“African values are strong in terms of discipline and respect for people. Although my family was educated in the United States, my parents tried to give my younger sisters and me those traditional values.”

Satia returned to the United States to attend the University of Washington—Seattle, where she earned a bachelor of science degree in microbiology, a master of science degree in laboratory medicine, a master of public health degree in epidemiology and a doctorate in nutritional epidemiology.

Following are some of her thoughts on diversity at Carolina’s School of Public Health.

Q: Why is diversity important to the School?
A: First of all, people bring their unique cultural and social perspectives to any relationship or exchange of information. In public health, which is intrinsically related to people’s backgrounds and identities, it’s enriching to have a diverse group of faculty and students. Their variety allows us to get a fuller understanding of the issues that we face as public health practitioners.

Second, people relate better to others who are like themselves. So, if you are conducting a study about the African-American community, participants tend to respond more fully when African-American researchers and staff are involved. As we know, America is a melting pot—a place of great cultural diversity. We are a country of people from all over the world, and the population of the School of Public Health should reflect that.

Q: How are you developing strategies to increase diversity among students, faculty and staff?
A: My first charge is to promote the opportunities Carolina has to offer minorities, including excellent educational opportunities and social support.

To enhance these experiences, it is important that we conduct research that attracts people from diverse backgrounds. Minority researchers and students are eager to be a part of investigations that concern them, and their involvement will increase the diversity of our faculty and student body.

I want to ensure that we have a presence at every possible forum to showcase our School—to encourage minority students to attend and minority faculty candidates to apply when we have faculty openings. We also are undertaking some practical, administrative tasks—updating the Diversity pages on the School’s Web site, developing a detailed plan for recruitment and retention, working on training grants focused on health disparities, designing a guidebook with information about the area that would be of interest to minorities. We are creating a catalogue of churches and restaurants, schools and social settings—information that reflects the diversity in our community and shows that people who want a multicultural experience will enjoy living here.

Q: Tell us about your own research with minority populations.
A: Most of my research focuses on health disparities among African-Americans and whites, investigating the way modifying behaviors like diet, physical activity and supplement use contribute to risk for colorectal and prostate cancers.

I’m also studying cancer survivorship. People are living longer with cancer because of improved screening and treatment. But once diagnosed, a patient has a higher risk of a recurrence or a second primary cancer. I’m interested in understanding how to prevent second cancers and survive the diagnosis and treatment in a healthy way.

Q: Why do you think it is important for more students of color to become involved in biomedical and bio-behavioral research?
A: Students are our greatest ambassadors. They are enthusiastic about their work, because everything’s new and exciting to them. More importantly, they are the next generation, the ones who are going to take over. A lot of us may think we’re going to work forever, but we won’t, and we need to train the next cohort of researchers.

The most important reason we want to involve minority students, however, is to have our School mirror society. Communities throughout the world and all over America are diverse, and so it is important that our students, faculty and staff reflect that diversity.

Getting involved and knowing the communities they study helps students learn to diagnose problems. Plan solutions.
School of Public Health in 1968 as chair of what was then called the Department of Health Education. “Guy established AOCD as the center piece of the department’s master’s program with Dr. Leonard Dawson (former clinical professor of health behavior and health education who died in September 2006) at the program’s head for 15 years—training graduate students like me on the impor tance of social networks as community assets on which to build our work in community health education,” Eng says. “And the good fortune has been mine to lead our master’s program for the last 19 years.” The AOCD course started by Steuart has resulted in many community dia logues. Eng estimates that during the last 35 years, more than 1,000 UNC public health students have worked with over 260 North Carolina communities.

Starting each October, as many as five teams of five or six graduate students work to gain entry into communities which are defined by geographic region, racial or ethnic background, or have a particular attribute. In the 2005-2006 academic year, for example, students worked with the homeless in Orange County, N.C., with disabled individuals in Franklin County, N.C., and with the burgeoning Latino community in Johnston County, N.C. Throughout the fall, students devote significant time volunteering with various community organizations, eating in local diners and cafes, participating in community events, and meeting with local leaders, all while carrying a full load of courses and carrying out duties as research or teaching assistants.

Creating Community Conversations
Student-led community forum helps Johnston County Latinos find their place

Johnston County, N.C., is known best as a primarily rural county southeast of Raleigh. Once, cotton ruled the landscape, and later, tobacco. Now, both agriculture and industry are the economic mainstays. Johnston’s population nearly doubled during the last three decades of the 20th century. Until recently, the Latinx community was not counted in the U.S. census, which makes up nearly eight percent of the population, giving Johnston one of the larger Latino populations in the state.

“Latino immigrants are widely rec ognized as very hard workers, so many employers are eager to hire them,” McKnight says. “The community also places a high value on helping each other out, so there’s already a strong informal support network in place to build from.”

A community forum held at the end of the AOCD process also produced several significant outcomes. Community members and leaders—with help from the student team—developed an action plan focused on expanding educational opportunities, reducing employment abuse and poor housing conditions, and developing greater leadership and formal collaboration within the community.

Statistics indicate that compared to whites, Latinos in the United States have higher injury rates on the job, lower birth weights for newborns and increased rates of chronic illnesses such as diabetes and asthma.

Specific action steps recommended by forum participants included creating training opportunities to help community members strengthen basic leader ship and community organization skills; increasing awareness of courses offered in Spanish at the local community college; and coordinating a Latino health fair.

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Three months into the AOCD process, students are ready to take a more formal approach to their assignment. “At that point, they conduct multiple in-depth interviews with community leaders, service providers and community members themselves,” Shirah says. “When they combine the perspectives of all these stakeholders with their own observations and research, our students are able to identify themes that can be acted on.”

Towards the end of each spring semester, each team organizes a community forum that brings all the stakeholders together to discuss findings from the report and to flesh out a plan for the future. In spring 2006, Eng, Shirah and the students in AOCD were recognized with the University’s Engaged Scholarship Award, established by the UNC Office of the Provost in 2000 to recognize extraordinary public service at the University, particularly service efforts that respond to community concerns and that integrate these endeavors into the teaching and research missions of the University.

Examples of students’ Action-Oriented Community Diagnoses can be found online at www.hsd.unc.edu/phpapers/phpapers_ 2006.cms.

Members of an Action-Oriented Community Diagnosis team focused on exploring the barriers that Latinos in Johnston County, N.C., face with a banner developed for the project. Translated, the banner reads: “United to better our communi ties/The Latina community in Johnston County.” From left to right are Sarah Waver, Molly McKnight, and Stacey Bailey, School of Public Health students; Gail Garcia and Gladys House of the Johnston-Lee-Harnett Community Action which helped with the project; and Helen Cole and Laura Sermat, UNC School of Public Health Students.
School of Public Health in 1968 as chair of what was then called the Department of Health Education.

“Guy established AOCD as the center-piece of the department’s master’s program with Dr. Leonard Dawson (former clinical instructor for the course, notes that “students spend a huge amount of time simply getting to know the community. The bond that’s created through this process is intense. Some students will go on to do their summer practice in the communities where they’ve finished their AOCDs because they feel such a deep connection with the people there and because they want to put their hard-earned knowledge of these communities to even greater use.”

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As the population has increased (400 percent in North Carolina over the last decade, the nation’s fastest growth rate), it has also diversified. “About ten years ago, Latinos in North Carolina were mostly composed of migrant workers,” McKnight says. “Now we’re starting to have a more ‘settled-in’ population. Rather than the pattern of single males leaving their home countries to do seasonal work in the U.S., we’re seeing Latino families calling North Carolina their permanent home.”

McKnight was one of five UNC School of Public Health’s Department of Health Behavior and Health Education.

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Members of an Action-Oriented Community Diagnostic team focused on exploring the barriers that Latinos in Johnston County, N.C., face, pose addressing the needs of low-income people in their home counties—provided guidance for the students throughout the process. They found that the barriers Latinos face mirror those outlined in state and national findings. “Even though the job base has expanded out from the agricultural industry, they still work very long hours at low-paying jobs, which means they have little time to go to English classes or take on leadership roles in their communities,” McKnight says.

The Latino population brings its own set of health issues, says Molly McKnight, now a second-year master’s student in the UNC School of Public Health’s Department of Health Behavior and Health Education.

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The students also found that rents were high compared to income, and few had health insurance, leaving them vulner-

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I n 2005, public service providers in Orange County, N.C., started working on a “Ten-Year Plan to End Homelessness.” To assist them, leaders there asked Dr. Geni Eng, co-director of the Action-Oriented Community Diagnosis (AOCD) class at the UNC School of Public Health, for help from master’s students in this course. Eng is also a professor of health behavior and health education at the School.

“We had partnered with other nearby communities in the past to conduct an AOCD of persons who are homeless,” says course co-director Kate Shirah, “so I think we are a familiar and trusted resource to service providers and clients in Chapel Hill.

Five first-year master’s students worked on this project throughout the 2005-2006 academic year as part of their AOCD class. Stan Holt of Triangle United Way provided guidance for the students throughout the process. As documented in their report, homelessness represents a pressing public health problem for millions of people. Many within this population suffer from mental illness, alcoholism and malnutrition along with such chronic diseases as diabetes, heart disease and asthma.

In Orange County, students found that many of the homeless are scattered throughout the county, camping in the woods or in the backyards of family and friends. “This was a challenging assignment because we were only able to reach those who had some affiliation with the system—that is, people who were staying at the shelters. But this approach left out a considerable portion of those dealing with homelessness and probably some essential information in understanding the concerns of the community,” says Rebecca Davis, one of the students who worked on this project.

Over time, the students were able to gain the trust of members of the homeless community and explore some of the major hurdles preventing them from obtaining stable housing. Topping the list was a need for affordable housing, combined with livable wages. As one community member cited in the AOCD report put it, “The wage around here is low, and then the rent’s high. If you get a job, it’s either pay your rent or buy food.” People also had a pressing need for resources such as telephones with voicemail so that potential employers could contact them, a public transportation system that would serve employees doing shift work, and job training.

Despite the formidable challenges to ending homelessness in Orange County, the students also reported major ongoing efforts to address this problem. “Getting to know some amazing people dealing with homelessness was probably the most rewarding aspect of working on this project,” says Rebecca Davis. “In fact, the number of services offered for the homeless in this area, and the time and effort the county has put into addressing this issue, are already impressive. Many service providers show true concern and want to reach out.”

The steering committee for the “Ending Homelessness” project has continued to rely on the AOCD report as it develops workgroups to address issues the students brought to light.

“I came away from this project with a deepened respect for the ways in which communities, when given the chance, will utilize their resources to lessen or eliminate disparities in a way that makes sense to them,” Davis says.

Students earn trust of homeless to discover and document what works, what’s needed

Dr. Miriam Labbok, professor of the practice of public health and director of the Center for Infant and Young Child Feeding and Care, fills the room with vibrancy and passion for the work she has come here to do.

“Research shows that nature had it right—mothers and babies are healthier when breastfeeding happens,” she says. “It is the single most effective intervention for improving the lives of infants and toddlers in developed countries and saving children’s lives around the world.”

It was “serendipity, or maybe a blessed confluence” that brought Labbok to the School’s Department of Maternal and Child Health, she says. With a Doctor of Medicine and a Master of Public Health from Tulane University, Labbok had worked with the U.S. Agency for International Development and had been on the faculty at Johns Hopkins and Georgetown universities. She was working in mother and child health at UNICEF just as the Center was being formed.

Funded through a generous gift from a North Carolina family (who wanted to remain anonymous), the new Center is focused on three primary goals:

- Compiling the evidence for good infant and child feeding and care through translational and epidemiological research;
- Using that evidence in social and political arenas to support policies and programs that benefit mothers and children; and
- Training future maternal and child health leaders.

Already, the Center is addressing these goals. It was a collaborator in developing the North Carolina Department of Health and Human Services report, “Promoting, Protecting and Supporting Breastfeeding: A North Carolina Blueprint for Action,” online at www.nutritionnc.com/breastfeeding/breastfeeding-ncActionPlan.htm. The Center also presented its first annual scholarship award in April 2006 to master’s student Sheryl Wallin Abrahams, who spent the summer in Washington, D.C., creating a sustainability assessment plan for an infant feeding program in Bolivia.

Labbok would like to see a true breastfeeding “norm” developed in North Carolina and around the world—something that will happen naturally, she believes, “when, as a society, we ensure that families are enabled to make educated, unbiased choices about the feeding and care of their young children and when we can institute the healthcare, workplace and social support necessary for giving our children the best possible start on life.”

Dr. Miriam Labbok