

Summaries of UW ICTR AHEAD Pilot Grants, 2021 (3 awards)

- **Increasing Cervical Cancer Knowledge for Hmong and Burmese Communities through Community-Based Approaches**

[Tana Chongsawat, MD](#), Family Medicine and Community Health, School of Medicine and Public Health, Postdoctoral Trainee

Cervical cancer is the leading cause of cancer death for women of Asian or Pacific Island (API) descent and these women are disproportionately affected due to low participation rates in cervical cancer activities such as screening and HPV vaccination. This proposed research will be done in partnership between the Milwaukee Consortium for Hmong Health (MCHH) and UW-Madison researchers to engage community health workers (CHWs) for redesigning workshop materials to address knowledge and stigma associated with screening cervical cancer.

Our central hypothesis is that through trust and mutual respect, our community-academic partnership can develop a workshop for cervical cancer awareness that is culturally appropriate, relevant, and confidently run and led by CHWs. This project uniquely addresses low cervical cancer screening rates for marginalized communities due to language barriers, mistrust in the medical system, cultural differences, stigma, health literacy, and promotion health-seeking behaviors.

- **Intersex Prevalence and Response**

[Kelsey Lewis, PhD](#), Gender and Women's Studies, College of Letters and Sciences, Postdoctoral Fellow

This project aims to determine how common variations of sex development (VSDs) are in the pediatric (ages 0-18) patient population in the UW Health System, and how these patients were responded to and treated. The primary goal of this project is to generate data necessary to advocate for institutional support for a Gender & Sex Development Program that has a stakeholder engagement program and prioritizes bodily autonomy for all patients.

Through this project, we will determine whether children in the university's health system have undergone irreversible medically unnecessary interventions, and if so, how many. Overall, this project lays the groundwork for developing a clinic that prioritizes patient care and stakeholder engagement.

- **In Our Own Voice: The Narrative Experiences of Latina Immigrants in Navigating Access to Healthcare and Healthful Resources in Rural Wisconsin**

[Bikki Tran Smith, PhD](#), OBGYN, School of Medicine and Public Health, Health Disparities Research Scholar

Rural health disparities have been widely acknowledged; rural residents are faced with higher rates of chronic illness and premature death compared to their urban counterparts. As the rural population becomes more diverse, it is important to expand rural health narratives to be inclusive of under-represented voices, especially low-income Latinx immigrant voices, whose numbers have increased dramatically in rural Wisconsin with the growth of the dairy industry.

Informed by critical race theory and intersectionality, the overarching goal of the proposed mixed methods inquiry is to understand how race, class, gender, and immigration status intersect within rural geography to produce disparities in health and healthcare access among low-income Latina immigrants. The proposed study will be able to generate a

more targeted intervention for improving access to healthcare and health-promoting resources that meets the unique needs and contexts of low-income Latina immigrants in rural Wisconsin as opposed to a blanket approach to addressing rural health disparities that is largely based on the experiences of White residents.

Summaries of UW ICTR AHEAD Pilot Grants, 2020 (3 awards)

- **Investigating the Work Experiences and Health of Trans Workers in K-12 Schools**
[Mollie McQuillan, PhD](#), Educational Leadership and Policy Analysis, School of Education, Assistant Professor

Transgender workers experience disproportionately high levels of employment discrimination, harassment, poor conditions, and job insecurity in the workplace compared to the general population and these conditions may be exacerbated in highly-gendered K12 schools. Within the transgender community, there is a great deal of variation in how much gender-based stress transgender individuals experience, and greater stress is associated with poorer health outcomes. This study will use an online survey to address three main research goals: 1) describe the policies, organizational supports, and social relationships reported by trans employees of K12 schools, 2) investigate how schools differ in the supports and constraints reported by workers across school types and personal demographics, and 3) examine the relationships between transgender school workers' health and wellbeing with structural and social stressors or supports. The study will provide a baseline, quantitative description of multiple-levels of K12 trans workers' work climate and health. This data will help better address the needs of these workers, allowing us to craft recommendations for policy best equipped to ensure transgender school workers are protected from discrimination, feel supported at work, and have access to the resources to meet their needs.

- **Social Media Use and Parent Interruption: Expanding Considerations of Positive Youth Development**
[Alvin Thomas, PhD](#), Human Development and Family Studies, School of Human Ecology, Assistant Professor

This study investigates, for Black and Latino adolescents, the extent to which parents' communication about risk and monitoring might protect adolescents from potentially negative academic self-concept and the emotional impact of social media use. Social media use has a considerable influence on adolescent mental health, predicting troubling outcomes like depression, anxiety, and suicide among nationally representative samples. Although social media presence or use has become a normative social activity and socialization agent for teens, there is disparate social media presence in favor of Black, Hispanic, and lower income adolescents compared to White and their higher income peers. For racially marginalized youth online discrimination is a major threat to academic outcomes and mental health. Consequently, the greater access to, and interaction with, social media translates to significant risk exposure, hence the need to moderate adolescent social media use and protect racially marginalized youth as they engage this critical social space. This is critically important work because online bullying remains a threat to the health and safety of children and adolescents, particularly Black and Latino youth living in lower income homes.

This is a secondary analysis of cross-sectional data on social media use among an ethnically mixed sample gathered in 2018. Participants are from across the US and are all active social media users. The researcher expects social media use to have negative effects on mental health outcomes through online discrimination experiences. Negative influence on psychological health will result in poor academic self-concept, however, positive parenting influences will moderate these relationships, and lead to better outcomes. This study will fill in the gap in the literature on protecting youth in digital spaces by exploring resilience building and parent protective effects on adolescent outcomes in the face of risks; albeit now in a digital environment—social media.

- **Understanding Resource Utilization by Dementia Caregivers in the Oneida Nation**

[Mary Wyman, PhD](#), Advanced Fellow in Geriatrics, Madison VA GRECC

As the global population ages, the prevalence of Alzheimer's disease and related dementias (ADRD) is increasing. American Indian/Alaska Native (AI/AN) communities are disproportionately impacted, with higher rates of ADRD, greater burden of comorbid chronic disease, and significant socioeconomic and health care access disparities. Globally, family caregivers provide most care for persons with ADRD, and studies indicate this is particularly true for AI/AN communities, with an estimated 17-20% of AI/AN identifying as a caregiver for an older adult. Family caregivers can significantly benefit from educational, support, and respite resources, but such services are underutilized in relation to need. There is a gap in our knowledge about factors impacting the utilization of resources among AI/AN family caregivers of persons with ADRD. It is likely that unique, culture-specific factors influence AI/AN caregiver resource use. To improve outcomes and effectively address disparities, it is critical to improve our understanding of facilitators and barriers to resource utilization by AI/AN caregivers.

The study aims to leverage the existing relationship between the mentor/PI and the Oneida Nation of Wisconsin, using a multi-method approach to 1) describe associations between demographic characteristics and resource utilization by Oneida Nation ADRD caregivers, using a brief survey and 2) identify cultural and community-related factors impacting utilization of caregiver resources through qualitative interviews with ADRD caregivers. The overarching hypothesis is that culture-specific factors and community-specific circumstances impact AI/AN utilization of caregiver resources, necessitating the use of culturally tailored approaches to increase the reach and uptake of these services.

Summaries of UW ICTR AHEAD Pilot Grants, 2019 (3 awards)

- **Evaluation of the Trans Youth Justice Council**

[Chris Barcelos, PhD](#), Department of Gender and Women's Studies, UW College of Letters and Sciences, Assistant Professor

The increasing social visibility of transgender people in the United States has enabled more and more K-12 students across Wisconsin to come out as trans, nonbinary, and/or gender-nonconforming (TGNC). TGNC youth in Wisconsin are more likely than their cisgender (non-trans) counterparts to experience adverse educational and health outcomes. The proposed research is a formative and process evaluation of a pilot program in Dane County, the Trans Youth Justice Council (TYJC). The program is administered by GSAFE, a statewide non-profit organization that works to create just schools for LGBTQ+ K-12 students through youth development, training educators, and supporting student-led organizing. The TYJC is a youth leadership development program based in a social justice youth development model. The objectives of the program are to increase the capacity and resilience of TGNC youth, develop youth leaders, and contribute to addressing social, educational, and health inequalities disproportionately affecting TGNC youth. There is little existing research on peer-to-peer leadership programs for transgender youth that disaggregates this population from their cisgender LGBTQ peers. Although these youth experience many of the same social, educational, and health disparities, transgender youth have distinct experiences and needs. The proposed evaluation will help demonstrate feasibility and efficacy of youth development programs as a tool to promote well-being among trans youth. Finally, the evaluation will provide data necessary for the community partner to improve the program and expand it statewide.

- **Follow up: Mental Health Outcomes for Underrepresented Students**

[Nickolas Frost, PhD](#), Department of Counseling Psychology, UW School of Education, Assistant Professor

Mental health treatment utilization on college campuses remains disproportionately low among underrepresented college students (UR; i.e., racial/ethnic minorities, first generation college students, and students from low-income families). Despite this underutilization, national surveys of college students suggest that UR students are more likely to experience mental health problems than their peers while in college. While these trends are widely recognized, to date, there have been few systematic efforts to address these disparities. In collaboration with a University academic division serving underrepresented student, a counseling psychology training clinic developed a model of collaboration and intervention to meet the mental health needs of UR students by providing individual psychotherapy free of charge and without session limits with culturally similar mental health providers. This partnership has been in existence for 5 years, but follow-up outcomes have yet to be determined among students who participated.

This pilot evaluation aims to test two distinct hypothesis: 1) students who participated in this counseling experienced better long term mental health outcomes, 2) students retrospective reports will consider their counseling experience critical to their academic success (GPA, graduation), and suspects that 3) cultural match will be an important recollection in student experiences of psychotherapy. This follow-up pilot study will fill a much needed gap in the research literature related to concrete methods to address mental health disparities in higher education. Moreover, it will help administrators and educators further understand the contribution of mental health to national achievement gaps.

- **Pisando Fuerte: A Fall Risk Reduction Problem**

[Maria Mora Pinzon, MD, MS](#), Department of Family Medicine and Community Health, UW School of Medicine and Public Health, Primary Care Research Fellow

The Hispanic older adult population in the US is increasing dramatically, and their fall age-adjusted death rate has been climbing over the last few years. Although there are evidence-based programs to prevent falls in English in Wisconsin, none of these are currently available in Spanish, precluding Hispanic older adults from sharing in the benefit of evidence-based falls prevention programs. To address the critical need for culturally appropriate fall prevention programs in Spanish, in 2013, the UW-Madison, in conjunction with three Hispanic community organizations in Wisconsin, began the work of adapting the evidence-based Stepping On Fall Prevention Program, resulting in the development of Pisando Fuerte. Pisando Fuerte is a multifaceted intervention that improves balance, strength and falls knowledge. Results from our last study showed that Pisando Fuerte was effective in promoting the use of protective behaviors that reduce the risk of falls. The program was enthusiastically accepted by instructors and participants alike, however, there were lapses in fidelity – particularly in the use of adult learning techniques - that could compromise the outcomes if not addressed before dissemination.

The causes of these lapses were narrowed down to 3 elements: (1) current training of leaders is performed in English,(2) leaders needed more training in identifying key elements of the program, and how to use the preventive framework and adult learning concepts, and (3) language was too complex for audiences with less than a 3rd grade education, creating a burden for leaders to adapt language as necessary. To address these gaps, our objective is to complete the curriculum to train leaders in Spanish, which is a necessary step to support the implementation of Pisando Fuerte across Wisconsin and the nation. Our specific aim to accomplish our objective is to complete the translation of training materials to Spanish, and revise the language to assure that leaders can implement the program using a 3rd grade conversation level.

Summaries of UW ICTR AHEAD Pilot Grants, 2018 (2 awards)

- **Effects of Stress on Racial/Ethnic Disparities in Hypertension and Pregnancy Outcomes**
[Linnea Evans, PhD, MPH](#), UW School of Medicine & Public Health, Department of Obstetrics and Gynecology, [Health Disparities Research Scholars Program](#), Postdoctoral Fellow

Evidence suggests hypertension can begin earlier in the life-course than previously thought, with race differentials already evident by young adulthood and the largest gap occurring among women. Several studies have documented a steep trajectory of incidence for racial/ethnic minority women occurs over the childbearing years, and hypertension is known to complicate pregnancy and is associated with adverse maternal and fetal outcomes. As such, gaining a better understanding of what is causing early onset of hypertension in racial/ethnic minority women in their reproductive ages has the potential to influence both excess morbidity and mortality, and our ability to address racial disparities in pregnancy outcomes. Drawing upon the Weathering Hypothesis, the proposed study aims to understand the role of stress via socioeconomic position (SEP) and experiences of discrimination (EOD), on hypertension trajectories and adverse pregnancy outcomes among non-Latina White, non-Latina Black, and Latina women (disaggregated by ancestry when possible). Using data from waves 1 to 5 of the National Longitudinal Study of Adolescent to Adult Health and multivariate regression, we will: 1) examine the joint effects of SEP and EOD on chronic stress and blood pressure trajectories for women by race/ethnicity, 2) examine the joint effects of SEP and EOD on adverse pregnancy outcomes (e.g., maternal birth complications, pre-term birth, low birthweight) for women in 1st and subsequent pregnancies, and 3) examine the mediating role of chronic stress and hypertension on adverse pregnancy outcomes.

- **Understanding Implementation of Prenatal Care Coordination in Wisconsin Counties**
[Madelyne Greene, PhD](#), UW School of Medicine & Public Health, Department of Obstetrics and Gynecology, [Health Disparities Research Scholars Program](#), Postdoctoral Fellow

Wide racial and ethnic disparities in pregnancy and birth-related outcomes exist across the US. African American women in Wisconsin, for example, have approximately 3 times the risk of infant mortality as do white women. Prenatal care coordination (PNCC) is a unique fee for service Medicaid benefit that aims to improve birth outcomes among high risk women by facilitating access to medical, social, educational, and other pregnancy-related services. PNCC's effectiveness is dependent on successful implementation of the benefit. However, previous research and an ongoing study from our research group has revealed stark variation in PNCC implementation, which may undermine its potential to improve birth outcomes and mitigate disparities. The proposed study will fill gaps in existing research by examining potential sources of variation in PNCC implementation in three counties in Wisconsin. Analyzing variation in PNCC implementation will reveal challenges and strategies for addressing those challenges that are transferrable across Wisconsin counties and throughout the US.

- **The Effect of Medicaid Expansions on Prenatal Care and Birth Outcomes Among Foreign-Born Women in the United States**

[Chenoa Allen, PhD, MS](#), UW School of Medicine & Public Health, Department of Obstetrics and Gynecology, [Health Disparities Research Scholars Program](#), Postdoctoral Fellow

Over one in five US births occur to foreign-born women, who experience significant disparities in access to prenatal care. Between 1996 and 2014, 30 states expanded Medicaid and the Children's Health Insurance Program (CHIP) to cover prenatal care for recently-arrived and/or undocumented immigrant women. These expansions have the potential to address immigrant mothers' disparities in prenatal care access; however, their impact has not yet been demonstrated. The proposed study will be the first to systematically evaluate whether expanding Medicaid/CHIP coverage to recently-arrived documented immigrants and/or undocumented immigrants achieves the goal of improving prenatal care utilization and birth outcomes among foreign-born women. We hypothesize that these expansions increase the proportion of foreign-born women who receive adequate prenatal care and decrease the proportion of foreign-born women who have a low birth weight or preterm infant. The proposed study will use 25 years of birth record data and rigorous quasi-experimental methods to estimate the impact of these expansions on prenatal care utilization, low birth weight, and preterm birth for foreign-born mothers states to continue covering immigrants even as federal funding for Medicaid and CHIP becomes more uncertain.

- **Psychotherapy Minority Stress Interventions for Transgender Patients: A Pilot Randomized Controlled Trial**

[Stephanie Budge, PhD](#), UW School of Education, [Department of Counseling Psychology](#), Assistant Professor

Transgender and gender diverse (TGD) individuals are at an increased risk for mental health concerns, including anxiety, trauma-based distress, depression, self-harm, and suicidality. Quantitative and qualitative studies have shown that support appears to mediate mental health concerns, but to date, there have been zero psychotherapy studies focusing on transgender and gender diverse patients. The NIH has noted that TGD patients are considered to be a "health disparities population," indicating that there is considerable research to support prevention and reduction in mental health disparities for this population. This study aims to investigate the feasibility of conducting a psychotherapy randomized controlled trial for transgender and gender diverse populations, and longitudinally investigate the impact of minority stress interventions on well-being for transgender and gender diverse patients. No known published studies have focused on minority stress psychotherapy interventions for transgender and gender diverse populations. The findings from the proposed study will provide a multitude of information regarding longitudinal psychotherapy interventions focusing on minority stress that will inform future treatment manuals and larger, multi-site studies.

- **Pilot Study of Ketogenic Dietary Therapy for Adults with Severe Developmental Disabilities and Intractable Epilepsy**

[Elizabeth Felton, MD, PhD](#), UW School of Medicine and Public Health, [Department of Neurology](#), Assistant Professor

Epilepsy occurs at substantially higher rates in people with intellectual and developmental disabilities (IDD), with a prevalence of about 25% in individuals with IDD compared to 1% in those without. Furthermore, over 50% of people with epilepsy and severe IDD have intractable epilepsy, meaning seizures continue despite trials of ≥ 2 anti-seizure medications. Despite this there has been little attention to the evaluation of non-pharmacologic interventions for adults with IDD and epilepsy. Ketogenic diets (KD) are very low carbohydrate, high fat diets which have been shown to reduce seizures with $\geq 50\%$ seizure reduction in $\sim 50\%$ of patients, though they have not been studied in adults with IDD. This is a pilot of a prospective randomized controlled trial which will lay the foundation for a larger clinical trial to

evaluate efficacy and tolerability of the ketogenic diet in people with IDD and intractable epilepsy. It is hypothesized that the addition of the ketogenic diet to usual care (i.e. medications) will lead to a significantly higher response rate (defined as seizure frequency reduced by $\geq 50\%$) compared to usual care alone in adults with IDD and intractable epilepsy. Furthermore, the ketogenic diet is hypothesized to be safe and tolerable in this population. The proposed pilot involves a partnership with a state-run facility residential facility for adults with IDD. The main aim of the pilot is to determine if a larger (and adequately powered) randomized control trial of the ketogenic diet at the facility can be successfully implemented. Pilot study results will provide preliminary data for the larger clinical trial as well as a grant proposal.

- **Motivation-Based Intervention to Reduce Health Risks in Urban Black Primary Care Patients with a History of Childhood Adversity**

[Ellen Goldstein, PhD](#), UW School of Medicine and Public Health, Department of Family Medicine and Community Health, [Primary Care Research Fellowship](#), Postdoctoral Fellow

African Americans face copious health disparities associated with poverty, discrimination, higher than average trauma exposures and health risk behaviors. Urban Blacks are disproportionately exposed to traumatic events and, therefore, are at a greater risk for Post-Traumatic Stress Disorder (PTSD) than the general population. Experts have recommended routine screening for Adverse Childhood Experiences (ACEs) in primary care settings, yet there is little research on how to respond to patients with ACEs. This pilot study will help fill that important knowledge gap by testing a 2-session intervention to reduce perceived stress and frequency of at least one health-risk behavior in Black primary care patients with ACEs and PTSD symptoms. This study will determine whether a brief intervention holds promise in reducing health disparities that may arise from ACE exposure and PTSD symptoms among Black primary care patients and inform whether screening for ACEs and PTSD is warranted in primary care settings.

- **Cultural and economic Influences on child weight-related communication in clinic**

Gwendolyn Jacobsohn, PhD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health, [Primary Care Research Fellow](#)

Childhood obesity disproportionately affects African-American, Latino, and lower-income families, compared to Caucasian and higher income families. Many pediatric health care providers address obesity prevention and treatment with parents and children using recommended care practices. If information is not communicated in a culturally appropriate manner, however, it can be of little value and even perpetuate existing health disparities. Research indicates that parents view pediatric health care providers as valued sources of information about child weight and want to be given useful information about weight-related topics. How they perceive, assess the value of, and use the information is still unknown, as is the influence of racial/ethnic culture and socioeconomics. This qualitative study explores parents and adolescents experiences and perceptions of weight-related discussions with health care providers—including what messages they have heard, what information was and was not useful (and why), the impact these interactions had on weight-related behaviors, and how cultural and economic factors shaped the way they dealt with weight-related issues.

- **Association between objectively measured physical activity, sleep, and obesity in urban American Indian children**

Vernon Grant, PhD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health, [Primary Care Research Fellow](#)

Obesity is a major public health concern in American Indian (AI) children. In addition to physical inactivity, sleep disorders are a risk factor for obesity. Understanding how physical activity (PA) and sleep impact obesity risk is critical for research conducted in Indian country. The Specific Aim of this study is to assess the association between sleep, PA, and obesity in urban American Indian children. We expect children who engage in ≤ 60 minutes of moderate-to-vigorous PA per day and get ≤ 9 hours of sleep per night will have greater rates of overweight and obesity. The public health impact of this study is to gain better understanding of the relationship of sleep with obesity in middle-school age AI children will assist with intervention efforts in the future.

- **Wisconsin Survey of Trans Youth: An Assessment of Resources and Needs**

[Jennifer Rehm, MD](#), Assistant Professor of Pediatrics, School of Medicine and Public Health, [Building Interdisciplinary Research Careers in Women's Health \(BIRCWH\) Scholar](#)

Transgender and gender nonconforming youth (TGNC) are at increased risk for mental health problems, including depression, anxiety, and suicidality. Though medical support and interventions have been shown to decrease these disparities, barriers to accessing support services, including mental and medical health services, have not been well characterized in this population. Effective advocacy depends on community engagement to create successful interventions. We hypothesize that transgender and gender nonconforming (TGNC) youth will identify community needs and barriers to accessing resources that will serve as an effective platform for future advocacy and resource development. We aim to accomplish this by collecting surveys from TGNC youth and conducting groups. When our data analysis is complete, this needs assessment will be presented to community organizations to inform their work with TGNC youth and will serve as a platform for the Transgender Youth Resource Network to develop specific interventions to address needs and barriers experienced by TGNC youth. To our knowledge, our project is the first statewide assessment of TGNC youth's perceptions of community needs and barriers to resources. Our study specifically aims to understand barriers in access to care for TGNC youth in order to develop community-informed strategies to address the disparities they experience.

- **Socio-Political Context and the Health of Latina/o Populations**

[Edward Vargas, PhD](#), UW School of Medicine & Public Health, Department of Obstetrics and Gynecology,
[Health Disparities Research Scholars Program](#), Postdoctoral Fellow

This project will analyze data from the Latino National Health and Immigration Survey, State Legislative Data, and data from U.S. Immigration and Customs and Enforcement. The study aims to examine the association between personally knowing a deportee on the physical and mental health of Latino immigrant and non-immigrant Latino adults and their children. This aim will examine the spillover effects immigration policy might have on the Latino community; to examine the interrelationship between state immigration laws and respondents' perceptions of their environment on self-reported health status; and to examine the link between the risks of deportation and immigration laws, on program use. This final aim will offer implications for social determinants of health and disparities. The long term goals of my research are to integrate socio-political realities of the Latino experience into the social determinants of health literature by also capturing the spillover effects for Latina/o non-immigrant populations and their children.

- **Assessment of Maternal Care Services in Dane County**
[Sheryl Coley, PhD](#), UW School of Medicine & Public Health, Department of Obstetrics and Gynecology, [Health Disparities Research Scholars Program](#), Postdoctoral Fellow

This project will investigate concepts of maternal care quality, with predominant focus on prenatal care, from the perspectives of African American and Caucasian mothers and providers of prenatal care, labor and delivery services, and postpartum care in Dane County. Perceptions in quality maternal care may differ by race and between patients and providers, but sparse literature exists that investigates these comparisons. Given these literature gaps and the continued racial disparities in health care utilization between African American and Caucasian mothers, more studies are needed to identify inequities in maternal care quality in order to improve utilization in services for African-American mothers.

- **Health Disparities: A Virtual, Experimental Model of Neighborhood Disadvantage**
Daniel Hackman, PhD, Department of Population Health Sciences, [Robert Wood Johnson Foundation Health & Society Scholar](#)

Neighborhood disadvantage is an important, independent predictor of health and development. However, the breadth of causal inferences that can be drawn regarding how neighborhood characteristics “get under the skin” to affect health is limited, due to conceptual and methodological challenges. It has been hypothesized that one of the ways that neighborhoods influence health is through how social and physical environments impact emotion, health behavior, and stress reactivity. Nevertheless, support for this hypothesis is limited, as no study has directly examined whether acute exposure to different neighborhood conditions elicits differential emotional and stress responses. In order to address these issues, we are developing an experimental model of neighborhood disadvantage that can be deployed to investigate the causal effects of neighborhood conditions on cognition, emotion, behavior, and physiology. This project capitalizes on the increasing sophistication and accessibility of virtual reality (VR) technologies that allow for an immersive experience that approximates the experience of being in different neighborhoods in collaboration with researchers at ETH Zurich in Zurich, Switzerland. We will conduct a preliminary pilot study of this adapted protocol at the University of Wisconsin-Madison. Once this basic experimental protocol is developed and validated for use across multiple national contexts, we will be able to address a range of questions concerning some of the causal mechanisms by which neighborhoods may influence health and how this may vary across developmental stages and populations.

- **Gender Differences in Early Life Adversities and Adult Obesity: An Examination of Psychosocial Pathways**
[Chioun Lee, PhD](#), UW School of Medicine & Public Health, Department of Obstetrics and Gynecology, [Health Disparities Research Scholars Program](#), Postdoctoral Fellow

The obesity epidemic is a major health concern in the U.S. Although individual factors are known determinants of body weight (e.g., genetic predisposition and behavior), persistent socioeconomic disparities exist in the risk of being obese. Furthermore, research has indicated that the social determinants of obesity originate early in life. Children from disadvantaged backgrounds are more likely than those from advantaged backgrounds to gain more weight and be obese, not only in childhood but also in adulthood. Importantly, stronger adverse effects are often observed among girls than boys. Men and women differ in their vulnerability to poor family and social environments, their emotional and behavioral strategies for coping with stressors, and their psychosocial resources. Few studies, however, have investigated whether such gender differences are core mechanisms that explain differences in obesity. The overall goal of the proposed research is to pursue an interdisciplinary approach to identify gender-specific pathways from early life adversity to risk of obesity throughout adulthood. Key hypotheses are that 1) experiencing greater adversities in early life increases risk of obesity in young adulthood and throughout the life course, 2) such associations are greater for

women than men, 3) psychosocial factors mediate or buffer the associations, and 4) there are gender differences in those mechanisms. Data come from Midlife in the U.S. (MIDUS I, II, III). To explicitly investigate diverse types of early life adversities, three different forms of social and family backgrounds are examined: low socioeconomic status, harsh family environments, and poor mental/physical health in childhood.

- **The Survey of the Health of the Wausau Area Hmong Population (SHWAHP)**
Kevin Thao, MD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health, [Primary Care Research Fellow](#)

The Survey of the Health of the Wausau Area Hmong Population (SHWAHP) project will be a first of its kind study to obtain important health information about the Hmong community of Wausau. Randomly sampled Hmong community members participating in the project will answer questions about health history, health habits, and health perceptions. Using the data from this project the Hmong Health Coalition will be able to start to build a picture of the health of the Hmong community. This project is the base of the Hmong community health needs assessment. We will be able to identify health disparities in the rates of many disease such as hypertension, heart disease, and diabetes between the Hmong and general Wisconsin population. Furthermore the study will identify the possible associations between social-demographic characteristics and Hmong adults' chronic diseases. To prepare for this larger project that could encompass surveys of 500-1000 Hmong individuals **the SHWAHP pilot project** aims to 1) pilot the adaption of the Survey of the Health of Wisconsin (SHOW) project into a tool that can be utilized to obtain health information from the Hmong community of Wausau WI and 2) pilot the utilization of statistical methodology to potentially identify the prevalence of chronic diseases among a small sample and identify the possible associations between social-demographic characteristics and Hmong adults' chronic diseases.

- **What Shapes the Health of UW Women Veterans?**
[Tova Walsh, PhD](#), [Robert Wood Johnson Foundation Health & Society Scholar](#)

Women comprise an increasing proportion of the US veteran population, and while the male veteran population decreases, the population of women veterans is projected to steadily increase over the next 30 years. There is growing evidence of gendered health disparities among the veteran population, but little understanding of the mechanisms underlying these disparities. The body of research addressing the health of women veterans has grown significantly in recent years, but women veterans remain a relatively understudied population and prominent gaps in knowledge persist. The proposed research aims to: (1) describe women veterans' perceptions of the stressors and supports that shape their health, their care needs and how they can be better served; (2) characterize the post-deployment physical and mental health of a sample of women veterans of Operations Enduring Freedom and Iraqi Freedom (OEF / OIF), and the post-deployment readjustment experiences of the women and their families, and evaluate how women veterans' health correlates with family adjustment; and (3) identify risk and protective factors associated with women veterans' health. These aims will be accomplished through a survey of women veterans (N=240) who have served in OEF / OIF and returned from a deployment within the last 3 years, recruited through collaboration with veterans' organization Team Red White & Blue.

- **Pregnancy Ambivalence: A Pathway between Social Disadvantage and Unintended Pregnancy**

[Jenny Higgins, PhD, MPH](#), Assistant Professor, Gender & Women's Studies

Unintended pregnancy (UP) remains a major health disparity, with half of all U.S. pregnancies either mistimed or unwanted, and with rates worsening among the most socially disadvantaged. The phenomenon of pregnancy ambivalence, or unresolved fertility intentions, has recently emerged as a strong correlate of contraceptive practices. The proposed research uses the National Survey of Family Growth to first assess the prevalence of various dimensions of pregnancy ambivalence among multiple socio-demographic groups (including comparisons by gender), and next, to document associations between these dimensions of pregnancy ambivalence and contraceptive non-use at last sex. Findings will be used to develop a larger grant proposal that aims to build and validate a scale of pregnancy ambivalence to be used in clinical and intervention settings.

- **Creating Barriers or Raising Opportunities? Race and the Changing Effects of ADHD Diagnosis for Early Literacy**

Jayanti Owens, PhD, [Robert Wood Johnson Foundation Health & Society Scholar](#)

Black children diagnosed with ADHD face more adverse political, family, and school environments relative to white children. Black children may also have poorer access to medical treatment and less psychological support. These differences have led to a persistent gap in kindergarten literacy between black and white children diagnosed with ADHD. Using two large national data sets, this work will explore four key factors that may play a role in influencing early achievement. These factors include: politics; school based special education; home environment; and insurance/treatment. Findings will be used to develop targeted policy interventions.

- **Exploring the Feasibility and Acceptability of a Condensed Mindfulness Curriculum for African American Women: A Pilot Study**

Angela Rose Black, PhD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health, [Complementary and Alternative Medicine Fellow](#)

African American women experience a disproportionate burden of stress-related morbidity and mortality in the United States. Mindfulness-based stress reduction (MBSR) has a positive mental and physical health impact for the general population, but has not been adequately assessed for racially diverse groups and families. The proposed study is designed to explore the feasibility and acceptability of a condensed 4-week mindfulness curriculum implemented among a community-based sample of African American women living in Madison. The insights gathered will aid future development and pilot testing of a culturally-adapted mindfulness intervention designed to interrupt behavioral and physiological stress reactions that negatively impact African American women's health.

- **Understanding Disparities in Patient Education about Gestational Weight Gain**

[Sara Lindberg, PhD, MPH](#), UW School of Medicine and Public Health, Assistant Scientist

Inappropriate gestational weight gain (GWG) increases risk for adverse maternal and neonatal outcomes and is especially common among minority and low-income women. The PI and colleagues previously showed that implementing a "best practice alert" in the UW Health electronic health record was an effective way to improve GWG patient education. Preliminary data from that pilot study suggest greater rates of GWG patient education for White patients than for Black and Hispanic patients, but that study was not powered to test racial disparities and did not collect data about socioeconomic status. The proposed study addresses these gaps. Findings will also

inform intervention strategies to promote healthy GWG across diverse populations, thereby reducing disparities in maternal and child health.

Summaries of UW ICTR AHEAD Pilot Grants, 2013 (2 awards)

- **Enhancing Patient-Provider Communication Among Diverse Groups of Depressed Women**

Abiola Keller, PA-C, MPH, PhD, UW School of Medicine and Public Health, [Center for Women's Health and Health Disparities Research](#), T32 Postdoctoral Health Disparities Research Scholar

Despite the availability of effective treatments, women are often undertreated for depression. Furthermore, there are disparities in the receipt of adequate treatment. Research has shown that provider characteristics and communication style can affect treatment outcomes as well as a patient's willingness to engage in or adhere to treatment. However, little evidence exists that identifies effective approaches for clinicians to interact with women needing depression care or how the effect of such approaches may be influenced by race/ethnicity. The overall goal of this project is to better understand the clinician characteristics and communication factors that contribute to disparities in receipt of adequate treatment for depression among women. Specifically, we will use qualitative methods to meet three specific aims: (1) to identify women's preferences for provider characteristics that influence the decision to seek care for depression and analyze how these preferences might vary across racial/ethnic groups (2) to identify women's preferences for provider characteristics that influence willingness to use depression treatments and analyze how these preferences might vary across racial/ethnic groups (3) to identify patient-provider communication factors that are associated with increased patient satisfaction of clinical encounters addressing depression. To accomplish these aims we will conduct focus groups among adult women who were recently diagnosed with depression. Participants will be asked to provide information about the providers and communication styles they encountered during their depression treatment seeking experiences. They will also be asked to provide input on how their experiences might have been improved. In order to compare emerging themes across racial and ethnic groups, we will conduct 3 focus groups among African-American women, 3 among Hispanic women (1 in Spanish, 2 in English), and 3 among non-Hispanic White women. All focus groups will be audio-recorded, translated into English by professional interpreters, as needed, and transcribed. Coding will be guided by grounded theory in order to glean information from the participants' perspectives rather than testing empirical assumptions or hypotheses.

- **Exploration of Culturally-Relevant Components of Personal Capital**

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Despite the extensive research, clinical, and public health efforts dedicated to assessing the differential risks (e.g. maternal stress) contributing to racial and ethnic disparities in adverse maternal and child health (MCH) outcomes, these disparities still persist in the US. However, insufficient focus has been placed on exploring personal capital, or the protective internal and social resources that may help women cope with or reduce their exposure to stress. As personal capital has been under-explored in the literature, little is known about how its conceptualization may differ across racial and ethnic groups or how it develops over the lifecourse among various groups. Therefore, in order to inform interventions that build resources among minority and low-SES women during critical periods of the lifecourse to ultimately reduce disparities in adverse MCH outcomes, there is a need to explore culturally-relevant, lifecourse measures of personal capital. The aims of this study are to: 1) Examine cultural differences and similarities in the conceptualization of personal capital among women from various racial and ethnic groups and socioeconomic levels;

and 2) Explore the salient components of personal capital that women garner at different stages of the lifecourse, including early childhood, adolescence, and the preconception and prenatal periods.

Summaries of UW ICTR AHEAD Pilot Grants, 2012 (1 award)

- **Health Trajectories of Black and White College Students**

Tom Fuller-Rowell, PhD, [Robert Wood Johnson Foundation Health & Society Scholar](#)

Black students in predominantly White college settings experience significant levels of race-related stress. However, despite the known impact of chronic stress exposure on physiological dysregulation, research to date has not addressed the impact of minority-student stresses on health disparities. This study will evaluate race differences in allostatic load, a measure of physiologic “wear and tear” on the body (Aim 1), and consider college stress and physiological reactivity to academic evaluation as mechanisms for these effects (Aim 2). Lastly, we will consider the role of four protective factors (psychological well-being, mindfulness, sense of belonging at college, and racial identity) as potential moderators of these effects (Aim 3).