman in her twenties diagnosed with triple negative breast cancer. Following treatment, the young woman went back to school and earned a nursing degree. “I attended her graduation and watched as her mother placed her nursing pin on her. That was really rewarding, because despite her diagnosis, she cared for people, and it became her passion to give back,” Robinson said.

Diane Williams worked hard during the 2013 Christmas holidays to help a “devastated” 31-year-old female patient with advanced melanoma who had no insurance get a much-needed clinic appointment as well as financial help from Charity Care.

And the story has a happy ending. “That patient, who had only six months to live, has lived about two years,” Williams said. “She is doing well (and) credits patient

navigation with saving her life.”

Elise McLin spoke of her experience attending the doctor’s appointment during which a patient was told that he had cancer. “The moment he heard the word, ‘cancer,’ he became distraught and could not hear anything else,” McLin said. “I sat quietly until the patient was ready to move from hopelessness to guidance on his next steps.” McLin coached the patient through the process while providing information about his options.

Robinson celebrates the “transformation” she sees often in patients as they pursue their treatments. “I see at the beginning where they are really afraid, and over the course of treatment, something happens,” she said. “There is a faith that comes out of the patients. It has a really rippling effect, and not just with me, but with the whole treatment team.”

The program is funded by the MHRC and the National Cancer Institute.



Angela Williams discusses a patient at a team meeting.

Give to MHRC

“Because of the opportunities I’ve had in life, I feel I have an obligation to speak up about issues affecting our communities, and one of those issues is the health status of African-Americans and how to raise their level of health.”

- Charles Barkley

The UAB MHRC has a mighty mission - to reduce health differences resulting from social, economic or environmental disadvantage. But we need your help.

Your gift to the UAB MHRC will:

- Support researchers and physician scientists as they advance scientific knowledge about the root causes of health inequalities
- Cultivate a new generation of researchers and healthcare professionals trained in minority health and health disparities research
- Build healthy communities through partnerships and outreach programs which empower people to take charge of their own health

With your help, we can transform science into better health for all.

To make your tax-deductible gift to the UAB MHRC, visit uab.edu/MHRC/medicine/give. For more information, contact Christian Smith, Major Gifts Officer, Department of Medicine, 205.934.1974, csmith@uab.edu.