“The outstanding editors and authors of Health Issues in the Black Community have placed in clear perspective the challenges and opportunities we face in working to achieve the goal of health equity in America.”
— David Satcher, MD, PhD, 16th Surgeon General of the United States and director, Satcher Health Leadership Institute at Morehouse School of Medicine

“Eliminating health disparities must be a central goal of any forward thinking national health policy. Health issues in the Black Community makes a valuable contribution to a much-needed dialogue by focusing on the challenges of the black community.”
— Marc Morial, Esq., president, National Urban League

“Health issues in the Black Community illuminates comprehensively the range of health conditions specifically affecting African Americans, and the health disparities both within the black community and between racial and ethnic groups. Each chapter, whether addressing the health of African Americans by age, gender, type of disease, condition or behavior, is well-detailed and tells an important story. Together, they offer practitioners, consumers, scholars, and policymakers a crucial roadmap to address and change the social determinants of health, reduce disparities, and create more equal treatment for all Americans.”
— Risa Lavizzo-Mourey, MD, MBA, president, Robert Wood Johnson Foundation

“I recommend Health Issues in the Black Community as a must-read for anyone concerned about the future of the African American community. Health disparities continues to be one of the major issues confronting the black community. This book will help to highlight the issues and keep attention focused on the work to be done.”
— Elsie Scott, PhD, president of the Congressional Black Caucus Foundation

“This book is the definitive examination of health issues in black America—issues sadly overlooked and downplayed in our culture and society. I congratulate Drs. Braithwaite, Taylor, and Treadwell for their monumental book.”
— Cornel West, PhD, professor, Princeton University

The Editors
Ronald L. Braithwaite, PhD, is a professor in the Department of Community Health and Preventive Medicine, director of research in the Department of Family Medicine, and a professor in the Department of Psychiatry at Morehouse School of Medicine, Atlanta. He is the coeditor of Prisons and AIDS from Jossey-Bass.

Sandra E. Taylor, PhD, is a professor and chair in the Department of Sociology and Criminal Justice at Clark Atlanta University, Atlanta. Taylor and Braithwaite are coeditors of the first and second editions of Health Issues in the Black Community from Jossey-Bass.

Henrie M. Treadwell, PhD, is a professor in the Department of Health and Preventive Medicine and director of Community Voices and the Men’s and Reentry Health Initiative at the National Center for Primary Care at the Morehouse School of Medicine, Atlanta. Dr. Treadwell served for 16 years as program director at the W.K. Kellogg Foundation.
HEALTH ISSUES IN THE BLACK COMMUNITY
Dedicated to all African Americans awaiting health justice
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Achieving and maintaining ideal health is an intricate process. It involves access to and utilization of a range of clinical preventive and health care services, the interaction of one’s physical and genetic makeup, our individual behavior, and the social, economic, and physical environment in which we live.

Although access to care, usually in the form of insurance coverage or timely access to health services, plays an important role in achieving health, it is not the primary determinant. In fact, some say it constitutes only 10 percent of the factors that determine our health (Core Functions Project, 1993). Individual behavior plays a much larger role than access and can often explain disease prevalence when people engage in activities that put them at increased risk. Human variation is a powerful modifier of disease prevalence. Mitigating factors can change the course of disease in different individuals and make the link between risk and outcome nonlinear. We have all known people who seem to eat whatever they want without gaining a pound or who smoke but do not get lung cancer. Gene expression likely plays a role, but health is a complex phenomenon often not easily predicted, even in identical twins. Socioeconomic and environmental factors, such as psychological stress, economic distress, toxic environments, and discrimination, which are often disproportionately prevalent in a community, have profound effects on the capacity to achieve health.

Understanding the impact of these factors on inequities in disease prevalence and health outcomes is challenging and has become the focus of an emerging field of research that attempts first to document the presence of health disparities and then to explain the root causes of both poor health and health disparities. One way to approach these causes is to group them into four areas, as suggested above. First, differences in access to preventive, acute, and chronic care, which are driven by insurance status as well as by timely access to providers and other clinical services; second, differences in the quality of care received; third, individual behavioral differences that result in differences in seeking care or in approaches to being healthy; and, finally, differences in social, political, economic, or environmental exposures that result in differences in health status.

Health disparities, particularly those in the black community, have been the focus of analytic work for over one hundred years. W.E.B. Du Bois first reported on them in his 1899 publication, The Philadelphia Negro: A Social Study. In his text, Du Bois addressed the need to get to the root causes of these disparities, stating that “we must endeavor to eliminate, so far as possible, the problem elements which make a difference in health.
among people.” To date, our ineffectual efforts to eliminate these disparities have become one of the serious issues of our day and, in the view of many, a national tragedy.

Not only have we failed to eliminate most of these health inequities, but some of them, like the prevalence of HIV and diabetes and the high infant mortality rate in minority communities, have gotten worse. According to the 2000 Census, while the average American could expect to live 77.8 years, the average African American could expect to live only 73.1 years (National Center for Health Statistics, 2007). Eliminating these disparities is a goal we must strive for as a central component of achieving optimal health in our nation.

These are not theoretical concerns. The huge differences in health among various neighborhoods of our nation’s capital are prime examples of this phenomenon in action. Why is it that there is a seventeen-year difference in life expectancy for males of different races in communities only twenty-eight miles apart (Murray et al., 2006)? One clue is the fact that the socioeconomic status of these communities mirrors their health status: poor health correlates with high degrees of poverty, inadequate housing, high crime, and poor educational achievement. Clearly the answer is not the unavailability of qualified clinicians, researchers, and medical institutions: the city has three schools of medicine, numerous teaching hospitals, and some of the world’s most prominent researchers. Just up the road is the world’s top research institute, the National Institutes of Health. The city itself has invested in a large number of health services as well; yet optimal health for all the city’s citizens has been elusive. Unfortunately, Washington, D.C., is typical of our national experience.

So how do we change this picture? Certainly we need to ensure universal access to quality, affordable health care for all our citizens as a first step. But to truly be successful we will have to do much more. We need to transform our health system from its current sick-care focus to one that prevents or delays the presence of disease in the first place. We must ensure equal access to high-quality services and ensure the quality and safety of our system for everyone. Such a system must be affordable for both the individual and the nation. We need to make it easy to make healthy choices. Finally, the social determinants that significantly affect our health must be addressed for all.

The United States should work to become a healthier nation than it now is. To do so, we must make eliminating health disparities a priority. Du Bois told us this over one hundred years ago. We should work to achieve health equity, not in another hundred years, but in our lifetime.

REFERENCES
This third edition of *Health Issues in the Black Community* comes eight years following the release of the second edition and, to our chagrin, presents a picture of African American health replete with many of the disparities documented in the first two editions. Following virtually two decades of studies showing stark contrasts between black and white Americans, we are still faced with a situation that portends a lowered health status and overall quality of life for the black community. The third edition not only documents this continuing gap but also calls for all relevant sectors of U.S. society to actively acknowledge the disparities and move toward viable strategies for removing them. The time has come to engage in aggressive steps and to recognize that unless a bold and systematic process is in place to close the unwavering gap, the next edition of *Health Issues* is likely to repeat the litany presented here.

Similar to the first edition of *Health Issues* and its twenty-five chapters, as well as the second edition, containing twenty-six chapters, this edition’s twenty-eight chapters provide information on an array of health-related problems affecting the African American population. It presents the impact of existing health conditions on this population and concludes that although some improvements have occurred, they are severely dwarfed by the many adverse conditions that continue to beset the black community.

The purposes of this third edition are the same as those of the previous editions: (1) to provide a forum for debate and discussion on culturally relevant strategies and models for the prevention of disease and the promotion of wellness in black communities; (2) to influence opinion leaders and provide a futuristic perspective on black health issues for students, academicians, public policymakers, and administrators in public health and related disciplines; and (3) to document selected unhealthy conditions and advance viable strategies for ameliorating them. This edition provides a multidisciplinary perspective with an emphasis on a public health approach.

**CONTENTS OVERVIEW**

This book contains six distinct sections that provide a more comprehensive examination of the topic than previous editions did. Part One, “Health Status Across the Life Span,” looks at the population from childhood to old age. The first chapter provides an overview of black health and sets the overall context of the problem. The second chapter gives the historical context and examines racial disparities in health care and their elimination. This section also discusses specific health problems as they relate to the groups affected: African American children, women, men, and the elderly (Chapters Three, Four, Five, and Six, respectively).
Part Two, “Social, Mental, and Environmental Challenges,” addresses health-related dynamics in five areas. Chapter Seven examines stigma and mental health. Chapter Eight reviews homicide and violence with a specific focus on black youth. Chapter Nine addresses the supply and demand of organs for transplantation with an emphasis on narrowing the gap between supply and demand. The issue of African Americans and environmental assault is addressed in Chapter Ten, and incarceration and the health of this population is covered in Chapter Eleven.

Part Three, “Chronic Diseases,” includes chapters on selected conditions that can have debilitating effects and that are often viewed as critical. Included are hypertension, cancer, diabetes, lupus, and oral health—Chapters Twelve, Thirteen, Fourteen, Fifteen, and Sixteen, respectively.

Part Four, “Lifestyle Behaviors,” concentrates on several self-defeating behaviors that adversely affect health status. Chapter Seventeen addresses an ongoing and devastating problem, substance abuse. Chapter Eighteen discusses one of the gravest issues facing the black community, HIV/AIDS, and Chapter Nineteen addresses tobacco use. Chapter Twenty examines alcohol consumption. Nutrition and obesity are discussed in Chapter Twenty-One, and physical activity is the focus of Chapter Twenty-Two.

Part Five, “Alternative Interventions and Human Resources Development,” also presents, in part, a new topic for the third edition with the inclusion of chiropractic medicine in Chapter Twenty-Three. Chapter Twenty-Four reflects on the role of black faith communities in health promotion, and Chapter Twenty-Five illuminates the role of community health workers; these two areas were addressed in previous volumes.

The final part of the book (Part Six), “Ethical, Political, and Ecological Issues,” reflects on an array of social factors that infringe on health and presents a discussion as to how they can be reversed. They discuss the impact on health of social marketing and the media (Chapter Twenty-Six) and of racism (Chapter Twenty-Seven). Chapter Twenty-Eight describes disparities in health care and suggests how they can be erased.

All chapters are contributions of individual authors and are not intended to constitute a fully integrated work. They are consistent with the editors’ intent to provide a reference for the areas addressed. In addition, each chapter presents the views of its particular author(s) and in no way should be construed as representing a consensus of opinion among the contributors or the position of any affiliated organization or agency.

ACKNOWLEDGMENTS

The third edition of Health Issues in the Black Community is the result of many dedicated persons’ believing in the single mission of uplifting the health status of African Americans. We especially thank our contributing authors, who worked assiduously on the submission and revision of drafts. Recommendations from colleagues facilitated completion of this project and we remain grateful to them as well.

We are particularly indebted to Keisha Harville, who served as coordinating assistant for this effort. The research support of Aba Essuon and Melva Robertson was vital
to the completion of this work. Finally, we would like to thank Andy Pasternack and Seth Schwartz from Jossey-Bass and the consummate professionalism of the publisher for all aspects of support.

October 2009, Atlanta, GA
Ronald L. Braithwaite
Sandra E. Taylor
Henrie M. Treadwell
Ronald L. Braithwaite, PhD, is currently professor in the Community Health and Preventive Medicine Department and professor and director of research in family medicine in the Psychiatry and Family Medicine Department at Morehouse School of Medicine. He received his BA and MS degrees from Southern Illinois University in sociology and rehabilitation counseling and a PhD in educational psychology from Michigan State University. He has done postdoctoral studies at Howard University, Yale University, and the University of Michigan School of Public Health and Institute for Social Research. He has held faculty appointments at Virginia Commonwealth University, Hampton University, Howard University, Rollins School of Public Health of Emory University, and the School of Public Health at the University of Cape Town, South Africa.

His research involves HIV-intervention studies with juveniles and adults in correctional systems, social determinants of health, health disparities, and community capacity building. He also was a senior justice fellow for the Center for the Study of Crime, Culture, and Communities. Dr. Braithwaite currently serves on the National Institute on Drug Abuse—African American Scholars and Research Group. His research also spans the globe to Africa, where he has conducted HIV-prevention projects in Ghana, Kenya, Swaziland, Zimbabwe, Senegal, Gambia, Ethiopia, Malawi, Tanzania, and South Africa.

Sandra E. Taylor, PhD, is a professor and chair in the Department of Sociology and Criminal Justice at Clark Atlanta University. Previously, she headed the W.E.B. DuBois Department of Sociology at Clark Atlanta, where she also served as director of the HIV/AIDS program, a former affiliate site of the Southeastern AIDS Training and Education Center of Emory University’s School of Medicine. She has held research appointments with the Nell Hodgson Woodruff School of Nursing and the Rollins School of Public Health of Emory University. Dr. Taylor currently serves as a W.E.B. DuBois Faculty Fellow at Clark Atlanta.

Dr. Taylor has published extensively in the areas of health and illness as well as in aging, race, and gender, including authorship or coauthorship of more than fifty articles and monographs. Among the many journals containing her work are the Journal of the National Medical Association, Patient Education and Counseling, the Journal of Social Behavior and Personality, the Journal of Minority Aging, the Journal of Social and Behavioral Sciences, the Western Journal of Black Studies, the Journal of Black Psychology, and National Social Science Perspectives.

She received her PhD in sociology from Washington University and has done postdoctoral studies in social research and HIV/AIDS at the University of Michigan.
She completed her BA in sociology at Norfolk State University and her MA in the same discipline at Atlanta University. She also completed a predoctoral research program in science education at Purdue University.

**Henrie M. Treadwell, PhD,** is director and senior social scientist for Community Voices, a special policy initiative funded by the W. K. Kellogg Foundation. She is also a full-time research professor in the Department of Community Health and Preventive Medicine at Morehouse School of Medicine. Her work includes the formulation of health and social policy and the oversight of programs designed to address health disparities, the social determinants of health, and reentry into the community by those engaged with the criminal justice system. She is the founder of the Freedom’s Voice Symposium and the Soledad O’Brien Freedom’s Voice Award, which recognizes mid-career individuals doing significant work to improve global society.

Prior to coming to the National Center for Primary Care, where she is professor in the Department of Community and Preventive Medicine and director, Community Voices: Healthcare for the Underserved and the Men’s Health Initiative, Dr. Treadwell served for seventeen years as program director in health at the W. K. Kellogg Foundation, Battle Creek. Her educational background includes a bachelor’s degree in biology, University of South Carolina; a master’s degree in biology, Boston University; a PhD in biochemistry and molecular biology, Atlanta University; and postdoctoral work, Harvard University School of Public Health. Dr. Treadwell is a member of the editorial board and section editor for the *International Journal of Men’s Health and Gender* and is a member of the editorial board of the *American Journal of Men’s Health*; she is a past editorial board member of the *American Journal of Public Health.*
AUTHOR BIOGRAPHIES

**Jamy D. Ard, MD,** is an assistant professor of nutrition sciences and medicine at the University of Alabama at Birmingham. His current research interests include behavioral therapies that are focused on cardiovascular risk reduction with a special interest in the African American population and in developing strategies for behavior modification that are culturally appropriate. Dr. Ard received his BS in biology at Morehouse College and his MD at Duke University Medical Center.

**Kimberly Jacob Arriola, PhD, MPH,** received her MA and PhD in social psychology from Northeastern University and her MPH in epidemiology from the Rollins School of Public Health at Emory University. With federal funding, she has overseen the development of a culturally sensitive intervention to promote organ and tissue donation among African Americans. Her other primary area of research is improving HIV testing and links to care in correctional settings. She is an associate professor in the Department of Behavioral Sciences and Health Education in the Rollins School of Public Health. She has published both qualitative and quantitative findings from her research.

**Mona AuYoung, MPH, MS, ATC,** is currently a PhD student in the Department of Health Services at the UCLA School of Public Health. She received her MPH in community health sciences from UCLA, her MS in kinesiology from California State University, Hayward, and her BA in integrative biology from the University of California, Berkeley. Currently, her research focuses on obesity and diabetes prevention, health disparities among ethnic minorities, and public health partnerships with sports philanthropies. She is also a Certified Athletic Trainer who has worked with national, college, and high school sports teams.

**Monica L. Baskin, PhD,** is an assistant professor in the Department of Health Behavior at the University of Alabama at Birmingham (UAB) School of Public Health (primary appointment) and the Department of Nutrition Sciences in the UAB School of Health Professions (secondary appointment). She is also an associate scientist for the UAB Clinical Nutrition Research Center and the UAB Minority Health and Research Center, a scientist in the UAB Diabetes Research and Training Center, and a member of the UAB Comprehensive Cancer Center. Dr. Baskin received her BA in psychology and sociology from Emory University, and her MS in community counseling and PhD in counseling psychology from Georgia State University. She is a licensed psychologist with extensive training in pediatric psychology. Dr. Baskin’s research focuses on behavioral interventions for the prevention and treatment of obesity and
cancer, particularly among African Americans. Much of her work links academic partners to community- and faith-based networks.

**Rhonda BeLue, PhD**, is an assistant professor of health policy and administration and an affiliate of the Center for Family Research in Diverse Contexts and of the Methodology Center at Pennsylvania State University. Dr. BeLue has over ten years of research experience on chronic mental and physical health problems of minority families. Dr. BeLue’s research is at the intersection of research and evaluation methodology and community and minority health. She applies systems science and group-based methods to understand the interrelations among community, family, and individual factors in relation to health outcomes in black families. She has served as the principal investigator on a Robert Wood Johnson Foundation–funded project designed to understand the role of health care settings on quality outcomes among minority populations. She is currently funded to conduct research on academic-community partnerships as related to health outcomes in minority communities. Prior to her appointment at Penn State, she was a front line public health worker specializing in community-based participatory research and the evaluation of community-based public health programs.

**Jean J. E. Bonhomme, MD, MPH**, is medical director of the Alliance Recovery Center, a staff physician at Toxicology Associates of North Georgia, and an assistant professor at Morehouse School of Medicine. He is on the board of directors of the Men’s Health Network and is chairman of the Community Health and Men’s Promotion Summit. He is cofounder and president of the National Black Men’s Health Network (NBMHN), a community-based, nonprofit organization providing preventive health education in minority communities. NBMHN services include education for HIV prevention, antitobacco education for minority youth, veterans’ group counseling, nonviolent conflict resolution, minority youth entrepreneurship, prostate-cancer awareness, involved fathers, and substance-abuse awareness among African American youth and adults. He is also on the editorial board of the *Journal of Men’s Health and Gender* and the *American Journal of Men’s Health*. Dr. Bonhomme is a graduate of the Rollins School of Public Health at Emory University and a graduate of the State University of New York at Stony Brook, School of Medicine. He trained in categorical internal medicine and psychiatry at Emory University Affiliated Hospitals and holds board certification in public health and general preventive medicine as well as certification by the American Society of Addiction Medicine.

**L. Ebony Boulware, MD, MPH**, is an associate professor with a primary appointment in the Division of General Internal Medicine of the Johns Hopkins School of Medicine and a joint appointment in the Johns Hopkins Bloomberg Department of Epidemiology. She received her MD degree from Duke University and her MPH from the Johns Hopkins Bloomberg School of Public Health. Her current research focuses on identifying patient and physician barriers to the receipt of guideline concordant care for patients with chronic kidney disease and on identifying patient, physician, and...
population factors affecting kidney transplantation, with special attention to overcom-
ing barriers to organ donation. To carry out her work related to these barriers, she
receives funding from the National Institutes of Health and the federal Health
Resources and Services Administration.

L. DiAnne Bradford, PhD, is professor of clinical psychiatry and the director of the
Minority Mental Health Research Program at Morehouse School of Medicine. Her
research experience and publications span psychiatric-drug discovery and develop-
ment, ethnopsychopharmacology, pharmacogenetics, the etiology of schizophrenia
and depression, and African Americans’ unique way of reporting symptoms.
Dr. Bradford has received numerous research and training grants from the National
Institutes of Health. She received her MS and PhD degrees at the Georgia Institute of
Technology, postdoctoral fellowships at the Johns Hopkins School of Medicine and
the University of Calgary School of Medicine, and her diploma in pharmaceutical
medicine from the University of Leiden (the Netherlands).

Gene H. Brody, PhD, is the director of the Center for Family Research at the
University of Georgia and a research professor at the Emory University Rollins School
of Public Health. Dr. Brody uses longitudinal, epidemiological, and randomized pre-
vention designs to study his primary area of research, the impact of gene X–environment
interactions on children’s and adolescents’ health. His research is currently supported
by grants from the National Institute of Child Health and Human Development, the
National Institute on Drug Abuse, the National Institute of Alcoholism and Alcohol
Abuse, and the National Institute of Mental Health. Dr. Brody received his terminal
degree at the University of Arizona.

Robert D. Bullard, PhD, is the Edmund Asa Ware Distinguished Professor of Sociology
and founding director of the Environmental Justice Resource Center at Clark Atlanta
University. Professor Bullard is the author of fifteen books. His award-winning book,
Dumping in Dixie: Race, Class, and Environmental Quality (Westview Press, 2000), is
a standard text in the field of environmental justice. Some of his related works are Just
Sustainability: Development in an Unequal World (MIT Press, 2003), Highway
Robbery: Transportation Racism and New Routes to Equity (South End Press, 2004),
The Quest for Environmental Justice: Human Rights and the Politics of Pollution (Sierra
Club Books, 2005), Growing Smarter: Achieving Livable Communities, Environmental
Justice, and Regional Equity (MIT Press, 2007), and The Black Metropolis in the
Twenty-First Century: Race, Power, and the Politics of Place (Rowman & Littlefield,
2007). His most recent book is Race, Place, and Environmental Justice After Hurricane
Katrina: Struggles to Reclaim, Rebuild, and Revitalize New Orleans and the Gulf Coast
(Westview Press, 2009). He received his PhD from Iowa State University.

Jeronda T. Burley, MS, MDiv, is currently a doctoral candidate in social work at the
Catholic University of America in Washington, D.C. She received her MS from Auburn
University in marriage and family therapy and an MDiv from Howard University in religion. Her research interests are health promotion within faith-based organizations, religion and substance abuse, religion and HIV/AIDS, the black church, and caregiving and religiosity. Mrs. Burley is a research assistant at the Catholic University and an adjunct professor at Prince George’s Community College and Bowie State University. She has published articles in social work and public health journals and has presented at numerous local and national conferences.

Kimberly S. Clay, MSW, MPH, PhD, is an assistant professor in the School of Social Work at the University of Georgia. She holds an MSW, MPH, and PhD in health education from the School of Public Health, University of Alabama at Birmingham. Dr. Clay’s program of research comprises two complementary lines of work: (1) the assessment of cancer-related quality-of-life and survival disparities among older adults from racially/ethnically diverse populations, and (2) the implementation and evaluation of lifestyle interventions to improve cancer outcomes, survivorship, and symptom control for the aging. She is a former National Cancer Institute Cancer Prevention and Control Research Training Scholar and is currently a fellow with the National Institute of Aging/Hartford Institute of Aging and Social Work. Her research projects include examination of the feasibility and relative clinical effectiveness of a spiritually enhanced exercise program to lessen depression and fatigue in older African American breast-cancer survivors.

Sharon K. Davis, MEd, MPA, PhD, is the founding director of the Social Epidemiology Research Center at Morehouse School of Medicine. Dr. Davis was a senior research scientist at the Harvard School of Public Health and director of its Center for Minority Health Policy Research and Disease Prevention prior to joining Morehouse School of Medicine. She also held a joint academic appointment in the Department of Medicine at Harvard Medical School and was an associate epidemiologist in the Division of Preventive Medicine at the Brigham and Women’s Hospital. Dr. Davis received graduate degrees from Northeastern University and from Harvard University Kennedy School of Government. She earned a PhD in health- and social-policy research from Brandeis University and received subsequent postdoctoral training in health-economics and health-services research from the University of California, Berkeley, School of Public Health. She later received additional training in population-based chronic-disease epidemiology at the Center for Research in Disease Prevention at Stanford University School of Medicine. Her research focuses on the influence of biopsychosocial effects on the etiology and amelioration of chronic disease in high-risk sociodemographic groups.

Cristina Drenkard, MD, PhD, is assistant professor of medicine and epidemiology in the Division of Rheumatology at Emory University. She is a rheumatologist with a PhD in clinical epidemiology from Universidad Nacional de Córdoba in Argentina. Dr. Drenkard has extensive experience in the study of clinical outcomes and epidemiology
of ethnic minorities with systemic lupus erythematosus (SLE). For nine years, she worked with a large prospective cohort of SLE in Mexico City. Currently, Dr. Drenkard is coprincipal investigator of the Centers for Disease Control and Prevention–funded Georgia Lupus Registry, a population-based registry designed to estimate the incidence and prevalence of lupus and related connective-tissue diseases in Atlanta.

Charmayne Dunlap-Thomas, MS, is a senior program associate in the Division of Rheumatology at Emory University. She has an MS in professional counseling from Georgia State University with years of research experience in the areas of psychology and lupus. She currently assists in the development and implementation of numerous local, national, and international research projects to advance lupus treatment, education, and awareness.

Mesha L. Ellis, PhD, is a research associate at Morehouse School of Medicine. Her research focuses on developmental psychopathology, family functioning, risk behaviors, childhood antisocial-behavior syndromes, and factors affecting utilization of mental health services by underserved youth and families. Specifically, her research examines preventive interventions and the role of temperamental, cognitive, and familial factors in the development and maintenance of childhood antisocial and substance-abusing behavior. Dr. Ellis’s research has been published in peer-reviewed journals and books. She recently coedited (along with Joy Asamen and Gordon Berry) The SAGE Handbook of Child Development, Multiculturalism, and Media. Currently, Dr. Ellis is an investigator on a supplement to the National Institute on Drug Abuse–funded Morehouse School of Medicine Minority Institutions’ Drug Abuse Research Development Program, where she is evaluating intervention engagement among incarcerated youth and adults.

Angelina Esparza, MPH, is the director of the Patient Navigator Program at the American Cancer Society (ACS). Since joining the ACS in 2005, her focus has been on assisting ACS division offices in starting and developing the program. The program has been established in over 130 health care facilities including the National Cancer Institute Comprehensive Cancer Centers, the Commission on Cancer facilities, and public health hospitals. Prior to joining the ACS, Ms. Esparza worked for nine years at the University of Texas M. D. Anderson Cancer Center, Center of Research on Minority Health, in the Department of Health Disparities as the director of community relations and outreach. Ms. Esparza received her BA in psychology/anthropology from the University of Houston, a BS in nursing from the University of Texas–Houston Health Science Center, and an MPH from the University of Massachusetts–Amherst. She has completed much additional training, including holding a prestigious Emerging Leaders in Public Health fellowship at the University of North Carolina Kenan-Flagler Business School and School of Public Health. She has received multiple awards and much recognition for her work in community health as well as her work with underserved populations, including recognition from the mayor of Houston for her contributions to that community.
Aba D. Essuon, MPH, PhD, is a behavioral researcher at the Morehouse School of Medicine. She received a doctorate in chronic and infectious diseases from the University of South Carolina’s Arnold School of Public Health in December 2007. Dr. Essuon also holds master’s degrees from Emory University’s Rollins School of Public Health in behavioral science and from the University of Georgia’s Tucker School of Social Work in family-centered practice. She has both qualitative and quantitative HIV/AIDS research experience, which has increased her interest in minority health issues, specifically the disproportionate rates of HIV/AIDS in the African American community. Dr. Essuon has presented HIV/AIDS–related research findings at various national conferences and has given several guest lectures on various HIV/AIDS–related topics at the University of Georgia, the University of South Carolina, and Spelman College.

Caswell A. Evans, DDS, MPH, is the associate dean for prevention and public health sciences at the University of Illinois at Chicago (UIC) College of Dentistry and holds a joint appointment as professor in the UIC School of Public Health. He has been appointed to the Illinois State Board of Health as well as to the Chicago Board of Health. Previously, Dr. Evans served as director of the National Oral Health Initiative, within the office of the U.S. Surgeon General. He was the executive editor and project director for Oral Health in America: A Report of the Surgeon General, released in May 2000, and subsequently directed the development of the National Call to Action to Promote Oral Health, released in April 2003. Dr. Evans is a past president of the American Public Health Association and the founder of its Faith Community Caucus. He has served on the board of the National Association of County and City Health Officials. He is a diplomate and past president of the American Board of Dental Public Health and a past president of the American Association of Public Health Dentistry. He received his DDS from Columbia University’s School of Dental and Oral Surgery in New York City and earned his MPH from the University of Michigan.

Allan J. Formicola, DDS, is former dean of the College of Dental Medicine and currently professor of dentistry at Columbia University. Dr. Formicola’s primary research interest is health disparities. Currently, he is the codirector of the Dental Pipeline program (funded by the Robert Wood Johnson Foundation in collaboration with the California Endowment Foundation and the Kellogg Foundation), which has provided funds to almost half of all U.S. dental schools to increase enrollment of underrepresented minority students and to increase service-learning, community-based education in the curriculum. He has recently completed (with Howard Bailit) a major study on the future of dental education for the Josiah Macy Jr. Foundation.

Nicholas Freudenberg, DrPH, is Distinguished Professor of Public Health at Hunter College and the Graduate Center of the City University of New York and is director of the City University of New York’s doctoral program in public health. Dr. Freudenberg’s research focuses on the social determinants of the health of urban populations. He has
worked to develop, implement, and evaluate health programs in schools, communities, churches, and jails and has advocated for municipal policies that promote health. For the past fifteen years, he has implemented and evaluated interventions to reduce drug use, HIV, and recidivism and to improve the health of people leaving New York City jails.

Laura Joslin Frye, MPH, currently works as a management consultant at Public Health Solutions in New York City. Her primary area of interest is working with community-based organizations to measure and then amplify the effects of their programming through monitoring and evaluation and continuous quality improvement. Ms. Frye’s interests extend beyond domestic health issues to the international realm. She was a Fulbright scholar to Morocco, where she studied law and women’s health, and has worked with Planned Parenthood Association of Thailand. She received her MPH from the Yale School of Public Health in the Department of Social and Behavioral Sciences.

Vanessa Northington Gamble, PhD, MD, is a professor of medical humanities and health policy at George Washington University. Her primary areas of research are the history of U.S. medicine, racial and ethnic disparities in health and health care, cultural competence, and bioethics. Dr. Gamble received her MD and PhD from the University of Pennsylvania.

Gary H. Gibbons, MD, is the endowed director of the Morehouse Cardiovascular Research Institute, a professor of medicine, and chairman of the Department of Physiology at the Morehouse School of Medicine. He also serves as program director of the Center of Clinical Research Excellence and the National Institutes of Health (NIH) T-32 Training Program in Cardiovascular Science. Dr. Gibbons is a board-certified cardiologist with research expertise in molecular vascular biology. He earned his undergraduate degree from Princeton University and graduated magna cum laude from Harvard Medical School. He completed his residency and cardiology fellowship at the Harvard-affiliated Brigham and Women’s Hospital in Boston. His research mentors include Victor Dzau, Thomas Smith, A. Clifford Barger, and Eugene Braunwald. Dr. Gibbons has been selected as a Robert Wood Johnson Foundation Minority Faculty Development Awardee, a Pew Foundation Biomedical Scholar, and an Established Investigator of the American Heart Association; he was recently elected a member of the Institute of Medicine of the National Academy of Sciences. Dr. Gibbons directs NIH-funded research in the fields of vascular biology, genomic medicine, and the pathogenesis of vascular diseases and ranks in the top 5 percent of recipients of NIH funding.

Dionne C. Godette, PhD, is assistant professor of health promotion and behavior at the University of Georgia, College of Public Health. She earned her PhD in health behavior and health education from the University of North Carolina at Chapel Hill. Her work seeks to provide a lens for identifying the social determinants of health disparities related to alcohol, tobacco, and other drugs used and experienced by young minorities.
Dr. Godette has published six peer-reviewed articles on these topics and has two articles currently in press. She has also recently coauthored a chapter on network-based approaches for measuring social capital in a book titled *Social Capital and Health* and has another chapter on health disparities in Georgia forthcoming in a book titled *African Americans in Georgia: A Reflection of Politics and Policy in the New South*.

**Malika B. Gooden, DC, MPH**, a board-certified and licensed chiropractic physician with a focus on integrative medicine, specializes in evaluating and facilitating biomechanical and neurobiological function. She currently collaborates with Chiropractic Physicians of Atlanta Spine Dunwoody in Atlanta. She obtained her DC at Life University, Marietta, Georgia and her MPH in policy and administration from the University of Michigan, and she holds a BS in psychology with a minor in business management. She has been a senior staff specialist with the Ethnic Minority Fellowship Program of the American Nurses Association, a policy intern with the Centers for Disease Control and Prevention (CDC) Liaison Office on Smoking and Health, and a Public Health Fellow in the CDC/Emory University/Morehouse School of Medicine Fellowship Program. Among many achievements, she is a member of the Pi Tau Delta Chiropractic Honor Society and Beta Kappa Chi National Scientific Honor Society.

**Ishtar O. Govia, MA, MTS, PhD**, is currently carrying out research projects on dyadic and longitudinal modeling of the associations between social relations and health outcomes and on relationships (interpersonal, intragroup, and intergroup) in the contexts of gender, ethnicity, migration, and aging. Dr. Govia holds a BA in liberal studies (St. Thomas University, Florida), an MTS (Harvard Divinity School), and an MA in general psychology (City College of New York). In 2009 she completed her PhD in personality and social-contexts psychology at the University of Michigan, where she studied risk and protective factors in the mental health of black Caribbeans in the United States.

**James P. Griffin Jr., PhD**, is a faculty member at the Morehouse School of Medicine in the Department of Community Health and Preventive Medicine and in the Department of Pediatrics. He has also served as an adjunct faculty member at Emory University’s Rollins School of Public Health. He has been principal investigator for various prevention programs operating in public schools in Atlanta. Dr. Griffin earned his doctorate in psychology with specialized training in behavior modification, school psychology, and community/organizational psychology. He attended West Virginia University in Morgantown (MA) and Howard University in Washington, D.C., and graduated in 1991 from the Department of Psychology at Georgia State University in Atlanta. For the past eighteen years he has focused on the prevention of alcohol, tobacco, and other drug use and on violence prevention.

**Anthony Hatch, PhD**, is currently an assistant professor of sociology at Georgia State University in Atlanta. His primary areas of research are in critical race theory, medical
sociology, and political sociology. His doctoral research investigated the production of racial meanings in biomedical research on metabolic syndrome in the United States. Dr. Hatch was a recipient of an American Sociological Association and National Institute of Mental Health Minority Fellowship between 2004 and 2007. Dr. Hatch earned his PhD in sociology from the University of Maryland at College Park in 2009.

Schnavia Smith Hatcher, MSW, PhD, is an assistant professor in the School of Social Work at the University of Georgia. She received her PhD in social welfare from the University of Kansas, her MSW from the University of Georgia, and her BA in psychology from Spelman College. Most of Dr. Hatcher’s research has been concentrated on identifying psychosocial determinants and pathways to the criminal justice system for youth and adults and facilitating the development of proper protocols to respond to health issues within the system; these protocols pertain, for example, to suicide prevention, mental health and substance-abuse treatment, HIV prevention, and continuity of care within the community. Dr. Hatcher also focuses on developing and implementing health-promotion programs for the community in collaboration with faith-based organizations.

Elton D. Holden, DC, a Georgia board-licensed chiropractor, is in private practice at Buckhead Chiropractic Group in Atlanta. He earned his doctorate at Palmer College of Chiropractic West in San Jose, California. Dr. Holden completed a postdoctoral fellowship in San Salvador, El Salvador, where he treated primarily underserved individuals and families. He is committed to applying new scientific information to improve patient care. He is a member of the Gonstead Clinical Studies Society, the Georgia Chiropractic Association, and the International Chiropractic Association.

Kisha Braithwaite Holden, PhD, is associate director for Community Voices: Healthcare for the Underserved and an assistant professor of clinical psychiatry at Morehouse School of Medicine. She earned her doctorate in counseling psychology from Howard University and completed a National Institute of Mental Health–funded postdoctoral research fellowship at Johns Hopkins University in the School of Medicine and School of Public Health. Dr. Holden brings several years of experience as a clinician, evaluator, and researcher conducting community-based studies focused on mental health disparities and depression among African American women. She is committed to promoting the health and well-being of culturally diverse families and the development of strategies for informing mental health policy.

Rhonda Conerly Holliday, PhD, is a developmental psychologist and currently a research assistant professor in the Department of Community Health and Preventive Medicine at the Morehouse School of Medicine. She received her BS degree in psychology from Morris Brown College in Atlanta. She received her master’s and doctorate from the University of Alabama at Birmingham and completed postdoctoral training at Emory University’s Rollins School of Public Health. Her main research
interests are minority health issues and health disparities with a focus on incarcerated populations. In addition to her academic pursuits, Dr. Holliday serves as a volunteer with the American Psychological Association Behavioral and Social Science Volunteer Program, through which she is available to offer technical assistance to community-based HIV/AIDS organizations.

James S. Jackson, PhD, the Daniel Katz Distinguished University Professor of Psychology, is the director and research professor at the Institute for Social Research and a professor in the School of Public Health, University of Michigan. He has conducted research and published in several areas, including international, comparative studies on immigration, race and ethnic relations, physical and mental health, adult development and aging, attitudes and attitude change, and African American politics. He holds BA and MA degrees in psychology and a PhD in social psychology from Wayne State University. He is an elected member of the Institute of Medicine.

Glenn S. Johnson, PhD, is a research associate in the Environmental Justice Resource Center and associate professor in the Department of Sociology and Criminal Justice at Clark Atlanta University. He coordinates several major research activities including work on transportation racism, urban sprawl, smart growth, public involvement, facility siting, toxics, and regional equity. He is the coeditor of Just Transportation: Dismantling Race and Class Barriers to Mobility (New Society, 1997), Sprawl City: Race, Politics, and Planning in Atlanta (Island Press, 2000), and Highway Robbery: Transportation Racism & New Routes to Equity (South End Press, 2004). Dr. Johnson received his BA (1987), MA (1991), and PhD (1996) in sociology from the University of Tennessee at Knoxville.

Camara Phyllis Jones, MD, MPH, PhD, is research director for social determinants of health and equity in the Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Dr. Jones is a family physician and epidemiologist who seeks to broaden the national health debate beyond the provision of health services to encompass attention to the social determinants of health (including poverty) and the social determinants of equity (including racism). Through her research on the impacts of racism on the health and well-being of the nation, she hopes to initiate a national conversation on racism that will eventually lead to a national campaign against racism. Dr. Jones received her BA (molecular biology) from Wellesley College, her MD from the Stanford University School of Medicine, and her MPH and PhD (epidemiology) from the Johns Hopkins School of Hygiene and Public Health. She also completed residency training in general preventive medicine (Johns Hopkins School of Hygiene and Public Health) and in family practice (Residency Program in Social Medicine, Bronx, New York).

Lovell A. Jones, PhD, is presently a professor in the Department of Health Disparities Research as well as the Department of Biochemistry and Molecular Biology at the