Minority Health Disparities Initiative
2014 Annual Progress Report
Linking Science, Practice, Policy and Training to Eliminate Minority Health Disparities
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July 2014 marks the end of the second year of UNL’s Minority Health Disparities Initiative. Following the directions and benchmarks set by our Advisory Board and with the momentum of the first year’s accomplishments, you will see here the coalescing of a community of like-minded researchers, an ambitious palette of submitted and funded grant applications, numerous engagement activities, and reaching out for contact with those institutions in Nebraska concerned with Health Disparities.

UNL’s MHDI has three primary agendas:

- Build and support a community of researchers at UNL with active interest in minority health and health disparities
- Increase the participation of minority scholars at all levels (faculty, graduate students, and undergraduates) in health related research
- Encourage emerging health scholars to pursue a research career in minority health disparities

These are complex and ambitious goals, constrained at one end by a shrinking federal funding budget, yet driven forward by the recognition that the current unequal health conditions for minorities in the US is both knowable in its causes and fixable in its future course.

The MHDI sponsored and initiated events described in this report cross-cut these three agendas. Some, such as our research retreat, served more than one goal. At
This retreat we sought ways to build a sense of community and common interest among a range of scholars within and outside of UNL, and through presentations aimed at recruiting collaborative research proposals, sought to open eyes to possibilities for health disparities research for those who may not have conceived of their own work in this way. Other activities, such as the MHDI Summer Research Program, were aimed at a single goal—encouraging a group of high achieving undergraduate students to pursue graduate study (and potentially a career) in minority health disparities. But this too aims for greater sustainability, laying the groundwork and establishing a working model for an NSF REU application in social sciences and minority health that will be submitted in August 2014.

The details of MHDI’s activities, including the reports of several grants made through the initiative, are detailed here. High on our list of priorities are steps toward greater financial self-sufficiency. Many of the concrete outcomes we seek—foremost among them being the reduction and eventual elimination of race- and ethnicity-based health disparities in Nebraska and beyond—will require time, and equally, sustained effort. To make this possible, MHDI too must move toward greater self-sufficiency and sustainability.

This is no small task, as two of our three goals have very limited revenue generating potential. For this reason, the report does not lay out a path to complete sustainability. It does, however, point the Initiative in that direction, and provides a foundation for greater levels of self-support over the next several years.

We would like to thank the UNL Office of Research and Development for their continued support and guidance, and to our steering committee for their direction and encouragement. And just as importantly, we would like to thank all of those who participated in the activities described here. Whether audience members, presenters, participants, grant writers, or even just subscribers to our
weekly e-newsletter—all helped make MHDI one of the more prominent new movements at UNL. We look forward to working with you again in the future.

Kirk Dombrowski, Rick Bevins, and Mindy Anderson-Knott
RICK BEVINS
Department of Psychology
Behavioral Neuropharmacology Lab
University of Nebraska-Lincoln
rbevins1@unl.edu

Research Interests
My research program bridges areas of neuroscience, pharmacology, animal learning and cognition, psychology, and immunology. I use animal models as a tool to elucidate factors involved in the etiology of drug abuse. This research includes assessment of neuropharmacological and behavioral variables that affect the ability of drug cues to acquire additional excitatory and/or modulatory control over behavior. Other empirical effort focuses on the parallel between mechanisms mediating novelty and drug reward, learned associations between environmental cues and the psychoactive effects of abused drugs, and immunotherapy techniques for nicotine and methamphetamine addiction.

Educational History
Jacksonville State University
Bachelor of Science, April 1989
Major: Psychology

U Massachusetts, Amherst
PhD, September 1993
Major: Neuroscience & Behavior
Specialty: Animal Learning

University of Kentucky
Post-doctoral Fellow, 1993-1996
Specialty: Behavioral & Associative Pharmacology

Service
- Chair of Psychology
- Former Neuroscience & Behavior Program Coordinator
- President-elect Division 28 (Psychopharmacology) of APA
• Behavioral Neuroscience Editor for Journal of Experimental Analysis of Behavior

Recent Publications
• Bevins RA & Besheer J (in press) Interoception and learning: Import to understanding and treating diseases and psychopathologies. ACS: Chemical Neuroscience.

Current Funding
• NIH (R01-DA034389): Pharmacological interventions for diminishing nicotine associated responding”
• NIH (R01-DA018114): Acquired appetitive properties of nicotine
• NIH (R21-DA023951): Altering nicotine reward through conditioning

Recent Funding Panels
• NIH (N01DA-13-8908), August 2012; NIH (ZRG1 BBBP-D 02), February 2013; NIH (BRLE), December 2013
• NIDA SBIR Concept Review: Bundling services for designing rigorous animal studies; May 2013
• NIDA (N43DA-14-1208) Review: Bundling services for designing rigorous animal studies, January 2014
• NIH (ZRG1 BBBP-Y 03; Chair), March 2014
• Netherlands Organisation for Scientific Research (Innovational Research Incentives Scheme) March 2014
• NIH ([NMB] Neurobiology of Motivated Behavior) Member 2014-2020
Research Interests

My research addresses health disparities among historically underserved groups in two areas. My initial work was with Native American groups in the far North, as they transitioned to modern economies and new modes of self-government. The transition has not always been smooth. Since the mid-1990s, I have been working with a harm reduction coalition to better understand the source of large and persisting HIV and Hepatitis C disparities among minority groups. My current research is aimed at understanding this problem in Puerto Rico.

Educational History

- University of Notre Dame
  Bachelor of Art, May 1989
  Major: Anthropology
- Columbia University
  Master of Art, May 1992
  Major: Anthropology
- CUNY Graduate School &
  University Center
  PhD, 1998 Anthropology

Service

- Associate Director, Center for Drug Use and HIV Research, NYU (NIH P-30 Center)
- Board Member, Center for the Study of Brooklyn, Brooklyn College, CUNY
- Brooklyn AIDS Task Force

Recent Publications


Current Funding

• Addressing HCV-related hepatocellular carcinoma: the current and future epidemics, National Institute of Drug Abuse, R01 DA034637.

• Injection Risk Networks in Rural Puerto Rico, National Institute of Health / National Institute of Drug Abuse R01 DA037117

Recent Funding Panels

• March 2013, NIH “Academic Research Enhancement Awards Panel”.

• December 2011-present, NSF “Cultural Anthropology Senior Applicant Panel”.

• August 2011-August 2013, NIH “Social Networks and Health Panel”.

• December 2011-August 2012 NSF “Sustainability Research Networks Panel”

• April 2010-August 2012 CDC “Conducting Public Health Research in Kenya Evaluation Panel”
Research Interests

My research interests involve studying inequalities and conducting program evaluation. Current program evaluation work involves evaluating a variety of programs aimed at addressing gender and racial inequalities, which allows these interests to intersect. Specifically to minority health, I am evaluating the impact of grants disseminated to local organizations in the state of Nebraska to implement activities designed to address local minority health disparities, as well as other grants distributed to community coalitions addressing underage drinking behavioral disparities.

Educational History

<table>
<thead>
<tr>
<th>Institution</th>
<th>Degree</th>
<th>Major</th>
<th>Additional Information</th>
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</thead>
<tbody>
<tr>
<td>Doane College</td>
<td>Bachelor of Art, 1998</td>
<td>Sociology</td>
<td></td>
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<tr>
<td>University of Nebraska-</td>
<td>Masters of Art, 2000</td>
<td>Sociology</td>
<td></td>
</tr>
<tr>
<td>Lincoln</td>
<td></td>
<td></td>
<td>Certificate in Evaluation</td>
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<tr>
<td>George Washington Univ</td>
<td></td>
<td></td>
<td>Practice Evaluation from 2009-2011</td>
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</tbody>
</table>

Service

- Director of Evaluation and Development, Survey, Statistics and Psychometrics Core Facility
- Full Board Member, Institutional Review Board, UNL
- Board Member, Nebraska Minority Health Council
• Executive Committee Member, Nebraska Statewide Epidemiological Outcomes Workgroup

Current Funding

• Nebraska Department of Health and Human Services Office of Health Disparities and Health Equity (subcontract from Center for Disease Control): Minority Health Initiative Evaluation.
• Nebraska Department of Health and Human Services Division of Behavioral Health (subcontract from Substance Abuse and Mental Health Administration): Strategic Prevention Framework Partnership for Success Evaluation.
• United States Department of Agriculture: Innovation and Collaboration: Growing Healthy Kids through Healthy Communities.
• United States Department of Agriculture: Innovation and Collaboration: Creating a Transdisciplinary Childhood Obesity Prevention Graduate Program.
OVERVIEW

MISSION. The mission of the MHDI is linking Science, Practice, Policy and Training for the purpose of eliminating minority health disparities. The primary objective of the Minority Health Disparities Initiative (MHDI) is to identify and strengthen the infrastructure, as well as the network of investigators and practitioners, addressing critical health issues to the state and the nation. MHDI is committed to breaking down traditional academic silos, and adopting an interdisciplinary and translational approach that includes science, policy, practice, and training to better the health and well-being of all Nebraska residents.

FUNDING. Funded by the UNL Office of Research & Economic Development and the Tobacco Settlement Funds, the Minority Health Disparities Initiative (MHDI) was formed in Fall of 2012 with a steering committee that defined the mission and vision through a series of meetings in year 1. The MHDI vision is to create a NIH funded minority health disparities center of excellence that can work closely with state and federal health officials to complete our mission.

COORDINATION AND STEERING COMMITTEE. Dr. Kirk Dombrowski was hired in August of 2013 to co-lead MHDI, in collaboration with Dr. Rick Bevins. In addition to the co-leaders, Mindy Anderson-Knott coordinated MHDI efforts, Dr. Trish Wonch-Hill provided minority health grant development support, and the Bureau of Sociological Research provided administrative support. The Steering Committee for the initiative helped lay out the original goals for the first two years of the Initiative, made suggestions for means to obtain those goals, helped set the spending priorities, and help recruit applicants for the several sub-awards made in 2013 and carried out in 2014.
ENGAGEMENT + DISSEMINATION

Building on the successful approaches of year 1, a number of specific efforts were undertaken by MHDI to work toward our mission and vision. The following outlines progress made toward our first goal: the creation of a community of like-minded scholars capable of engaging each other in pursuit of high level research. In overview, wide combinations of media were used to disseminate minority health disparity information to the UNL community and beyond, and to bring together an audience that could form the basis of a research community. This included the creation of a website, the posting of weekly emailed announcements, sponsorship of two multi-institution retreats, hosting invited speakers, and sponsoring an intramural conversation series on research efforts related to the initiative’s goals.

WEBSITE AND LISTSERV

The MHDI website (mhdi.unl.edu) created in year 1 was improved and expanded to provide more resources for researchers interested in pursuing minority health research. As importantly, the website is now continually updated to provide a listing of current internal and external funding opportunities, upcoming MHDI relevant events, current minority health related news, reports and other resources. The website also now serves as an archive of MHDI events where previous speaker presentations can be viewed.
To help drive traffic to the website and the resources it contains, an MHDI listserv was created and continues to grow as new researchers and partners with an interest in minority health disparities are identified; currently the listserv includes over 250 names. The listserv is used to disseminate a weekly email announcement that shares funding opportunities, upcoming events, news, reports and other resources, with links to our website and external sources of information. The purpose here is to continually inform recipients of opportunities for minority health research, and to continuously remind those on the list of the resources available to them via MHDI. In addition, specific
funding opportunities are shared through individual direct contact with specific researchers based on their interests. Our plan for next year is to create a Community Study Data Base that will link researchers who share a common geographical/community interest, which in turn can facilitate greater community exposure and research facilitation among the under-studied and hard-to-reach groups at the heart of many health disparities.
RETREATS

Two Retreats were held in year 1, and due to overwhelmingly positive reviews and outcomes in creating partnerships and collaborations, a single cross-institutional winter retreat was held in year 2. In addition, UNL’s MHDI was a co-sponsor of the Nebraska Office of Health and Health Disparities and Health Equity (OHDHE) Minority Health Conference during the summer of 2014.

The MHDI Winter Retreat was held Friday, February 28th at Quarry Oaks Golf Course in Ashland, Nebraska. The location was selected to facilitate collaboration between faculty and community partners in Lincoln and Omaha. The theme of the retreat was “Creating Collaborations Across Campuses and Communities.” Seventy-two people attended from across the state and from multiple entities including UNL (44), UNMC (16), UNO (2), State of Nebraska (5), and public schools and other health agencies (5).

The agenda for the retreat included two poster sessions, brief presentations, and multiple breakout discussion sessions. There were a total of 24 posters presented, and 9 researchers from UNL and UNMC gave brief five-minute presentations. The keynote speaker, Dr. Ming Wen, a professor from the Department of Sociology at the University of Utah presented, “Disparities in Physical Activity and Obesity in the United States: The role of Individual and Neighborhood Factors.” Participants selected breakout sessions based on posters and presentations of interest to them and discussed collaborative opportunities with the presenter and other participants at the table. A limited number of tickets were available for each breakout session table to ensure a quality small-group discussion. Notes from the meetings were compiled, and follow-up emails were sent by MHDI affiliated faculty member and co-organizer of the Retreat, Patricia Wonch-Hill, to each discussion session participant to help facilitate continued discussion and collaboration.

The targeted outcome of the retreat was to facilitate collaboration, which was met with great success. Presentations and posters were utilized to educate participants on current
research interests of UNL and UNMC faculty. According to retreat evaluations submitted by participants, the majority strongly agreed that they learned something new about UNL (76.9%) and UNMC (74.4%) research in the area of minority health. Moreover, nearly all participants who completed an evaluation (97%) agreed or strongly agreed that they had found a researcher or a community partner that they intend to collaborate with on a project regarding minority health disparities. As stated by a participant, “This retreat was a great idea! I think it would be really valuable to meet on a regular basis. I was able to make some new connections and look forward to building them.” In addition, informal feedback suggests there are concrete plans in process for research collaborations.

Feedback from the retreat on the intellectual/research value of the presentations and format for participant interaction was also positive, with most participants who completed evaluations reporting value in attending the retreat and appreciation for the agenda format. One participant noted, “The morning session, particularly with the showcase presentations and posters followed by the opportunity to get a ‘ticket’ and have further discussion was ingenious.” The presentation sessions were considered most valuable, with 79% reporting them as ‘Very Valuable’, followed by the discussion sessions (77%), the poster sessions (59%), and keynote speaker presentation (45%).

The second retreat reflected a similar effort to go beyond our local participants and reach out to the wider health community. Toward this end, MHDI collaborated with the OHDHE to host the Nebraska Minority Health Conference, in Kearney, Nebraska, June 24th and 25th, 2014. The MHDI helped plan the content, and provided funding for UNL faculty to participate (in addition to MDHI SRP emerging scholars). In addition, the MHDI identified and sponsored keynote speaker, Dr. Olga Davis, who spoke to the entire conference on the topic of health literacy. Dr. Davis also extend her stay to consult with UNL faculty member Colin Ramsay regarding potential collaboration on minority health research funding.
**MHDi 2014**  
**Year 1 & Year 2 Retreats**

**Retreat Attendance**  
72

**Percent that strongly agreed that they had found a researcher or community partner that they intend to collaborate with on a project regarding minority health disparities**  
97%

**Percent of participants that felt that the presentations were the most valuable**  
79%

**Participants that strongly agreed that they learned something new about UNL research in the area of minority health:**  
76.9%

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"The morning session, particularly with the showcase presentations and posters followed by the opportunity to get a 'ticket' and have further discussion was ingenious."

"This retreat was a great idea! I think it would be really valuable to meet on a regular basis. I was able to make some new connections and look forward to building them."
POSTER PRESENTATIONS

At the retreats, a number UNL faculty presented research findings and opportunities for collaboration with retreat / conference participants. Some examples of the range of topics are included in the next few pages, along with some slides/posters from the retreats.

In addition, four intramural “conversation” luncheons were held during the year. These were informal meetings led by UNL researchers who in turn (1) presented ongoing research on topics relevant to a range of MHDI affiliates, and (2) led discussion around these topics, including bringing to light research by other attendees on the same topics.

The latter serves two purposes. The free exchange of research “in process” can markedly improve the scope and impact of existing projects. Secondly, common interests discovered in these events can lead to future collaborations, as researchers find the delicate match of complementary skills and common interests. A review of the collaborative grant applications submitted this year by retreat and conversation series presenters/attendees demonstrates clearly that community is an essential adjunct to research ambition and success.
“Using Telehealth to Access Underserved Populations”
Presented by Debra Hope and Peter Meidlinger

<table>
<thead>
<tr>
<th>Telehealth Core Initiative</th>
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<tbody>
<tr>
<td>• Project through the Minority Health Disparities Initiative to develop capacity for a telehealth research core to provide access to rural minority populations</td>
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<tr>
<td>• The long-term vision is an integrated telehealth network crossing the state for use in research with minority populations and dissemination of UNL’s expertise into the state</td>
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<tr>
<td>• Goals: 1) Assemble a core research group, 2) Assess telehealth resources, opportunities, and needs, 3) Develop a model site for telehealth services</td>
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<tr>
<td>• Current Timeline:</td>
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<tr>
<td>• Phase 1:</td>
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<tr>
<td>• Map current telehealth system</td>
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<tr>
<td>• Identify rural/minority telehealth experts and schedule consultation visits</td>
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<tr>
<td>• Phase 2:</td>
</tr>
<tr>
<td>• Identify potential communities</td>
</tr>
<tr>
<td>• Identify resources/partners</td>
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<tr>
<td>• Phase 3:</td>
</tr>
<tr>
<td>• Pilot a project at a specific site</td>
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<tr>
<th>Figure 1: Nebraska Statewide Telehealth Network</th>
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<tr>
<td><img src="image" alt="Nebraska Statewide Telehealth Network" /></td>
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<tr>
<th>Current Projects</th>
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<tbody>
<tr>
<td>• The Pediatric Health Lab is piloting a project to provide interventions for childhood obesity to rural Latino populations through networks of lay health workers. Telehealth is being used to provide consultation and supervision services to the health workers to improve the efficacy of their interventions.</td>
</tr>
<tr>
<td>• In collaboration with the Nebraska AIDS Project, the PCC Telehealth Clinic is working to provide mental health services to rural individuals living with HIV who lack access to mental healthcare.</td>
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<tr>
<th>Technological Solutions</th>
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<tr>
<td>• Nebraska Statewide Telehealth Network (see Figure 1) performs well for medical consultation but there is variation between sites and the sites themselves are static in nature</td>
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<tr>
<td>• Accessing minority populations demands flexibility both within and between research projects</td>
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<tr>
<th>Future Involvement</th>
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<tbody>
<tr>
<td>• The Telehealth Core Initiative is designed to promote telehealth capacity in UNL research and share expertise across departments and specializations</td>
</tr>
<tr>
<td>• Involvement in the initiative is open to anyone who wants to explore the use of telehealth as a tool in their research or service work</td>
</tr>
<tr>
<td>• An open meeting will be held March 14th, please let us know if you are interested</td>
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Presented by Amy Struthers
“Racial Differences in the Frequency and Methylation of Vitamin D Genes in Pregnant Women Supplemented with D₃ and their Newborns”
Presented by Ann Anderson Berry

Racial Differences in the Frequency and Methylation of Vitamin D Genes in Pregnant Women Supplemented with D₃ and their Newborns

Ann L Anderson-Berry, MD
Associate Professor, Pediatrics, UNMC
Medical Director, NICU, TMHC

Background
- Non-white infants and children suffer from higher rates of adverse health conditions that are associated with low vitamin D levels such as rickets, asthma, and obesity than their white peers. Early evidence points to an important role of vitamin D in the development of many systems, including the immune system, the pulmonary system and in bone health. White race has been associated with vitamin D status, suggesting that it may be a direct contributor. Less is known about how genetic and epigenetic variations between races may impact vitamin D metabolism.

Hypothesis
- Genetic and epigenetic variations between races predict response to vitamin D supplementation in pregnant women and their newborns.

Specific Aim - 1
- To determine if racial genetic variants in selected vitamin D pathway genes predict response to vitamin D supplementation.
- We expect that SNPs in candidate genes in the vitamin D pathway will differ significantly by race, and these differences will predict response to vitamin D supplementation.
- Our previously published data shows significant variation in vitamin D levels in the preterm neonate by race.
- Using SNPs we will evaluate selected genes associated with vitamin D levels for genetic variants

Genes to be Evaluated
- 25-hydroxylase (CYP27A1)
- cytochrome P450 2R1 (CYP2R1)
- Cytochrome P450 3A4 (CYP3A4)
- 1α-hydroxylase (CYP27B1)
- 24-hydroxylase (CYP24A1)
- retinol X receptor alpha (RXRA)
- retinol X receptor beta (RXRB)
- vitamin D receptor (VDR)
- vitamin D binding protein (GC)
- parathyroid hormone (PTH)

Specific Aim - 2
- To determine if the effect of maternal vitamin D supplementation on methylation patterns in vitamin D genes differs by race.
- We expect that the effect of maternal supplementation on vitamin D gene methylation patterns will differ by race.
- This specific aim will also allow us to evaluate if maternal methylation moderates response to supplementation and subsequent vitamin D metabolite levels.
“Improving Access to Cross-System Services Supporting Latino Children’s Health and Well-Being”
Presented by Brandy Clarke, PhD and Susan Sheridan, PhD

Cross-System Services
- Families and schools share much of the responsibility for children’s healthy development.
- More than three-fourths of children in need of targeted intervention do not receive services (Katzschka et al., 2002).
- Families are often on their own to manage their child’s difficulties; yet schools offer potential access to services (Cortese et al., 1998), especially when resources are limited.
- Family-school partnerships greatly enhance the amount, quality, and scope of services available to children (Clarke, Sheridan, & Woods, 2010).

Importance of Home-School Partnerships with Latino Families
- Latino children have some of the lowest reading proficiency levels and highest rates of school dropout (National Center for Education Statistics, 2007).
- Latino families often experience conflicting home-school cultural values (Espinosa-Hernández, 2000), low 2RE (Geraci, 2001), language barriers (Geraci), intergenerational acculturation conflicts (Suarez-Orozco & Suarez-Orozco, 2001) and fear from undocumented status (Valdez, 1999), which impact students’ functional health.
- Despite a recognized need (Anderson-Baxter & Ashour, 2004) and high value on partnerships (Turnbull et al., 2008; Hill, 2009), Latino parents often report feeling unwelcome, misunderstood, and frustrated with schools (Hill & Torres, 2010).

Current Research on Cross-System Services
- Conjoint Behavioral Consultation (CBC), Sheridan & Kastenroll, 2006, a relationally-based, process centered approach to family-school partnerships promotes positive outcomes for children’s development (Sheridan et al., 2013), parent skill-building (Sheridan et al., 2013), and home-school partnerships (Sheridan, Clarke, et al., 2006).
- Despite positive results, as many as 55-80% of parents whose children are identified for consultation services decline to participate.

Aims of New Study
- Identify culturally-responsive relationship-building strategies that increase access to cross-setting services (i.e., CBC).
- Develop a modified family-school partnership approach to increase access to cross-system services for Latino children.
- Pilot test the modified partnership-building approach to determine its feasibility and potential efficacy for increasing access to cross-system services for Latino children.

Effects of CBC on Parent-Teacher Relationships

This study is supported by a grant awarded to Brandy L. Clarke and Tessa M. Sheridan by the Tobacco Settlement Researched Based Research Fund, the University of Nebraska-Lincoln. The opinions expressed herein are those of the authors and should not be construed reflective of the funding agency.
"GoGirlGo!: Evaluation of a national program to increase physical activity in girls and evidence-based suggestions for improvements"

Presented by, Danae Dinkel

GoGirlGo!: Evaluation of a national program to increase physical activity in girls and evidence-based suggestions for improvements.

Huberty, J., Ph.D. † Dinkel, D. M., Ph.D. † Beets, M. W., Ph.D. †
1Arizona State University, Phoenix, AZ; 2University of Nebraska Omaha, Omaha, NE; 3University of South Carolina, Columbia, SC

Introduction
To address this challenge, numerous studies have explored correlates of girls’ PA. Correlates with the strongest evidence include self-efficacy, social support, enjoyment, and unstructured girls-only environments. There is a need to design interventions that are better targeted towards the specific needs of girls to increase participation in PA, in an effort to help reduce sedentary behavior in girls and keep girls involved in PA, the Women’s Sports Foundation developed GoGirlGo! (GGG). This developmentally appropriate, free nationwide curriculum is designed to provide girls (5-15 years) in urban afterschool settings with PA opportunities and weekly lessons about various health-related behavior topics (e.g., drug prevention, bullying). Over a million girls have participated in GGG. The purpose of this study was to scientifically evaluate GGG for improving PA in girls.

Background
Girls are consistently less physically active than boys regardless of race, income level, weight status, age, and/or setting (i.e., before, during or after school). Only 35% of girls (6-11 years) meet physical activity (PA) recommendations compared to 40% of boys. Regrettably, interventions that specifically target girls are limited and have not been any more successful at improving PA levels in girls as compared to interventions targeting boys and girls. This lack of success represents a significant challenge that needs to be addressed.

Methods
Using a single group repeated measures design, nine afterschool programs were recruited to participate in the evaluation. GGG was offered once a week per week for 12 weeks consisting of 30 minutes of education and 30 minutes of PA. Data was collected at baseline, mid-(twice), post, and at follow-up (3 months) after the intervention ended. Outcome measures were both quantitative (accelerometers, questionnaire) and qualitative (staff interviews, girls focus groups, fidelity checks). Accelerometers were worn for four consecutive days by girls age 5–12 (±22 girls) at each evaluation point. Self-report questionnaires were completed by girls age 6-12 (±139) to assess self-efficacy and enjoyment of PA at baseline, post, and follow-up. Interviews with staff (baseline, post, and follow-up) and focus groups with girls (post, follow-up) were conducted to explore staff and girls’ overall experience. Implementation fidelity was assessed during the intervention by an outside evaluator.

Results
Approximately half the girls that participated were overweight (25.3%) or obese (24.7%). One third of the girls were Hispanic and 45.9% were African American. When GGG was delivered, girls accumulated an average of 11 minutes of moderate-to-vigorous PA compared to 8 minutes accumulated on non-GGG days. After GGG ended and on days when GGG was not implemented, girls PA levels did not change from baseline PA levels. Girls’ self-efficacy for PA increased between baseline and post (p<.01), and this was maintained at follow up (p<.01). No differences for enjoyment of PA were reported between baseline and post-take point, however, there was a significant increase in enjoyment of PA between baseline and follow-up (p<.01).

Conclusion
GGG curriculum improvements are warranted. Future GGG programming could explore:
- Offer GGG every day
- Include multiple PA opportunities in each lesson and/or provide a list of supplementary physical activities
- Work with site directors to create policies around days/times for offering GGG
- Incorporate more visuals (i.e., videos, additional pictures) re-structuring the 2-7 year old curriculum to ensure it is developmentally appropriate
- Provide interactive trainings that allow staff to watch a lesson being implemented

GGG has the potential to significantly impact girls’ PA nationwide. GGG provides a free resource to communities to offer PA opportunities to girls. Considering GGG’s reach, an enhanced version of GGG including the suggestions above could help to leverage GGG as the nationwide resource for quality afterschool PA programming in girls.

Implications for Practice & Policy
Even though the findings of this study were specifically targeted for improvements in GGG there were several findings that may help other health practitioners’ better design curriculum targeting improvement in girls’ PA.
- Curricula need to include moderate and vigorous PA in which all girls can be active a majority of the time.
- PA policies around specific times and spaces for girls’ PA may increase PA opportunities.
- Future curricula could provide additional visuals (e.g., videos, photos) that can be accessed by girls during and after a program which could improve girls’ engagement within and outside of the program.
- Innovative solutions to training AAP staff are needed (i.e., online modules) and other health practitioners should consider creative solutions to this issue.
“The Discrimination-Health Link Among Ethnicity-Salient Minorities: Group Membership Matters”
Presented by, Ellie Shockley

The Discrimination–Health Link Among Ethnicity-Salient Minorities:
Group Membership Matters
Ellie Shockley, University of Nebraska Public Policy Center

Background
- Experiences with discrimination appear to play a causal role in stress and poorer health.
- Discrimination is stressful and worsens health through physiological dysregulation and unhealthy coping (Clark et al. 1999; Major et al., 2013; Townsend et al., 2013).
- Notwithstanding the harm of discrimination, some factors moderate the discrimination–health link.
- Mental and physical well-being of women and minorities who are social identity-salient/ prepared for discrimination appears less vulnerable in face of discrimination (Ashburn-Nardo et al., 2007; Elsen et al., 2011; Townsend et al., 2010).
- Given variability in experiences of minorities, new research can shed more light on the discrimination–health link across groups.

Method and Participants
- 2012 Behavioral Risk Factor Surveillance System (BRFSS; cdc.gov/brfss) nationally representative survey data include health and demographic Qs.
- Also optional modules.
  - Nebraska: only state with "Reactions to Race" module and minority oversample.
  - Includes participants from densely populated urban to rural areas.
- Participants
  - Black/African Americans (N=140)
  - Hispanic/Latino(a) individuals (N=288)
  - Native Americans (N=186)
  - Whites (N=10,638)
  - Final sample N=11,632
- However, missing data for some participants on some variables.
- Individuals excluded from any model including a variable for which their response was missing.

Measures
- "Chronic ethnic salience: "How often do you think about your race"? (1=never to 7=constantly)."
- Perceived discrimination: Scale of how one is treated at work and when seeking health care (1= better to than 3= worse than other races)
- Poor health: Scale of how many days in the last 30 physical health and mental health was not good, and one was kept from doing usual activities.
- Stress: Whether one recently felt physical and/or emotional stress in response to how one was treated due to race (0= neither, 1= one of two, 2= both).
- Controlled for age, education, gender, and income.

Results

Summary and Conclusions
- African Americans low in ethnic salience responded to discrimination with stress responses, in turn predicting poorer health.
- Conversely, ethnicity-salient African Americans showed no such trends.
- Health of Latinos did not appear connected to discrimination, regardless of ethnic salience.
- Possibly because Latinos is a label applied to many groups with diverse experiences and attitudes.
- Native Americans and Whites, including ethnicity-salient individuals, reported the discrimination–health link.
- Complicates the picture.
  - Why is salience not protective?
  - Thus, unlike African Americans, ethnic salience does not protect Native Americans.
- Results not due to confounding groups with urban/rural residence.
- These findings encourage further study of discrimination & health.
  - Groups may differ in:
    - constructs of discrimination and ethnic salience
    - methods of coping.

For more information
elleshockley@gmail.com
In April 2014, Tess Neal, Lisa Pytlik-Zillig, Ellie Shockley, and Alan Tomkins hosted the conversation, “The Potential Role of Trust,” with 13 attending. Both Conversation luncheons elicited dialogue about collaborative opportunities for work in the area of minority health, including submission of funding proposals.

In November 2013, Dr. Wayne Babchuk and Lesa Brand hosted the conversation, “Improving Research-Based Practice through Community Partnerships,” which was attended by 18 participants.

UNL Psychology faculty Deb Hope and Tim Nelson spoke about the evolution of the statewide telehealth model from a network of static physical sites to one which was not geographically bounded to one in which mobile technology was used to facilitate the delivery of mental health care to hard-to-reach groups.

New York-based researcher Ric Curtis hosted a conversation on changes in US Drug Policy from the perspective of Drug Users over 3 decades of change. The discussion focused on the evolution of harm reduction from a small grass roots effort to a wide-spread theoretical approach to policy.
VISITING SPEAKERS

A number of external speakers were brought to campus to consult with UNL faculty and to provide a public presentation on a minority health related topic.

In October 2013, Dr. Mignon Moore, Associate Professor of Sociology at UCLA, presented “In the Shadow of Sexuality: LGBT African American Elders and Social Support.” Dr. Moore’s visit was co-sponsored by MHDI, the departments of Communication Studies, Educational Psychology, English, History, and Sociology, the UNL Ethnic Studies and African and African-American Studies programs, and the UNO Department of Sociology and Anthropology.

In December 2013, MHDI and the department of Sociology co-sponsored a visit from Dr. Denis Anthony, Associate Professor, Department of Sociology, Dartmouth College. Dr. Anthony presented, “The Promise and Perils of Health Information Technologies.”
Dr. Ming Wen discussed the use of an ecological theoretical approach to guide her secondary data analysis of merged census and health data to predict spatial variations in obesity trends among different racial/ethnic groups in Salt Lake City, Utah. She discussed the future directions in understanding neighborhood effects on obesity, and discussed recent research using real-time social media to collect data.

In March 2014, Dr. Gary L. Kreps presented “Communication and the Reduction of Health Disparities.” Dr. Kreps presentation was co-sponsored by the department of Communication Studies. All external speakers’ presentations were well attended with approximately 20-40 attending each presentation.

Dr. Olga Davis was a keynote speaker at the 2014 Nebraska Minority Health Summit. Dr. Davis uses an intersectional approach to discuss how cultural in-competencies lead to health inequality. She discussed how communities and researchers can work together to share successes in order to create innovative intervention programs to transform minority health.
In addition to the larger group activities discussed above, Dombrowski and Anderson-Knott embarked on a series of meetings aimed at introducing the Initiative to individuals and offices that may not have known about MHDI, or may not have previously thought of the Initiative as relevant to their own research and work.

This included several group discussions with faculty from:

- Statistics
- Economics
- Computer Science

Other meetings took place with constituencies outside of UNL, including meetings with the Department of Health and Human Services Staff of several offices (including epidemiology, children and family, and minority health and health disparities). We also convened a joint meeting with DHHS and UNMC representatives to learn more about the data-sharing possibilities put in place by the Joint Data Center.

These and other visits with state health officials helped place the Initiative on the agenda of several state bodies, resulting in Anderson-Knott’s appoint to the Nebraska Minority Health Council. From this position, she has joined Debbi Barnes-Josiah and Joel Gajardo (of UNMC and DHHS / Community Advocate) in efforts to revitalize and reorganize the Nebraska Minority Public Health Association.

Early on, Dombrowski and Crawford met with several faculty and administrators at UNMC, including the director and deputy director of UNMC’s Center for Reducing Health Disparities, Dejun Su and Renaisa Anthony; new dean of Public Health Jane Meza, and Vice Chancellor for Research Jennifer Larsen. In all of these meetings, our emphasis was on discovering and advertising the potential for research collaborations that could potentially wed the community access and advocacy strengths of UNMC with the research and science potential of UNL. Subsequent meetings have stressed the importance of collaboration, and have resulted in considerable input and joint placement potential for students participating in our future Summer Research Programs.
RESEARCH AND DEVELOPMENT ACTIVITIES

Facilitate the development of Minority Health and Disparities research among current faculty.

To jumpstart work on MHDI’s goal of encouraging and facilitating research among current UNL faculty on issues of minority health, three awards were made to faculty for research in year 2. All reported substantial progress by the end of the Spring 2014 semester, with several funding proposals in development or already under consideration. These results are detailed below.

ENHANCING UNL CAPACITY FOR TELEHEALTH WITH MINORITY POPULATIONS IN NEBRASKA

Over the past year, Project Directors Debra Hope and Timothy Nelson have made substantial progress on the goals outlined in their initial proposal. Their research allowed them to assess the technological challenges associated with creating a telehealth infrastructure in Nebraska, and, as outlined below, that a flexible and inexpensive model is viable. To advance this process, they have also established a working group and several projects.

As noted in their annual progress report: “[W]e met our goal of mapping current capabilities for telehealth in Nebraska. We have also identified a number of communities which could be especially important sites for UNL telehealth research (e.g., Grand Island), although our improved understanding of current telehealth technology allowed
us to move away from a site-based approach to enhancing telehealth capacity in favor of a more flexible and mobile model.”

To facilitate this, the current capabilities of the Nebraska Statewide Telehealth Network were mapped. This network is a collection of more than 90 independent but affiliated sites across the state, typically located at hospitals, medical clinics, or county health clinics. The system encompasses an independent group of sites with heterogeneous equipment, making utilization of the network without the building of strong relationships with each individual site difficult. Information regarding this was presented at a number of open meetings on 8/15/13, 10/17/13, and 3/14/14.

The model for this statewide network is the traditional telehealth model and the one initially proposed for this project, wherein static physical sites are created in a community (e.g., a telehealth clinic located in an office at a rural medical clinic). As the project progressed it was apparent to Hope and Nelson that this model was at odds with the purpose of the project, which was to contact non-geographically bound communities (e.g., rural Latinos) rather than those residing in specific communities (e.g., Latinos in Hastings, Nebraska). Beyond this even within a single region there was not a single site that could serve as a contact point for all minority groups, with many groups reporting that the ideal location for a site would be in a location that may make it more difficult for other groups to use (e.g., local church).

With this information, the investigators came to the conclusion that the most functional model would be a dynamic one, allowing researchers to shift site locations as needed and contact participants where they are rather than at a site convenient for researchers. Recent technological innovations in telehealth software make such models feasible, Nelson and Hope noted, with software such as that used in the projects described in “Remote Telehealth Site” section (i.e., VSee) allow for secure and high quality communication between any two computers equipped with webcams and internet access and are free to participants and low cost or free to researchers. Rather than creation of specific sites this then allows researchers to contact individuals in their
homes or other community sites with minimal preparation. The focus then becomes on partnerships with the communities of interest rather than site creation.

Given its geographic and demographic advantages, Hope and Nelson have made efforts to develop strong ties to influential community leaders in Grand Island, NE. Specifically, they have initiated working relationships with the following community leaders, which will facilitate telehealth work between the university and Grand Island populations.

(1) Jocelyn Schade, Director of the Grand Island Multicultural Coalition
(2) Susan Aguilar, Executive Director of the Third City Clinic
(3) Carlos Barcenas, Office of Health Disparities and Health Equity; Director of Community Health Educators; Member of the Grand Island Public School Board
(4) Cami Wells, Hall County Extension
(5) Joanne Garrison, Grand Island Public Schools Welcome Committee Coordinator

In the future, this group will be the primary contact point for a core working group of UNL faculty who will provide leadership for the telehealth project. The current members of this group are:

Dr. Debra Hope, Department of Psychology
Dr. Timothy Nelson, Department of Psychology
Dr. Paul Springer, Child Youth and Family Services
Dr. Richard Bischoff, Child Youth and Family Services
Dr. Cynthia Willis-Esqueda, Department of Psychology
Dr. Natalie Williams, Child Youth and Family Services

In terms of developing a single distance site for the telehealth project, it became clear to the research team that technological advances have made such a site unnecessary. Rather, they have made substantial progress in developing more flexible models for accessing target populations through telehealth that will facilitate UNL research throughout the state.
a. The equipment required is minimal. The software utilized in our projects, which provides secure, high definition videoconferencing, was free to both participants and university personnel. The required equipment is then limited to a personal computer with a webcam and microphone that has access to moderate-bandwidth Internet, often participants’ own home computers. This third party software then requires no specialized university staff beyond those that exist presently.

b. The ability to contact participants in their own homes then simplifies the logistics of contacting them, as researchers are able to schedule each of their own individual participants as is convenient for them. Similarly, emergency contact procedures require only the participant’s home or cell phone number to contact them should the software fail to work.

c. Advances in technology have made compliance with HIPPA standards significantly simpler. Programs such as VSee provide end-to-end encryption and meet all security standards necessary for HIPPA-compliance. Beyond this software that provides end-to-end encryption and for which the software provider has no access to the encryption key require no additional Business Associates Agreement because they are covered by the “conduit exemption” and are considered to have no access to protected health information, similar to entities such as the U.S. Postal Service. Beyond this, the only legal issues related to telehealth relates to the provision of clinical services across state lines. Because of this services must be confined to Nebraska or to states in which the provider is licensed or in which they have a supervisor who is licensed.

d. Working with distressed populations, whether clinically or for research purposes, raises concerns regarding the management of any risk issues that may arise. These concerns can be managed adequately even when these populations are contacted via telehealth through foreknowledge of the appropriate authorities local to the participant or client and the ability to contact them should issues arise.
As of the end of the Spring 2014 Semester, this strategy has allowed the research team to establish multiple functioning telehealth projects, including a flexible project accessing in rural settings across the state.

The Pediatric Health Lab – The Pediatric Health Lab is piloting a project use telehealth to provide expert consultation and supervision services to lay health workers providing evidence-based obesity interventions to Latino children. This project is currently being piloted within Lincoln, Nebraska with plans to expand it to reach Latino families in rural settings.

PCC Telehealth Clinic – The clinic, in collaboration with the Nebraska AIDS Project is providing mental health services to rural individuals living with HIV who lack access to mental healthcare. This project has provided these services to clients’ homes using the VSee software, either to their home computers or through a VSee application on their smart phones. This project is establishing credibility for providing telemental health services in preparation for a federal grant application.

Building on our work in establishing the telehealth core, the core investigator group has made significant progress on federal grant proposals, including one both an F31 and an R21 submission in June 2014, and a T32 proposal being discussed for 2015. The first of these, entitled “Transdiagnostic Group Treatment Through Telehealth”, was submitted as a direct result of the MHDI initiative. The proposed project seeks to alleviate rural-urban health disparities by examining the efficacy of evidence-based group treatment for anxiety provided through telehealth.

An R21 application titled “LayHealth+: Development and preliminary evaluation of an innovative model for enhancing community-based pediatric weight management for Hispanic youth” was also submitted in June 2014 with the help of MHDI funding. If funded, this project seeks to expand the Pediatric Health Lab’s efforts to provide evidence-based obesity interventions to Latino children through expert telehealth consultation and supervision of lay health workers conducting the groups. This project
will expand the current pilot project into a citywide initiative and serve as a foundation for a future R01 application to disseminate the model into rural settings.

A grant application is currently being developed collaboratively between the Marriage and Family Therapy Program and the Clinical Psychology Training Program. Two projects are in discussion. One would be a training grant focused on integration of training, supervision, and areas of expertise across disciplines and degrees of training. The second project would be a research grant for a clinical trial on the efficacy of telehealth services.

**MINORITY HEALTH DISPARITIES POST DOCS**

A second Minority Health Disparities Core Development Award funds two 0.5 FTE postdoctoral research fellows (Tess Neal and Ellie Shockley) for two years (August 2013-July 2015). The strategic hiring of these fellows was aimed to jump-start a critical mass of young and able researchers who will work closely with the more experienced UNL researchers whose work is relevant to minority health disparities, but have not focused previous research efforts primarily on disparities.

The scholarly activities in areas of minority health include hosting a conversation series, multiple national conference and poster presentations, and multiple grants pending, all related to the role of trust in healthcare disparities. Grants received by the Public Policy Center in connection with the MHDI included:

- **Institutional Trust and Confidence: An Interdisciplinary Workshop. NSF SES-1353980, 3/15/14-3/14/15. PI, Bornstein, Psychology; Co-PIs, Neal, PytlikZillig, Shockley, & Tomkins, all Public Policy Center. Total Award: $47,343.**

This trust workshop grant from NSF leverages the 2014 Nebraska Symposium on Motivation that also focuses on trust issues. Trust related to health issues is being addressed in the NSF Workshop by a special session, Trust in Healthcare Contexts (Celeste Campos-Castillo, PhD, Dartmouth; Michelle M. Fleig-Palmer, PhD, UNK; Monica
Peek, MD, U Chicago; Neal & Shockley, session moderators), and as part of a session with multiple presentations (Campos-Castillo, “Trust, Privacy, and Confidentiality in Health Care”; Peek, “Physician Trust, Perceived Discrimination & Patient-Provider Relationships Among African Americans with Diabetes”). Additionally, Christine Emler, M.D., Associate Chief of Medicine, Lincoln Veterans Administration, presented as part of a roundtable discussion (also involving Lincoln Mayor Chris Beutler; Nebraska Department of Natural Resources Director Brian Dunnigan; Judge Susan Gauvey, Magistrate, United States District Court of Maryland, Nebraska Chief Justice Mike Heavican; and Judge Steve Leben, Kansas Court of Appeals) on what trust means to those in practice and governance and what these real-world people would like to know about trust from academia. A book contract has been signed with Springer Publishing for an edited book based on the workshop: Bornstein, Neal, PytlikZillig, and Shockley, co-editors.

In addition, a number of grant applications related to minority health are currently under review, including:


And several others are in preparation:

- Neal is developing an NIH NCI K07 proposal, How Doctors Can Improve Healthy Behaviors and Reduce Minority Cancer Disparities.
- Shockley and sociology Assoc. Prof. Bridget Goosby, are developing an NIH NRSA F32 proposal for more postdoctoral experience to study the discrimination-health link.

Several grant opportunities were applied for but not awarded, including:
• Neal (PI), Teaching Doctors Powerful Practices to Reduce Health Disparities in Underserved Populations. Submitted to Lincoln Community Health Endowment Grant. Amount Requested: $45,556.

• Neal (Post-Doc), Effectively Communicating Science Results to Inform Science and Innovation Policy. Submitted to NSF SBE SciSIP (collaborative proposal with American Institutes for Research in the Behavioral Sciences (AIRS); Committee on Institutional Cooperation CIC), U of Illinois at Urbana-Champaign; and U of MD). Amount Requested: $371,336.


MHDI Post-doctoral scholars Neal and Shockey are both developing manuscripts related to MHDI for near-term submission, including:

• Neal, T.M.S. *Doctors’ recommendations and patients’ decisions to have Prostate-Specific Antigen (PSA) screening tests differ by patient race and ethnicity*. Manuscript in progress.


• Shockley, E. The discrimination–health link: Group membership and ethnic identity salience matter. Manuscript in progress.

• Shockley, E. *Ethnicity salience moderates the discrimination–health connection differently across American ethnic groups*. Poster presented at the European Association of Social Psychology Annual Meeting, Amsterdam, Netherlands.

• Shockley, E. *The discrimination–health link among ethnicity-salient minorities: Group membership matters*. Poster presented at the Group Processes & Intergroup Relations Pre-Conference, Society for Personality and Social Psychology Annual Meeting, Austin, TX.
FORMATIVE RESEARCH IN CHILDREN’S HEALTH

The third Core Development Award was awarded to Drs. Brandy Clarke and Sue Sheridan. Their project, entitled “Promoting Greater Access to Services Supporting Children’s Health and Well-Being” was aimed at expanding researchers’ current knowledge and expertise in minority health disparities by *initiating pilot studies* and *enhancing capacities to obtain external funding* to pursue this important line of research. The specific aims of the project were:

1. Developing cross-disciplinary collaborations in the area of minority health disparities to establish new programs of research;
2. Developing a refined set of research foci related to improving access to services to supporting children’s health and well-being for underserved groups.
3. Developing and conducting a pilot study focused on improving access to services for children from underserved groups.
4. Writing grant applications for external funding related to minority health disparity research.

To accomplish these aims, Drs. Clarke and Sheridan have established research collaborations with several other faculty members with expertise in minority health disparities and related fields. Specifically, they have begun collaboration with Dr. Terry Huang, Professor and Chair of Health Promotion in the College of Public Health at the University of Nebraska-Medical Center. Dr. Huang is a national leader and champion in the integration of systems science and chronic disease prevention and serves as an advisor to the White House and several other national organizations (NICHD, Robert Woods Johnson Foundation, CDC, USDA, National Collaborative on Childhood Obesity Research). Dr. Huang’s expertise in childhood obesity and public health, including a specific emphasis on Latino children and youth, has helped them to refine her current line of research and has led to several research collaborations and grant applications, including an NIH R01 application.
In addition, they have begun collaborating with Dr. Lorey Wheeler, Research Assistant Professor, at the Nebraska Center for Research on Children, Youth, Families, and Schools (CYFS) on this and several other studies. Dr. Wheeler has extensive research experience working with Latino children and families. Her expertise has been instrumental in assisting Clarke and Sheridan in gaining knowledge and skills for conducting research with this population and has helped to refine their research agenda for work in this area. Currently, they are collaborating to implement the pilot study for this project, as well as several other grant applications to fund work in the area of minority health disparities.

With the help of these collaborators, Drs. Clarke and Sheridan have conducted extensive independent study into the areas of minority health disparities for children across all areas of development. In particular, they have focused on home-school partnerships with Latino families, culturally responsive relationship-building strategies, research recruitment methods for use with Latino populations and minority health disparities in childhood obesity (see attached matrices of family engagement approaches and recruitment strategies). They have also attended several conferences and webinars to learn more about these topics, including the RWJF Commission to Build a Healthier America Recommendations Event and the 2014 MHDI Winter Retreat. At these events, Clarke and Sheridan learned about current health initiatives taking place locally and nationally and developed further networks with researchers and faculty conducting work in the area of minority health.

This independent study has greatly enhanced their knowledge of issues related to minority health and strategies for engaging minority populations in research. It has also led to the refinement of research questions and culturally responsive intervention and recruitment strategies focused on supporting home-school partnerships for Latino families to promote the social-behavioral and academic success of Latino children. Through this work, Clarke and Sheridan have also identified several national experts conducting research on home-school partnerships with Latino families and are seeking opportunities for further collaboration on the pilot for this study and other investigations.
Based on information learned through the research collaborations and independent study, research questions and procedures for a pilot study have been developed. The purpose of the pilot study is to develop and test a family-school partnership approach that would facilitate access to and engagement in cross-system (home-school) social-behavioral services for Latino children. Latino children have demonstrated some of the lowest reading proficiency levels and highest rates of school dropout, as well as the largest percentage of adults having less than very good health. Furthermore, Latino children have the highest levels of unmet mental health needs, placing them at even greater risk for school failure. It is estimated that the Latino population will be the largest ethnic minority group in the U.S. by 2050, giving rise to the importance of identifying culturally responsive services to meet the needs of Latino children and to address these disparities in health and educational outcomes.

The primary objective of the current study is to develop and pilot test a culturally responsive family-school partnership approach for young children from Latino families. This project will allow the researchers to develop and pilot test the partnership approach to determine its feasibility and potential efficacy for increasing access to and engagement of Latino families in cross-system child-centered support services (M-CBC); and to develop and pilot test a culturally responsive CBC approach to determine its feasibility and potential efficacy for addressing Latino children’s social-behavioral health needs.

The pilot study will occur across two phases: development and field-testing. Findings from the focus groups will be used to refine the model prior to field-testing Measures will be collected on primary variables of interest. The IRB application has been submitted and researchers are currently in the process of recruiting partnering sites to participate in the pilot test.

An important aspect of this project has been the development and submission of grant applications for external funding. Drs. Clarke and Sheridan submitted an unfunded NIH R01 application focused on childhood obesity (PA-13-153 - “Home and family based approaches for the prevention or management of overweight or obesity in early
childhood”) and are currently in the process of developing concept papers and communicating with program officers to determine appropriate fit for other funding mechanisms. Data from the pilot study under this grant will be used in submission of an NIH R21 under PA-14-034 (“Reducing Health Disparities Among Minority and Underserved Children”) to be submitted in October, 2015.

Sheridan and Clark have also submitted a Biomedical Research Seed Grant through the Office of Research and Economic Development to enhance their competiveness for funding from NIH to test the efficacy of a cross-system intervention on early childhood obesity for children of low-income. They have identified other potential sources for funding support for related work through under NIH PA-13-288 (“Behavioral and Social Science Research on Understanding and Reducing Health Disparities”, R21), and the Institute of Education Sciences-Education Research Grant Program: Social and Behavioral Context for Academic Learning (84.305A).
EXPANDING PARTICIPATION OF GRADUATE AND UNDERGRADUATE STUDENTS

Minority graduate and undergraduate students at UNL attended MHDI events, which provided an opportunity for them to learn about health research and to identify mentors and partners. A number of minority students also receive the weekly listserv announcements, including current listings of opportunities targeted toward underrepresented minorities interested in health research. A current minority graduate student in Sociology has accepted a Postdoctoral position at UNL, beginning in September 2014, to collaborate with Dr. Dombrowski on Minority Health Disparity Research utilizing agent based modeling.

The MHDI is committed to ongoing opportunities for students to participate in federally funded large-scale collaborative research projects. This commitment translates into providing: 1) opportunities for undergraduate students to form collegiate relationships with faculty and graduate students, 2) providing opportunities to participate in professional development opportunities, and 3) training students in innovative and novel approaches to understanding minority health disparities.

To further explore opportunities to develop training and research experiences for minority graduate and undergraduate students in health research, and all students in pursing research in minority health, the MHDI coordinator met with UNL administrators from Graduate Studies and Undergraduate Recruitment in the Fall of 2013. As a result of these meetings, the MHDI created a 10 week Summer Research Program for undergraduates in Minority Health. Five undergraduate students were selected from a
national applicant pool of over 250 applicants, 68% of these applicants were from URM. Graduate Studies paid for 3 students of these undergraduate students, Sociology paid for one student and Psychology paid for one student. Mentors came from five departments at UNL, all with projects related to minority health—Communication, Education Psychology, Ethnic Studies, Public Policy Center, and Sociology. MHDI Summer Research Program scholars had facilities at Whittier, participated in a weekly seminar provided by Faculty mentors and community experts related to research in minority health, and one-on-one training with faculty, postdocs and graduate students conducting minority health research at UNL. This pilot program will serve as the foundation for an NSF REU application currently in preparation that will be submitted in August of 2014.

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<tr>
<th>Mentor</th>
<th>Affiliation</th>
<th>Research Area</th>
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<tbody>
<tr>
<td>Brandy Clarke</td>
<td>Educational Psychology</td>
<td>Schools and Health</td>
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<td>Julia McQuillan</td>
<td>Sociology</td>
<td>Biology of Human</td>
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<td>Jordan Soliz</td>
<td>Communications</td>
<td>Multi-ethnic Racial Identity</td>
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<td>Cynthia Willis-Esqueda</td>
<td>Ethnic Studies and Psychology</td>
<td>Latinos Perception of Well-Being</td>
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<td>Lisa Pytlik Zillig</td>
<td>Public Policy</td>
<td>Trust and Minority Health Disparities</td>
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In addition to supporting and training undergraduate and graduate students who are underrepresented minorities, a primary goal of the MHDI is to expand minority health disparity research among all faculty and students. A graduate student, and mentee of Dr. Bridget Goosby, Anna Bellatorre (PhD) completed her dissertation this summer and is heading to the National Institutes of Health (NIH) to begin a position as a postdoctoral researcher at the National Institute of Minority Health and Health Disparities in Bethesda, MD. Dr. Bellatorre has been actively involved in MHDI efforts by attending MHDI sponsored events and by utilizing travel funding in year 1 to present a poster covering her minority health research. Moreover, Dr. Bellatorre participated in the
Summer Research Program as a panelist to showcase her career as a minority health disparities researcher.

This focus area will continue to expand in the next year. In addition to the projects initiated in 2014, MHDI will expand to serve as the entry/coordination point for minority health related access to the new UNL-hosted Census Regional Data Center (RDC). In 2013, MHDI was instrumental in recruiting health researchers to submit research ideas that were used in the NSF Research Data Center proposal (including individual projects by Dombrowski and several members of the MHDI Steering Committee). In the coming year, we will develop channels for linking graduate students with RDC data/resources related to minority health. This effort will complement and form one piece of a larger, long term MHDI goal of serving as the collection, maintenance and access point for regional health data related to minority health (first for Nebraska, where we have existing contacts, and extending out to neighboring states).
GRANTS AND CONTRACTS

Several grants and contracts were submitted during the second year of MHDI. The following details grants and contracts submitted and their award status.

Grants/Contracts Received:
- Bornstein (PI), Neal (Co-PI), Pytlik-Zillig (Co-PI), Shockley (Co-PI), & Tomkins (Co-PI) Institutional Trust and Confidence: An Interdisciplinary Workshop. NSF SES-1353980, 3/15/14-3/14/15. Total Award: $47,343.

Grants Submitted (pending or unfunded):
- Cheadle (PI), Daw (Co-PI), and Smith (Co-PI) From Allocation Policies to Network Ties: Understanding Disparities in the Kidney Transplantation System Using Social Network Analysis. NIDDK R21, 2014-15. $374,799. (Pending)
• Hope (PI) & Meidlinger. Transdiagnostic Group Treatment Through Telehealth. National Institute of Mental Health (NIMH). PA-11-111. $86,522 (Pending)
• Nelson (PI). Supervision to enhance lay led pediatric obesity groups for Hispanic families. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), 1R21DK105364-01 $275,000 2015-16 (Pending)
• Neal (PI), NIH Health Disparities Research Loan Repayment Program (Educational Loans).
• Shockley (PI), NIH Health Disparities Research Loan Repayment Program (Educational Loans).
• Soliz (PI), Family Dynamics, Ethnic-Racial Identity, and Psychological Well-Being in Multiethnic-racial Young Adults (1 RO3 HD078601-01A1) – Scored 14th Percentile, but unfunded. Will be resubmitting as requested by Program Officer.
• Willis-Esqueda (PI) & Spaulding (Co-PI), Precursors of Mental Health Disparities and Improved Wellbeing of Rural Latinos PA-13-288. $390,464 (Pending)
• Willis-Esqueda (PI) & Spaulding (Co-PI), Latinos in Rural Communities: Ethnic Identity Maintenance and Health Outcomes UNL - Rural Futures Institute (RFI) Research & Engagement 12/7/2012. $70,541 (Pending).
• Dombrowski (PI) A National Survey of Social Networks and HIV Health among Homeless and Unstably Housed Young People” National Institute of Drug Abuse R01DA038187-01. $3,746,000. Scored but not funded. Resubmission 2015.

Grants in Preparation:
• Cheadle (PI) & Goosby (Co-PI) Community Connections and Wellness Study.
• Dombrowski (PI) Training Minority Health Researchers in Innovative Methods. NSF Research Experiences for Undergraduates (REU) 13-542 – Due August 2014
• Neal (PI) and colleagues (Casey, PhD, and Elek, PhD, both of the National Center for State Courts, and Girvan, JD, PhD, University of Oregon Law School) are developing a proposal to submit to NSF SBE Law and Social Sciences Program and/or Decision, Risk, and Management Sciences Program, The Effects of Bias and Bias Interventions on Judicial Decision Making.

• Neal is developing an NIH NCI K07 proposal, How Doctors Can Improve Healthy Behaviors and Reduce Minority Cancer Disparities.

• Dombrowski (PI) Sittner Hartshorn (PI) & Smith (Co-I) Homeless Women and Health Disparities. NIH-NIDA (PA 14-038).

• Neal (Co-PI) & Bornstein, Psychology, are developing a proposal to submit to NSF SBE Law and Social Sciences Program, Reducing Juror Decision Error in Cases with Complex Forensic Science Evidence.

• Shockley & Goosby, Sociology, are developing an NIH NRSA F32 proposal for more postdoctoral experience to study the discrimination-health link.

• Hope, D.A. (PI), Overcoming Access Barriers with Telehealth Treatment for Anxiety. National Institute of Mental Health (NIMH). R34.

• Hope, D.A. (PI) & Springer, P.R., Evaluating Tele Mental Health Services to Meet Underserved Rural Populations. National Institute of Mental Health (NIMH). R01.

• Hope, D.A. (PI) & Springer, P.R., An Integrated Multidisciplinary Model for Training in Rural Telemental Health Services. NIH training grant.

• Drs. Clarke & Sheridan submitted an unfunded NIH R01 application focused on childhood obesity (PA-13-153 - “Home and family based approaches for the prevention or management of overweight or obesity in early childhood”) and are currently in the process of developing concept papers and communicating with program officers to determine appropriate fit for other funding mechanisms. Data from the pilot study under this grant will be used in submission of an NIH R21 under PA-14-034 (“Reducing Health Disparities Among Minority and Underserved Children”) to be submitted in October, 2015.

• Sheridan & Clark have also submitted a Biomedical Research Seed Grant through the Office of Research and Economic Development to enhance their competitiveness for funding from NIH to test the efficacy of a cross-system intervention on early childhood obesity for children of low-income. They have
identified other potential sources for funding support for related work through under NIH PA-13-288 ("Behavioral and Social Science Research on Understanding and Reducing Health Disparities", R21), and the Institute of Education Sciences-Education Research Grant Program: Social and Behavioral Context for Academic Learning (84.305A).

- Neal is developing an NIH NCI K07 proposal, How Doctors Can Improve Healthy Behaviors and Reduce Minority Cancer Disparities.
- Shockley and sociology Assoc. Prof. Bridget Goosby, are developing an NIH NRSA F32 proposal for more postdoctoral experience to study the discrimination-health link.
**PRESENTATIONS BY AFFILIATES**

**Travel funding.** Travel funds were available through the MHDI to allow faculty to travel to meetings to further their minority health disparities efforts and to learn of new opportunities. Mindy Anderson-Knott served as a panelist at the Nebraska Minority Health Summit in Grand Island, NE in July 2013. Wayne Babchuk (Anthropology) and Lesa Brand (Teaching, Learning & Teacher Education) also attended the summit. By serving as a panelist, Anderson-Knott disseminated information about the MHDI to a broad audience across the state. Additionally, she learned of potential collaborative opportunities for UNL faculty to partner with others interested in health disparities.

In August 2013, Dr. Lisa Kort Butler (Sociology) moderated the Health Disparities Session at the American Sociological Association Conference. Dr. Kort Butler identified three potential avenues for UNL researchers stemming from the session: 1) early life experiences among minorities as factors influencing later health and health behaviors, 2) social networks that details how/why ties influence both care utilization and mental health, and 3) the consequences of current financial events as they relate to short- and long-term health disparities.

In September 2013, Dr. Rick Bevins (Psychology) attended the Behavior Change, Health, and Health Disparities Conference in Burlington, VT. This was an inaugural conference prompted by the establishment of a COBRE at the University of Vermont-Burlington. This is a unique Center for this funding mechanism for two reasons. First, the Center focuses on health disparities. Second, the level scientific approach and intervention is social and behavioral. MHDI gathered valuable insight on how the Center was structured and the interrelation of projects addressing important health disparities issues from a socio-behavioral perspective.

In September, 2013, Jacob Cheadle (Sociology) attended a collaborative meeting with Jonathon Daw at the University of Colorado-Boulder to develop an R21 minority health grant proposal. The grant, “From Allocation Policies to Network Ties: Understanding
Disparities in the Kidney Transplantation System Using Social Network Analysis,” was submitted following the meeting.

In February, 2014, Ellie Shockley, Public Policy Center Post-Doc presented at the Group Processed & Intergroup Relations (Society for Personality and Social Psychology), Austin, TX. The poster she presented was titled “The discrimination–health link among ethnicity-salient minorities: Group membership matters.”
RODRIGO CANTARERO
Department of Community & Regional Planning
University of Nebraska-Lincoln
rcantatero1@unl.edu

Research Interests
Rodrigo Cantarero is involved in research on quality of life issues in small towns in Nebraska that have experienced large Immigration of mostly Latino/Hispanic population, with projects in Schuyler and Crete.

TIMOTHY CARR
Department of Education and Human Sciences
University of Nebraska-Lincoln
tcarr2@unl.edu

Research Interests
My research program focuses on the regulation of cholesterol transport in the body, with emphasis on how dietary factors (such as fats, fibers, and phytochemicals) influence the transport mechanisms at the cellular and molecular levels. Specially, we have recently identified several sterol transporters in liver and small intestine that are
regulated by dietary phytosterols and long chain fatty acids. In addition, we are examining the influence of dietary phytosterol composition on pancreatic sterol esterase activity and micelle formation in vitro and in vivo.

LISA CROCKETT
Department of Psychology
University of Nebraska-Lincoln
ecrockett1@unl.edu

Research Interests
Professor Crockett's research interests focus on adolescent development. She conducts research in two primary areas: adolescent risk behavior, with an emphasis on sexuality, and ethnic differences in parenting and adolescent adjustment. Her more recent analyses focus on the transition to adulthood, including the implications of adolescents' family relationships, peer relationships and behavior for the quality of their romantic relationships in adulthood as well as the development of aspirations and expectations for the future.

MARIA DEGUZMAN
Department of Children, Youth, and Family Studies
University of Nebraska-Lincoln
mguzman2@unl.edu

Research Interests
Dr. de Guzman's program of research examines two complimentary lines of inquiry, namely, the roles of socio-cultural and ecological contexts in human development, and
the factors that promote positive and prosocial development in youth. In examining these issues, she has conducted studies in the Philippines, the United States and Brazil. As an Extension Specialist, Dr. de Guzman works with programs and agencies that help promote positive youth development.

JULIA MCQUILLAN
Department of Sociology
University of Nebraska-Lincoln
jmcquillan2@unl.edu

Research Interests
Julia McQuillan's research focuses on social inequality, with special emphasis on work and health. She has recent published work on the social and psychological aspects of infertility, the importance of parenthood for men and women, and attitudes about pregnancy and childlessness.

JON PEDERSEN
Department of Education and Human Sciences
University of Nebraska-Lincoln
jpedersen2@unl.edu

Research Interests
Jon Pedersen is the Associate Dean for Research and Professor of Science Education in the College of Education and Human Sciences. He also serves as the Director of Science for the Center for Science, Mathematics and Computer Education at UNL.
JOSIE RODRIGUEZ
Office of Health Disparities and Health Equity
Nebraska Department of Health and Human Services
josie.rodriguez@nebraska.gov

Research Interests
Josie Rodriguez is the Director of the OHDHE at DHHS Nebraska. She came to DHHS from the Nebraska Attorney General’s Office where she worked for five years as the Latino and Senior Consumer Protection Outreach Coordinator. Prior to that, she worked for DHHS for 14 years in several positions including health program manager for the Third Congressional District Office of Minority Health in Lexington. Her tasks involve overseeing DHHS programs and block grants in Nebraska that target the reduction of health disparities and promote greater health equity.

SUE SHERIDAN
Department of Child, Youth, Families and Schools
University of Nebraska-Lincoln
ssheridan2@unl.edu

Research Interests
Sue Sheridan is interested in relationships between parents and teachers, and identifying meaningful ways to establish home-school partnerships. Her primary grant
work (and research focus) is in a model of service delivery known as "conjoint behavioral consultation," focused on bringing parents, teachers, and other care providers together to develop constructive relationships and address concerns they share for children.

ALAN TOMKINS
Public Policy Center
University of Nebraska-Lincoln
atomkins@nebraska.edu

Research Interests
Alan Tomkins has been consulting with local, state, and federal government entities on participatory budgeting, strategic planning, performance measure options, workplace climate, resident input on policy decisions, and so on.

REGINA WERUM
Associate Vice Chancellor for Research
Office of Research and Economic Development
University of Nebraska-Lincoln
rwerum@unl.edu

Research Interests
Regina Werum holds an appointment as Associate Vice Chancellor for Research at the Office of Research and Economic Development, and she is Professor of Sociology at the
University of Nebraska, Lincoln. Prior to her appointment at the University of Nebraska, she served as Program Director, Sociology, at the National Science Foundation (2010-12). Her substantive expertise revolves around the way social policy shapes and reflects social inequalities, especially in the area of education.

RICHARD WIENER
Department of Psychology
University of Nebraska-Lincoln
rwiener2@unl.edu

Research Interests
Currently, Dr. Wiener applies social cognitive theories of emotion, motivation, dual process of cognitive processing to explain how legal actors reach decisions relevant to law and policy. Other topics of investigation include the role of implicit attitude activation in generic prejudice, the role of emotions in jury judgments as they develop across the presentation of criminal cases, the role of mortality salience in death penalty judgments, and the role of counterfactual thinking in negligence judgments.
2014 BUDGET AND EXPENDITURES

The budget line for the MHDI includes the operating expenses for the Initiative, and two of the subawards. The latter included a portion of the salary of Patricia Wonch-Hill (Research Assistant Professor, Sociology) and half of the salary of two post-doctoral fellows working with the Public Policy Center. The two other sub-awards—Advancing Telehealth (Psychology) and Formative Research in Children’s Health (CYFS)—were made separately and were not included in the MHDI budget line.

<table>
<thead>
<tr>
<th>FY 14</th>
<th>Budgeted</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director Rick Bevins</td>
<td>1,951</td>
<td></td>
</tr>
<tr>
<td>Coordinator Mindy Anderson-Knott (.25FTE)</td>
<td>16,082</td>
<td>15465.69</td>
</tr>
<tr>
<td>Administrative Support</td>
<td>5,000</td>
<td>5681.79</td>
</tr>
<tr>
<td>Trish Wonch Hill (.5 FTE)</td>
<td>35,245</td>
<td>24291.63</td>
</tr>
<tr>
<td>Postdocs Neal and Shockley (1 FTE)</td>
<td>67,339</td>
<td>44855.56</td>
</tr>
<tr>
<td>Clerical and Technical</td>
<td></td>
<td>2661.14</td>
</tr>
<tr>
<td>Students: Hourly</td>
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<td>185.3</td>
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<tr>
<td><strong>Fringe Benefits</strong></td>
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<td></td>
</tr>
<tr>
<td>Total Personnel</td>
<td>6,967</td>
<td>23667.54</td>
</tr>
<tr>
<td><strong>Other than Personnel Costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retreats</td>
<td>15,000</td>
<td></td>
</tr>
<tr>
<td>External Speaker Series</td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td>Conversation Series</td>
<td>2,000</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>10,000</td>
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</tr>
<tr>
<td><strong>Total OTPS</strong></td>
<td>$37,000</td>
<td>$15,148</td>
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<tr>
<td><strong>Operating Sub-Total</strong></td>
<td>$169,584</td>
<td>$131,957</td>
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<tr>
<td><strong>FY14 Operating Surplus</strong></td>
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<td>$37,627</td>
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<tr>
<td>Core Development Awards</td>
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<td></td>
</tr>
<tr>
<td>Telehealth workgroup (separate account)</td>
<td>$53,204</td>
<td>$34,760.64</td>
</tr>
<tr>
<td>CYFS: Brandy Clarke and GRA (separate account)</td>
<td>$69,555</td>
<td>$46,991.43</td>
</tr>
</tbody>
</table>
Overall, MHDI achieved a high number of goals and established a strong foundation for the future. As seen below, the initiative came in $37,627 under budget. Much of the savings came from other-than-personnel costs, especially travel. In revised future budget, relative levels of allocation have been adjusted to greater reflect actual needs.