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Health Equity Updates

March 2012

"Evidence to Action to Achieve Health Equity"

In This Issue

**Obesity and Diabetes
News**

**Faculty, Staff, and
Affiliate News**

**Health Equity
Announcements**

**Community Impact
Champion**

**Grant/Career
Opportunities**

Upcoming Events

Quick Links

[Maya Angelou Center for
Health Equity](#)

[Council for Inclusion and
Diversity](#)

[Diversity and Development
Initiatives](#)

[Roots of Health Inequity](#)

[Focus Forward Video about
the Center](#)

We Say Fairwell and Best Wishes



We regretfully say goodbye to Dr. Jorge Calles who is taking a new position as Chief of Endocrinology at Metrohealth Regional Medical Center, Case Western Reserve University in Cleveland, Ohio.

Dr. Calles, professor in Endocrinology for 10 years and Director of Faculty and Student Development in the Maya Angelou Center for Health Equity, will truly be missed for his hard work and dedication to the School of Medicine and the Center. For 8 years, he participated in a weekly health program on a local Hispanic radio station as part of the "La Clinica del Pueblo" project. He was instrumental in the development of the Hispanic Lay Health Advisor project and was Chair of the Advisory Council on Hispanic Affairs to Governor Bev Perdue. In addition to

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his clinic duties caring for patients with diabetes and other endocrine conditions and teaching aspiring clinicians, he volunteered with the DEAC clinic and had a very active research portfolio.



We also bid farewell to Mrs. Alicia Grayson who served as the Maya Angelou Center for Health Equity receptionist for 8 years. We will miss her warm smile and special greeting every morning. She will be pursuing other career interests.

OBESITY/DIABETES NEWS

Mexican-Americans' Diets Suffer as They Abandon Traditional Foods: Study



Obesity becomes more common as successive generations of Mexican-American teens turn their backs on the eating habits of their native country, according to a new study.

The analysis of nearly 2,300 Mexican-Americans aged 12 to 19 who took part in the 1999-2004 U.S. National Health and Nutrition Examination Survey found that those born into second- and third-generation families were more likely to be obese than those who weren't born in the United States (first generation).

Compared to first-generation Mexican-American youth, second-generation youth were 2.5 times more likely to be obese and third-generation youth were twice as likely to be obese, the University of South Carolina researchers found.

The study was published in the February issue of the Journal of Nutrition.

Second- and third-generation Mexican-American youth have diets high in

saturated fat and sodium and they consume large amounts of sweetened beverages. Their consumption of fruits, vegetables, grains, meat and beans was lower than first-generation Mexican-American youth. ([read article](#)).

Pilot Program Reverses Weight Gain in Low-Income Latino Pre-Schoolers

Latino families have a new weapon to help them deal with obesity in their pre-school children.

Researchers say the pilot program at UCLA's Mattel Children's Hospital is the first of its kind to reverse weight gain that's common to pre-school Latino kids in low-income families.



It's called "Fit For Healthy Weight." The program combines physical activity, nutrition and parenting topics for the mothers of children aged 2 to 5.

A study published in the journal of Childhood Obesity says obesity rates among Mexican-American preschoolers are among the highest in the U.S., putting those kids at risk for illnesses like diabetes and high blood pressure.

But when families got this specialized training, the study showed a 9 percent drop in the overall number of overweight kids.

A control group that received only a nutritional brochure experienced a 16 percent increase in the number of overweight and obese preschoolers.

Bottom line, the better trained the parents - the healthier the kids. (download audio [here](#)).

Mexicans Are Bigger in USA



A new study suggests that U.S. citizens of Mexican heritage are a bit heavier than their counterparts across the border.

According to a recent study published by Mexico's National Chamber of the Clothing Industry, entitled "How Big is Mexico? Size does Matter," the average Mexican man in Mexico stands five feet 4 1/2 inches (1.63 meters) tall and

weighs 165 pounds (74.8 kilograms).

In the United States, the average man who identifies himself as having Mexican heritage stands about five feet seven inches tall and weighs about 15 pounds more than his counterpart across the border.

Mexican women, whether in the United States or in Mexico, have an average height of five feet two inches, but Mexican-American women out-weighed their home country counterparts by 11 pounds. In terms of Body Mass Index (BMI), the average of both peoples classify them as obese, but Mexican-Americans, although they are taller than Mexicans nationals.

WHY ARE MEXICAN-AMERICANS MORE OBESE THAN MEXICANS?

The University of South Carolina's Arnold School of Public Health published an article in the Journal of Nutrition this month that states that second- or third-generation Mexican-Americans are more prone to obesity than first generation Mexican-Americans, especially young people.

"Our findings suggest that Mexican-American adolescents face challenges in terms of poorer diet and excessive weight gain associated with their immigration experience," said Dr. Jihong Liu, the lead author of the paper.

Foreign families quickly adapt to U.S. culture and its dietary habits, the study says, and second- and third-generation Mexicans were found to consume higher levels of saturated fat and sodium than first-generation immigrants from Mexico. They also consume greater quantities of sweet beverages while their consumption of grains, meats, beans, fruits and vegetables decreased. ([read article](#)).

CDC: Kids Consume Too Much Sugar, Mostly From Processed Foods



Kids are getting way too much added sugar in their diets, according to a new report from the CDC, and that could raise their risk for obesity and chronic diseases.

The report from the CDC's National Center for Health Statistics found the percent of calories kids take in through added sugar declined between 2007 and 2008. But the report also found 16 percent of total calories consumed came from added sugars. Boys were found to take in more of the sweet stuff: 16.3 percent of boys' calorie intakes, compared to 15.5 percent in girls. The 2010 Dietary Guidelines recommends limiting intake of

discretionary calories, including added sugars and solid fats, to a total of 5 percent to 15 percent daily.

"Boys 12 to 19 got 442 calories [a day] from [added] sugar," study author Dr. Cynthia L. Ogden, an epidemiologist at the NCHS, told WebMD. "A little over three regular sodas a day would give you that." ([read article](#)).

Do Farm Subsidies Cause Obesity?

Agricultural subsidies have attracted the ire of food writers and nutrition experts, who partly blame them for the scourge of high-calorie, highly processed junk foods - and, in turn, for the American obesity epidemic. This argument was one of the threads running through Michael Pollan's influential "The Omnivore's Dilemma," for example, and is prominently featured in such documentaries as "Food, Inc."



But the link between such subsidies and obesity is highly tenuous, according to a study that analyzed the effects of price supports on diet. In fact, if all subsidies were magically erased- including trade barriers - the typical American adult would actually respond by eating about 3,000 to 3,900 additional calories a year: A cutting back on grains and meats, today artificially cheap, would be more than offset by the eating of more sugar and dairy products, now artificially expensive (and especially calorie-dense). That's the opposite effect of the one predicted by many commentators, but still a very small one, given that the typical adult requires something on the order of 2,000 to 2,500 calories daily. ([more](#))

FACULTY, STAFF AND AFFILIATE NEWS

Dr. Kristen Hairston Wins the 2012 WHCOE Clinical Research Award

The Women's Health Center of Excellence for Research, Leadership, Education Research Awards Committee, selected Dr. Kristen Hairston as the winner of the 2012



WHCOE Research Award for Early Career Faculty in Clinical Research. This award recognizes exemplary record of achievement in the area of women's health research.

Dr. Hairston will receive the award on March 22, 4:00-5:00pm in the E-NRC Seminar room where a brief overview of her research is scheduled between 4:30-5:30pm.

Dr. Hairston is Coordinator of Student Services for the Maya Angelou Center for Health Equity.

TSI Science Fair Project Engages At-risk Students



A pilot program to help local at-risk elementary students participate in science fairs exceeded expectations, reports its coordinator, LaChelle Waller, PhD, assistant professor of Genomics and Personalized Medicine Research.

"We have had great feedback from the community," Waller said. "When I started recruiting, I didn't expect to get as many volunteers as we did. It's been a great success, having so many faculty and staff members from various departments, as well as graduate students, undergraduate students, and community members wanting to be mentors to these parents and students."

More than 30 volunteers, including some who speak Spanish, recently conducted workshops at Cook, Diggs-Latham, Forest Park and Ibrahim elementary schools in Winston-Salem. All have high percentages of students at risk for academic failure. ([read more about the program](#)).

Dr. Waller is an affiliate of the Maya Angelou Center for Health Equity.

Maya Angelou Center for Health Equity Faculty/Affiliates and Staff Are Featured Authors in the North Carolina Medical Journal

The September/October issue of the North Carolina Medical Journal features several faculty/affiliates and staff of Wake Forest School of Medicine and the Maya Angelou Center for Health Equity. ([View the entire issue](#)).

Featured are:

Dr. Ronny Bell
Co-Director



Dr. David Mount
Dir. Community
Outreach



Dr. Kristen Hairston
Coordinator of Student
Services



Dr. Ramon Velez
MACHE Affiliate



Dr. Julie Kirk
MACHE Affiliate



Dr. Shelton Charles
Postdoctoral Fellow



Other Wake Forest School of Medicine faculty mentioned are:

Dr. Jeff Katula
Assistant Professor



Dr. David Goff
Chair, Epidemiology
and Prevention



Erica Hale
Research Associate



Health Equity Scholar Has Article Published



Bryan Wilson, graduate student in Molecular Medicine and Translational Sciences at Wake Forest School of Medicine and health equity scholar, was published in the American Red Cross Journal of Immunohematology. His article titled "The Legacy of Charles R. Drew, MD, CM, MDSc", details the scientific and civil contributions of Dr. Charles R. Drew, a famous African American physician-scientist, whose work revolutionized the field of blood preservation and storage.

The article made the cover of the journal as a featured editorial. ([read article](#))

Dr. David Mount's Health Equity Team To Present Posters

In the past three months Dr. Mount's health equity team have been invited to give three presentations at two national conferences. Dr. Mount's mentees, Maria Isabel Rego and Kara Morrison, are very glad to share important findings about the health of patients with Type 2 Diabetes during the Women's Health 2012: 20th Annual Congress in Washington, DC. (see upcoming presentations below)



Prevalence Differences Among Predominantly Low Income Women with Controlled and Uncontrolled Type 2 Diabetes: Findings From The North Carolina Neurocognition Risk Reduction Diabetes Study. Maria Isabel Rego, Anna Queen, Kara Morrison, Alethea Amponsah, Michelle Wright, Madeleine Langr, David L. Mount. Abstract published at the 2012 Journal of Women's Health, Volume 21, Number 4 & accepted for presentation at the Women's Health 2012: The 20th Annual Congress, March 2012, Washington, DC in collaboration with NIH Office of Research on Women's Health, DHHS Office on Women's Health, National Cancer Institute.

Differences in A1C, Microalbumin/Creatinine Ratio and Hypertension Among Women with T2DM.

Maria Isabel Rego, Alethea Amponsah, Madeleine Lang, David L. Mount. Abstract accepted for presentation at the 2012 American Psychological Association 120th Annual Convention, August 2012, in Orlando, FL.

Assessing Adverse Mental Health Status Among African American

Gay/Bisexual men and MSM.

Alethea Amponsah, Maria Isabel Rego, Darin Johnson, David L. Mount. Abstract accepted for presentation at the 2012 American Psychological Association 120th Annual Convention, August 2012, in Orlando, FL.

HEALTH EQUITY NEWS/ANNOUNCEMENTS

The Maya Angelou Center for Health Equity Sponsors the Winston Salem Urban League Black History Month



The Winston-Salem Urban League recently announced the 2012 Black History Month Celebration and Health and Wellness Event that took place on Thursday, February 23rd. The daylong celebration included an array of activities featuring movie clips with narration of classic black movies and



a serenade of music originated by African-Americans. The audience was taken on a musical journey with performances of Ragtime, Blues, Jazz and Gospel Music. Prominent historians and community leaders lead conversations about Blacks in the Military, The Role of the African- American Church in Black Life, and The impact of The Masons, Eastern Star, Fraternities and Sororities in African- American culture. A highlight of the day were special presentations recalling the experiences of the first black firemen entitled: Baptism by Fire Engine 4; The Safe Bus Company, the largest black owned bus company in the country, and Mr. George Black, The Brick Maker. In view of the enormous health disparities among African-Americans and other minorities, health screenings were conducted throughout the day by partnering medical professionals or Wake Forest Baptist Medical Center. The goal of this component was to help educate and inform members of the community about illnesses that are preventable and treatable if properly diagnosed.

The events were culminated with Dinner Theater featuring the play: Jessie & Lucy, written and produced by Garrett Davis, a local playwright. This production took you back down memory lane to the late 60's when times were beginning to get better for African- Americans. This production is one of the funniest stage plays ever by award winning playwright Garrett Davis as Jessie and features a stellar performance by Tony Award Nominee

Samantha McSwain.

In addition to the play, the audience enjoyed a 3 course meal prepared and served by an executive chef. The program was designed to educate, inform and increase awareness of the outstanding contributions of local African-American heroes. "Winston-Salem has a rich history of Black life that dates back to the early 1800's and on the occasion of Black History Month it is important that we pay tribute to those who made great sacrifices and paved the way". "In addition to celebrating our history, the Urban League is committed to improving the quality of health in our community. Therefore, we will offer health screenings and information in partnership with the event sponsor, Wake Forest Baptist Medical Center, to better inform the audience about health risks" said Keith Grandberry, Urban League President and CEO. (read article presented by Dr. Ronny Bell and Dr. William Blackstock, [Blacks More Likely to Die of Cancer and Diabetes](#)).

Pay-For-Performance Programs to Reduce Racial/Ethnic Disparities

Pay-for-performance (P4P) programs can increase quality of care and decrease costs of care but may, however, have unintended effects on racial/ethnic disparities. This article assesses the potential impact of P4P on national hospital disparities using a two-metric ranking method: a quality rank and a disparity rank.

Using process measures of quality for acute myocardial infarction (AMI), heart failure (HF), and pneumonia (PNE), the study looked at data from the Hospital Quality Alliance (HQA) for individual patients 18 years and older admitted to HQA hospitals. Only hospitals with at least 30 minority and 30 White cases in two years combined were included.

Key Findings:

- National composite quality scores were 82.4 percent (AMI); 60.6 percent (HF); and 48.5 percent (PNE).
- The disparity scores ranged from five to seven percentage points for the combined minorities group, depending on the condition.
- Top-performing U.S. hospitals had low disparity scores, with many providing equal or better quality care to minority patients.

Read study

Affordable Care Act Extended Free Preventive Services to 54 Million

Americans With Private Health Insurance in 2011

Health and Human Services Secretary Kathleen Sebelius announced today that the Affordable Care Act provided approximately 54 million Americans with at least one new free preventive service in 2011 through their private health insurance plans. Secretary Sebelius also announced that an estimated 32.5 million people with Medicare received at least one free preventive benefit in 2011, including the new Annual Wellness Visit, since the health reform law was enacted.

Together, this means an estimated 86 million Americans were helped by health reform's prevention coverage improvements. The new data were released in two new reports from HHS.

"Americans of all ages can now get the preventive services they need, like mammograms and the new Annual Wellness Visit, free of charge, as a result of the new health care law," Secretary Sebelius said. "With more people taking advantage of these benefits, more lives can be saved, and costly, and often burdensome, diseases can be prevented or caught earlier."

The Affordable Care Act requires many insurance plans to provide coverage without cost sharing to enrollees for a variety of preventive health services, such as colonoscopy screening for colon cancer, Pap smears and mammograms for women, well-child visits, and flu shots for all children and adults. The law also makes proven preventive services free for most people on Medicare.

The report on private health insurance coverage also examined the expansion of free preventive services in minority populations. The results showed that an estimated 6.1 million Latinos, 5.5 million Blacks, 2.7 million Asian Americans and 300,000 Native Americans with private insurance received expanded preventive benefits coverage in 2011 as a result of the new health care law.

The report discussing Medicare preventive services found that more than 25.7 million Americans in traditional Medicare received free preventive services in 2011. The report also looked at Medicare Advantage plans and found that 9.3 million Americans - 97 percent of those in individual Medicare Advantage plans - were enrolled in a plan that offered free preventive services. Assuming that people in Medicare Advantage plans utilized preventive services at the same rate as those with traditional Medicare, an estimated 32.5 million people benefited from Medicare's coverage of prevention with no cost sharing. ([read full report](#)).

COMMUNITY IMPACT CHAMPION - Tracey Maxwell

In January 2006, Tracey Maxwell and a handful of enthusiastic volunteers launched an interfaith community ministry called Vigils for Healing. The original mission of this ministry was to hold public spiritual observances to mark loss of life in Forsyth County due to violence. The vigils are held outdoors at or near the murder site, usually several months or longer after the death. Loved ones of the victim, citizens living and working near the site, and the entire community are invited to attend. Music, candle lighting, prayer, and reflection by family members are hallmarks of the vigils.



Soon after our first few vigils, it became apparent that families who have experienced the murder of a loved one often need additional support, and VFH has grown to include an outreach mailing effort to give families printed information about local community support services, a prayer shawl ministry, a local support group, and a financial helping-hand (thanks to the Winston-Salem Foundation) for murder-related expenses.

We feel violent death deserves reflection and response, not complacency, especially when so many violent deaths involve young people and disproportionately claim people of color and lower socioeconomic means. We feel that to ignore violence is to implicitly accept it. So we gather and call on the power of God and a caring community to promote healing for everyone affected by violence; reclaim the death site and the surrounding neighborhood as a life-affirming space; allow those affected by violence the opportunity to have their grief acknowledged and their voices heard; and publicly proclaim that violence is not acceptable and requires all who wish to promote justice and mercy to take action. ([read more about Ms. Maxwell](#)).

GRANT/CAREER OPPORTUNITIES

Patient-Centered Outcomes Research -- Dissemination by Health Professionals Associations (PCOR-DHPA) (R18)

This FOA solicits applications from health professionals associations to develop dissemination programs that integrate patient-centered outcomes research into clinical practice using innovative methods. These methods could include mechanisms such as education, credentialing, scientific

programs, or social media platforms. Applicants may wish to consider both educational theory (what learning methods work most effectively) and the relevance of "new media." Applications are due April 25, 2012. (see grant opportunity [here](#)).

Harold Amos Medical Faculty Development Program Call for Applications

The Harold Amos Medical Faculty Development Program was established to increase the number of faculty from historically disadvantaged backgrounds who can achieve senior rank in academic medicine and dentistry and who will encourage and foster the development of succeeding classes of such physicians and dentists. Four-year postdoctoral research awards are offered to universities, schools of medicine and dentistry and research institutions to support the research and career development of physicians and dentists from historically disadvantaged backgrounds who are committed to developing careers in academic medicine and dentistry and to serving as role models for students and faculty of similar background. The program defines the term "historically disadvantaged" to mean the challenges facing individuals because of their race, ethnicity, socioeconomic status or similar factors. ([read grant information](#)).

New scholarship opportunity targeted specifically at Wake Med Students

The Cultural Awareness Committee (CCA), with support from the Maya Angelou Center for Health Equity, will be presenting two (2) \$300 awards to students who are planning on or have recently participated in a cultural awareness activity. Details for the Cultural Awareness Activity Award can be found [here](#) and on the SGA website under CAC.

Applications are due to Ms. Shirley Dockery in Medical Education by Monday, March 5th.

NIMHD Basic and Applied Biomedical Research on Minority Health and Health Disparities

(R01) Grant

[View Full Announcement](#)

LOI: May 11; Application due: June 11

Racial and ethnic minorities (African Americans, Hispanics, Asian Americans, American Indian/Alaska Natives, Native Hawaiians and other Pacific

Islanders) and other health disparity populations (rural and low income populations) experience a disproportionate burden of illness and disability in the United States. Striking differences in health outcomes related to obesity, infant mortality, cancer, coronary heart disease, hypertension, asthma, diabetes and HIV infection in these populations are well established. For example, infant morbidity and mortality risks are 2 to 3 fold higher among infants born to African American women compared to those born to non-Hispanic white women. Prevalence of asthma has risen in the US with highest rates observed among Puerto Rican Hispanics (18.4%) and non-Hispanic Blacks (14.6%) and remains a serious problem despite pharmacological interventions. Furthermore, there is a considerable gap (~6 year difference) in life expectancy by race, with Caucasians having longer life expectancy than African Americans.

NIMHD Social, Behavioral, Health Services, and Policy Research on Minority Health and Health Disparities

(R01) Grant

[View Full Announcement](#)

LOI: May 4; Application due: June 4

The purpose of this Funding Opportunity Announcement (FOA) is to solicit innovative social, behavioral, health services, and policy research that can directly and demonstrably contribute to the elimination of health disparities. Projects may involve primary data collection or secondary analysis of existing datasets. Projects that examine understudied health conditions; examine the effectiveness of interventions, services, or policies for multiple health disparity populations; and/or directly measure the impact of project activities on levels of health disparities are particularly encouraged.

HHS/National Institutes of Health: Health Promotion Among Racial and Ethnic Minority Males

(R21)

[View Full Announcement](#) This Funding Opportunity Announcement (FOA) encourages Exploratory/Developmental (R21) grant applications from applicants that propose to stimulate and expand research in the health of minority men. Specifically, this initiative is intended to: 1) enhance our understanding of the numerous factors (e.g., sociodemographic, community, societal, personal) influencing the health promoting behaviors of racial and ethnic minority males and their subpopulations across the life cycle, and 2) encourage applications focusing on the development and testing of culturally and linguistically appropriate health-promoting interventions designed to reduce health disparities among racially and ethnically diverse males and

their subpopulations age 21 and older.

HHS/National Institutes of Health: Interventions for Health Promotion and Disease Prevention in Native American Populations

(R01)

[View Full Announcement](#)

The purpose of this funding opportunity announcement (FOA) is to develop, adapt, and test the effectiveness of health promotion and disease prevention interventions in Native American (NA) populations. NA populations are exposed to considerable risk factors that significantly increase their likelihood of chronic disease, substance abuse, mental illness, and HIV-infection. The intervention program should be culturally appropriate and promote the adoption of healthy lifestyles, improve behaviors and social conditions and/or improve environmental conditions related to chronic disease, the consumption of tobacco, alcohol and other drugs, mental illness or HIV-infection. The intervention program should be designed so that it could be sustained within the entire community within existing resources, and, if successful, disseminated in other Native American communities. The long-term goal of this FOA is to reduce mortality and morbidity in NA communities. For the purposes of this FOA Native Americans include the following populations: Alaska Native, American Indian, and Native Hawaiian. The term 'Native Hawaiian' means any individual any of whose ancestors were natives, prior to 1778, of the area which now comprises the State of Hawaii.

Upcoming Events

Save the Date! Share the opportunity!

Title: Women in Medicine at Wake Forest: An Oral History through Living Stories

Date: March 8, 2012 (International Women's Day)

Time: 4-6pm

Location: Babcock Auditorium on E-level at the Medical Center on Hawthorne Road (the parking deck across the street will be open, free to visitors starting at 3:30pm)

The Maya Angelou Center for Health Equity is a sponsor for this event

HOW DO I HELP HIM?

Working with Boys and Men in Counseling and Educational Settings

Featuring Nationally-Known Gender Psychologist and Author Michael Gurian

Bridger Field House - Sneed Club Room

499 Deacon Boulevard, Winston-Salem
March 21, 2012
11:00 am - 3:00 pm

[See flyer](#)



First Annual Maya Angelou Health Equity Bowl

March 29, 2012
5:30-7:30pm
Benton Convention Center
([see flyer](#))

2012 National Hispanic Medical Association--Save the Date!

April 26-29, 2012
Washington, DC

For abstract and research poster submissions, registration and sponsorship opportunities, visit www.nhmamd.org

We hope you enjoy this month's Health Equity Updates. Please e-mail with any comments or suggestions.

Sincerely,



Dr. Ronny Bell
Co-Director



Dr. Bettina Beech
Co-Director

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