EQUAL OPPORTUNITY STATEMENT

The Johns Hopkins University does not discriminate on the basis of gender, marital status, pregnancy, race, color, ethnicity, national origin, age, disability, religion, sexual orientation, veteran status or other legally protected characteristic in any student program or activity administered by the University or with regard to admission or employment. Defense Department discrimination in ROTC programs on the basis of sexual orientation conflicts with this University policy. The University continues its ROTC program, but encourages a change in the Defense Department policy.

Questions regarding Title VI, Title IX and Section 504 should be referred to the Office of Equal Opportunity and Affirmative Action Programs, 130 Garland Hall, Telephone: 410-516-8875, TTY: 410-516-8225
From the Chair

Many of the most devastating challenges to our health can be linked to our behavior. What we eat, how much we exercise, whether we practice safe sex—these and myriad other behaviors not only influence our individual health but impact our collective health as well.

Persuading people to change their behaviors is not a simple task. Many factors—some obvious, some nuanced—play a role in human decision making. For example, whether or not someone puffs a cigarette today might be influenced by family history, peer pressure, the media, his or her attitude toward smoking, the availability of cigarettes in the community, anti-smoking laws, cigarette tax levels and the physical properties of the cigarettes themselves.

The Department of Health, Behavior and Society is committed to developing a broad, new understanding of human behavior and the most effective ways to help people achieve better health. In a swiftly changing world, we are committed to addressing both familiar and new threats. Measuring the impact on health of a new oil pipeline in Chad, guiding adolescents in Baltimore threatened by the HIV epidemic, helping physicians better communicate with their patients, assisting hurricane-struck communities in Central and North America… We have a critically important, globe-spanning mission.

Nothing is more complex or more urgent than changing health behaviors. Before we can resolve the problems of HIV, obesity, cancer, substance abuse and others, we must first work to change the behaviors linked to them. In the Department of Health, Behavior and Society, our goal is developing new theories and interventions that will be used with increasing frequency and growing impact around the globe.

David Holtgrave, PhD
Chair
Department of Health, Behavior and Society
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The Department of Health, Behavior and Society (HBS) develops, tests and disseminates interventions that tackle the behavioral issues that lead to enormous burdens of poor health.

We focus on the behavioral aspects of the top international and domestic causes of death and disability and feel a special responsibility to address public health challenges that disproportionately impact urban communities. The specific public health areas we address include smoking, obesity, diabetes, unintentional injury, violence, cancer, HIV/AIDS, sexually transmitted diseases (STDs), substance use, respiratory diseases and emerging infectious diseases, as well as the improvement of quality of life.

HBS is unique in that it truly works at multiple levels of intervention—from the individual to the community. We have particular strengths in health communication and health education, the development of community-level interventions, and the behavioral aspects of genetics and genetic counseling.
One of the largest departments in the Bloomberg School, HBS is also one of the strongest behavioral sciences departments in any U.S. public health school.

Founded in July 2005, HBS is one of the largest departments in the Bloomberg School and is one of the strongest behavioral sciences departments in any U.S. public health school.

- David Holtgrave, the Department’s founding chair, began his tenure on August 1, 2005.
- Twenty faculty transferred into HBS from the Department of Health Policy and Management in summer 2005. By summer 2006, they were joined by 16 other faculty, 17 faculty associates, 8 adjunct faculty, and 13 jointly appointed faculty from other departments at Johns Hopkins. In academic year 2006–2007, it is expected that the first faculty recruited from outside of Johns Hopkins will arrive.
- The Center for Communication Programs (CCP) transferred to HBS in the summer of 2006. This strategic merger ensures that HBS has a world-class health communications program, with 450 staff and 34 field stations around the world.
- An $8.75 million grant from the Bill & Melinda Gates Foundation helped CCP launch a global malaria advocacy initiative titled “VOICES for Malaria.” This program aims to create new, powerful voices to combat malaria by reaching those in a position to set policy and influence funding levels and health priorities.
- In fall 2005, 56 students joined HBS; 30 of these were doctoral students, and the remainder were master’s students. An additional five doctoral students from other departments, including one Sommer Scholar, have transferred into HBS. The number of PhD applicants has more than doubled in the first year of HBS. In fall 2006, 71 students and fellows were training in the Department.
- HBS is collaborating with other School departments, forming a partnership on tobacco research with the Department of Epidemiology, for example. HBS is also working closely with the schools of Medicine and Nursing on community health and clinical challenges such as cancer, hypertension and diabetes.
• HBS is already seen as an important source of technical information by key public health organizations, including CDC, NIH, the Baltimore City Health Department, the Maryland AIDS Administration, the Legacy Foundation, the Kaiser Family Foundation, the Baltimore City Commission on HIV/AIDS Prevention, the National AIDS Housing Coalition, multiple community-based public health organizations and private-sector firms.

• HBS has hosted numerous seminars and is focusing seminars in 2007 on obesity and infectious diseases.

• HBS will launch its own Summer Institute in 2007 focusing on behavioral and social sciences and health communication.

• HBS researchers published more than 115 scientific papers in the Department's first year.

• Individual faculty awards include the following: Dr. Chris Gibbons was elected president of the International Society for Urban Health, Dr. Andrea Gielen was named an American Academy of Health Behavior (AAHB) Fellow, and Dr. Debra Roter was named one of the 250 Most Highly Cited Scientists.

HBS researchers published more than 115 scientific papers in the Department’s first year.
Through community-based research, partnership with public health organizations and collaborations within the Hopkins community, the Department of Health, Behavior and Society engages colleagues in Baltimore and around the world.

This not only expands our sphere of service and influence but also maximizes our opportunities to collaborate with and learn from others.

Continued on page 8
Worldwide Impact

24. Morocco 33. Philippines 42. Ukraine 52. Chicago
25. Namibia 34. Romania 43. Vietnam 53. Columbus, OH

U.S. CITIES
46. Zimbabwe 56. Knoxville, TN
47. Albuquerque, NM 57. Lansing, MI
48. Amherst, MA 58. Los Angeles
49. Atlanta 59. Marion, OH
50. Baltimore 60. Middlefield, OH
51. Boston 61. Omaha, NE
52. Chicago 62. Pittsburgh
53. Columbus, OH 63. Salt Lake City
54. Houston 64. San Diego
55. Indianapolis 65. Washington
66. Winston-Salem, NC
Collaborations, Departmental Reach and Professional Service

“Cross-fertilization” allows our research and teaching programs to reflect a wide variety of disciplines and to view public health challenges through many lenses.

Faculty with primary appointments in HBS also hold joint appointments in most other departments at the Bloomberg School and in other schools at Johns Hopkins (including Medicine and Nursing). Faculty with joint or adjunct appointments in HBS come from other universities, federal agencies, health departments and nonprofit organizations, and disciplines (including psychology, anthropology, sociology, law, communications, health education and epidemiology).

This “cross-fertilization” allows our research and teaching programs to reflect a wide variety of disciplines and to view public health challenges through many lenses—both of which are key to gaining new insights into vexing public health problems.

HBS faculty, students and staff demonstrate their intense commitment to public health service by:

• Translating our knowledge into public health action by serving on advisory bodies associated with the Institute of Medicine, the United Nations, multiple federal, state and local public health agencies, and local community-based organizations
• Serving as editors and editorial board members for journals (including Patient Education and Counseling; AIDS & Behavior; and Health Education Research)
• Helping to found a new journal, Progress in Community Health Partnerships: Research, Education, and Action, entirely focused on community-based participatory research
• Teaching courses focused on translating science into public health programs
• Seeking out adjunct faculty interested and experienced in public health advocacy
Tapping Oil Revenues for Health?

Lori Leonard wants to know if a 650-mile oil pipeline in Chad will bring hope or harm to the impoverished Central African country.

An associate professor, Leonard is leading a long-term study to analyze the health-related impacts that unfold as Chad attempts to spark economic development through oil production. The $4.1 billion oil facility—partly financed by the World Bank—began production in mid-2004, and generated $399 million in revenues through 2005.

“We’re looking at how modernization or development projects lead to very different ways of life,” says Leonard, who plans to conduct the study over the anticipated 25-year life of the oilfields “What happens when farmers stop farming and begin to work on the pipeline project or in some other capacity? What happens to people’s diets as they move from farming into the wage sector. We’re defining health very broadly and looking really at social change and people’s adaptation.”

Leonard, who once served in Chad as a Peace Corps volunteer, considers the country her second home and spends four months there each year. She works in collaboration with a Chadian NGO to follow 120 households in three sites—a farming village atop one of the oil fields, a nearby small town and a neighborhood in the capital city.

“We’ve already seen farmers struggle to raise crops on dwindling available land and townspeople experience a boom-and-bust economy with a sudden influx of oil workers who are now out of jobs,” says Leonard, who is also working on an ethnographic study of HIV-positive adolescent girls in four U.S. cities.

Despite promises of widespread improvements financed by oil riches, many Chadians have reservations about the future. “People have a tremendous amount of fear and skepticism about what’s going to happen to them,” Leonard says.
The Center for Communication Programs (CCP) uses communication to save lives, improve health and enhance well-being.

CCP programs improve health outcomes by educating program managers and influencing individual- and community-level health practices, social norms and the health policy agenda. Its work falls into two broad categories: behavior change communication and knowledge management. Its programs and projects cut across major public health issues worldwide, including reproductive health, HIV/AIDS, safe motherhood and maternal health; child survival and child health; infectious diseases, including malaria and TB; safe water, hygiene, sanitation and environmental health; lifestyle diseases; and democracy and governance as they impact health.

While most of its activities are in developing countries in Africa, Asia and Latin America, CCP also has a small but growing number of projects in the Baltimore area.

Major CCP Projects

The Health Communication Partnership is CCP's largest project, a five-year global cooperative agreement funded by USAID. Its objective is to strengthen public health in the developing world through strategic communication programs, working with governments, NGOs, faith-based groups, the private sector, community-based groups and communities.

Also USAID-funded, the INFO Project shares knowledge, best practices and lessons learned in family planning and reproductive health with health professionals and program managers worldwide.

Selected Examples of CCP’s Work

Harnessing the Power and Creativity of Adolescents

In Bangladesh, the Adolescent Reproductive Health (ARH) Program addresses the gap between knowledge and practice through its multi-pronged communication strategy, which focuses on priority adolescent issues revealed by adolescents themselves. The comprehensive program is based on extensive research, revealing the need to create an enabling environment that supports adolescents’ knowledge and service-seeking behaviors.
To save lives in more than 30 developing countries, CCP relies on two powerful tools: words and images.

Working with international and local nongovernmental organizations, faith-based groups and the private sector, Jane Bertrand, professor and CCP director, and her colleagues use mass communications, interpersonal communication and community activities to tackle a range of issues, from family planning to HIV/AIDS, safe water, safe motherhood and malaria.

“We identify behaviors that are most likely to bring about an improvement in health, and then work in partnership with local organizations to develop communication campaigns that try to change behavior,” notes Bertrand. “We encourage people to use contraception, use bed nets, exclusively breastfeed their children through six months and get immunized—whatever the issue is.”

To get the word out, the communication partners use multiple channels with reinforcing messages. Mass media links to community activities are, in turn, tied to health service providers. “This work is so interesting because it’s always tailored to the circumstances of a particular country,” Bertrand says. “It’s never cookie-cutter.”

The communicators are careful to “brand” messages with culturally positive associations. In Ghana, for example, a large yellow hand delivers the theme of a health campaign: “Stop AIDS; Love Life.”

“An important aspect of health communication is entertainment education,” Bertrand says. “In South Africa, we’re involved in the development of a prime-time, award-winning soap opera that has people glued to their televisions. Viewers get caught up in the story of a beautiful young woman who discovers she is HIV positive. The program helps to reduce the stigma of HIV by putting a human face on the problem.”

Bertrand’s rewards come from teaching and mentoring students while also directing a global health communication operation. “This,” she says, “is the best of both worlds.”
ARH produced a package of materials called the Know Yourself Life Skills Package, which aims at four critical components of behavior change: provision of information, motivation for behavior change, building life skills and creating an enabling environment to support and sustain behavior change over time. The package won the Best Combined Media Effort award from the Global Media Awards for Excellence in Population Reporting sponsored by the Population Institute.

**Teaching Young Adults in South Africa About HIV**
A powerful television serial drama about young adults living in a rural South African town impacted by HIV/AIDS led to improved attitudes among its viewers regarding HIV/AIDS, its stigma, the benefits of faithfulness and the potential of living openly and positively with HIV. *Tsha Tsha*, a gritty Nguni-language drama (with English subtitles), is set in the Eastern Cape and focuses on the lives of several young people who are exploring love, sex and relationships in a world affected by the realities of the AIDS pandemic. According to national audience rating data provided by the South African Broadcasting Corporation Limited, Education Division, *Tsha Tsha* reaches an average of 1.8 million viewers each week at an estimated cost of 55 cents per viewer.

**Producing State-of-the-Art Communication for Infectious Diseases**
The Health Communication Partnership produced two studies on the role of health communication in the fight against tuberculosis in Peru and Vietnam. The reports analyze the outcomes of both countries’ TB campaigns and the effect that strategic health communication—including public information, mass media, advocacy and training—had on health results. CCP has also worked to develop a cadre of communication experts to advise on TB strategies in high-incidence countries.

**Improving Vision Care in Latino Baltimore**
CCP is a partner in the ProVisión Amigos Partnership, a venture led by the Wilmer Eye Institute at Hopkins to encourage Baltimore business owners to provide educational activities for Hispanics at risk of losing their sight because of diabetes. Each of the members of the partnership will donate space and time to educate clients on the importance of annual eye exams for persons with diabetes.

*CCP continues to lead in the field of Entertainment Education, developing award-winning programming with partners worldwide.*
For Maria Elena Figueroa, listening is one of her most critical research skills. “Researchers in the developing world and elsewhere need to listen, and then pause and think about how to apply what is learned to address health issues,” says Figueroa, an assistant scientist.

Example: After Hurricane Mitch struck Nicaragua in 1998, the Center for Communication Programs (CCP)—which was already in-country working on reproductive health programs—was asked to convey critical emergency health information to a nation in shock. “Many people had lost entire families,” she says. “How do you handle issues of hand washing and safe drinking water to prevent diarrhea when you have lost your family? But these issues are important, and when we listened, the people were telling us, ‘The hurricane took everything, but not our hope. We will survive and look forward.’ They wanted messages that represented hope for themselves and the future of their country, so we created the Blue Star campaign with images suggested by the people.”

As part of her current focus on safe drinking water, Figueroa serves as director of CCP’s Global Program on Water and Hygiene. “We created the program to address the growing need to understand behavior around the issues of diarrhea and infections that are linked to hygiene,” she says. “We’re studying safe drinking water in this context. We look at policies, provision of services, community norms and household behaviors.”

With input from stakeholders and support from partner organizations, an interdisciplinary team shapes culturally relevant and carefully tested communication campaigns that promote innovative water treatment, proper storage and hygiene practices. Hand washing with soap was a particular focus during emergencies caused by the tsunami in Indonesia and the avian flu outbreak in Egypt.

A native of Mexico, Figueroa has contributed to health research and communication programs throughout the developing world. “My role as a researcher,” she says, “is to understand why people behave as they do so the program staff can transform the information into beautiful and effective communication programs.”
Students and Educational Offerings

Our education and training programs empower the public health leaders of tomorrow.

HBS offers a variety of degree programs and educational opportunities that allow learners to develop skill sets at the cutting edge of behavioral and social science as applied to public health:

- Our doctoral offerings provide advanced research training in health communication, health education and social science in public health. Graduating HBS doctoral students publish their dissertation research in peer-reviewed journals. They have tackled such topics as HIV prevention, substance use, injury, violence, and maternal and child health. Recent graduates have gone on to outstanding positions in government and academia.

- A joint effort of the Department and the National Human Genome Research Institute at the National Institutes of Health, the ScM in genetic counseling gives students a thorough introduction to this new field and the chance to develop skills as practitioners and researchers. As the health sciences increasingly emphasize genetics and epigenetics, focusing on the behavioral and social aspects of these genetics-related issues is essential.

- The MHS program in behavioral sciences and health education trains students in the theories and methods of social science in public health. The program also incorporates a six-month field placement that allows them to apply knowledge gained through course work to real-world problems and health education programs. A solid foundation in behavioral sciences principles and theories is provided, along with advanced skills in program planning, implementation and evaluation.

- HBS will offer its first Summer Institute in June 2007, providing an opportunity for professionals to explore and learn specific skills needed to address behavioral and social challenges to public health.

- In 2006, HBS expanded its graduate seminar into a four-term format to complement and add depth to the course requirements for the first-year HBS doctoral students. Learning opportunities were also enhanced by the addition of several health communication courses, a course on the neurobiology of behavior and a two-term course on translating research into public health programs.

Degrees

- Doctor of Philosophy (PhD)
- Doctor of Science (ScD)
- Master of Health Science (MHS) in behavioral sciences and health education
- Master of Science (ScM) in genetic counseling
- Master of Public Health (MPH) concentration in social and behavioral sciences

Students (Fall 2006)

- Doctoral: 37 PhD, 1 ScD
- Master’s: 15 MHS, 14 ScM (22 MPH students are also advised by HBS faculty)
- Post-Doctoral Fellows: 4
- Special Students: 1

Student Honors and Awards

- NIH Ruth L. Kirchstein National Research Service Award for Pre-Doctoral Fellows
- Fulbright Scholarship
- Johnson & Johnson Community Health Scholarships
- U.S. Department of Health and Human Services Emerging Leaders Award
- NCI Cancer Prevention Fellowship
- H. Jack Geiger Congressional Fellowship in the Office of Senator Edward M. Kennedy
- Health Communications Internship
- Arthritis Foundation Dissertation Award

Alumni

- The first class of 16 students graduated in May 2006:
  - 6 doctoral graduates
  - 6 MHS graduates
  - 4 ScM graduates
A Cultural Approach to Preventing STDs

“After earning my MPH at the Bloomberg School, I worked on a research project that really spoke to me,” says Emma Tsui, PhD candidate. “I thought it was the type of work I might enjoy doing for the rest of my life.”

The project, which looked at STD prevention among African-American adolescents in Baltimore, involved multiple unstructured interviews with each participant. “I was encouraged to think about the data ethnographically,” Tsui says. “From a methodology perspective, that opened my eyes and got me excited about applying to the PhD program.”

Tsui decided to cast her lot with the newly formed Department of Health, Behavior and Society. “I enjoy working in Baltimore,” she says, “and I appreciate the Department’s interdisciplinary training. I’ve taken an anthropology graduate seminar at Homewood, and I’m taking a course now with a sociologist who knows a great deal about antipoverty policy.”

While examining the difficulties of STD prevention, Tsui observed that poverty emerged as a key factor. “My dissertation will focus on poverty,” she says. “I’ll probably look at men who are living in the neighborhood close to Hopkins. How are these men faring in the wake of the 1996 Welfare Reform Bill? How do they support themselves and their families?”

Tsui welcomes different perspectives. She has researched domestic violence in an Afghan refugee camp in Pakistan and now teaches a GED class for young men who are seeking work after serving time in prison.

“People in the Department are interested in the relationship between poverty and health and are open to ethnographic methods, which can provide valuable insight into issues at the heart of public health,” she says. “We’re also wrestling with the ethical issues that come with doing research that departs from the traditional clinical model. HBS has been a good academic home for me.”

As Tsui ponders her future options, some preferences are becoming clear. “I’m more oriented toward policy,” she says, “and I’m hopeful that my research will influence policy-makers.”

Emma Tsui, MPH, PhD candidate and Sommer Scholar

“I’m more oriented toward policy, and I’m hopeful that my research will influence policy-makers.”
Full-Time Faculty

Stella O. Babalola, PhD, assistant professor. Dr. Babalola serves as senior research officer at the Center for Communication Programs. She has helped to design, implement, monitor and evaluate more than 30 programs in the areas of HIV/AIDS, family planning, child survival, women’s political empowerment, female genital cutting, adolescent health and democratic participation.

Jane Trowbridge Bertrand, PhD, MBA, professor. Dr. Bertrand is the director of the Center for Communication Programs. Her research involves the use of social science to guide and refine programmatic strategies in developing countries, primarily in the areas of family planning and HIV/AIDS. She has worked in Guatemala, the Democratic Republic of the Congo and Morocco.

Lee R. Bone, MPH, associate professor. Ms. Bone’s research focuses on health promotion in underserved, urban African-American populations and incorporates multidisciplinary and community-based participatory approaches. Her studies include cardiovascular disease (CVD) and CVD risk factors, diabetes, and cancer detection and control.

Dina L.G. Borzekowski, EdD, assistant professor. Dr. Borzekowski’s area of expertise is children, media and health. She investigates how a child’s or adolescent’s demographics, background and issue involvement (e.g., alcohol use, smoking, violence, nutrition and eating disorders) influence perceptions of positive and negative health messages.

Marc G. Boulay, PhD, assistant professor. Dr. Boulay’s work focuses on mass media and interpersonal communication and their effects on health behaviors. He has evaluated health communication programs related to family planning, HIV/AIDS, adolescent health, and malaria prevention and treatment in Ghana, Tanzania, Nepal, Bangladesh and several Eastern European countries.

Janice V. Bowie, PhD, assistant professor. Dr. Bowie’s research includes minority and women’s health, community-based participatory research, cancer control and spirituality. She is currently conducting a community-based participatory research study on breast health practices with African-American, faith-based institutions.

Nafissatou Diop-Sidibe, PhD, assistant scientist. Dr. Diop’s current projects involve the development, implementation, monitoring and evaluation of health communication programs in countries in Africa and the Caribbean. Her areas of expertise are reproductive health and HIV/AIDS, with a special interest in youth and gender issues.
**Margaret E. Ensminger, PhD**, professor and vice chair of HBS. Dr. Ensminger’s interests include life span development and health, childhood and adolescence, social structure and health, substance use, and aggressive and violent behavior. In the Woodlawn Project, she has been following a cohort of children from an inner-city neighborhood, first seen when they were in first grade and recently assessed at age 42.

**Lori Hamby Erby, PhD**, assistant scientist. Dr. Erby’s research is in the area of genetic counseling and client outcomes, with a focus on communication to enhance informed decision making and adaptation. She is working on the Genetic Counseling Video Project, a four-year study of process and outcomes in routine prenatal and cancer genetic counseling.

**Maria Elena Figueroa, PhD**, assistant scientist. Dr. Figueroa is director of the Research and Evaluation Division of the Center for Communication Programs. Her current work focuses on the understanding of ecological, household and individual factors affecting hygiene behavior, including household water treatment.

**Fannie Fonseca-Becker, DrPH**, associate scientist. Dr. Fonseca-Becker is the director of the Johnson & Johnson Community Health Care Scholars Program. Her research interests are on the effect of capacity building in community health care program sustainability and on the reduction of health disparities. She also works in identifying the predictors of health competence for Latinos in the U.S.

**Kate E. Fothergill, PhD**, assistant scientist. Dr. Fothergill’s research focuses on the development of risk behaviors over the life course, particularly during childhood and adolescence; substance use and abuse and crime; and individual, family and community determinants of behavior and health. She is currently working with Dr. Ensminger on the Woodlawn Project.

**Michael Christopher Gibbons, MD, MPH**, assistant professor. Dr. Gibbons’ research focuses on integrating evidence-based behavioral interventions into the U.S. medical care system, using eHealth applications to reduce racial and ethnic disparities, and elucidating the biomolecular mechanisms that undergird socio-culturally determined health outcomes.

*Continued on next page*
Andrea C. Gielen, ScD, professor. Dr. Gielen’s research interests are in the application of behavior change theory, health education and health communication to injury and violence prevention. Her work focuses on interventions to reduce childhood injuries among low-income, urban families and domestic violence among women at risk for and living with HIV/AIDS.

Kerry M. Green, PhD, assistant professor. Dr. Green’s research focuses on the association between drug use and delinquent/criminal behavior over the life course, the effects of substance use and criminal involvement on adult role functioning and mental health, and the risk factors of all stages of drug and alcohol involvement, particularly the role of anxiety and depression.

David R. Holtgrave, PhD, professor and chair. Dr. Holtgrave’s research has focused on the effectiveness and cost-effectiveness of a variety of HIV-prevention interventions and the relationship of the findings of these studies to HIV-prevention policy making. He has also investigated the relationship between social capital measures, infectious disease rates and risk behavior prevalence.

Hee-Soon Juon, PhD, associate professor. Dr. Juon’s research has focused on minority mental health, suicidal behavior, substance use, criminal behavior and cancer control behaviors of underserved minority populations, including Korean Americans, Asian Indians and African Americans.

Young Mi Kim, EdD, associate scientist. Dr. Kim serves as senior advisor for research and evaluation at the Center for Communication Programs. Her research focuses on improving the quality of communication between clients and health care providers through mass media, community mobilization and clinic interventions. She has worked extensively in Africa, Latin America and Southeast Asia over the past 17 years.

D. Lawrence Kincaid, PhD, associate scientist. Dr. Kincaid’s research has focused on health communication evaluation, including methods to measure cost-effectiveness and methods for health communication analysis, such as computer programs to analyze audience perceptions of health-related behavior and to test a new theory of social influence in communication networks.

Continued on page 21
Strategic Advocacy

Born and raised in Washington, D.C., and a product of its public schools, Kate Fothergill has long been concerned with issues of economic disparity and social morbidity.

As a youth advocate, she helped others face issues such as teen parenting, dropping out of school, drug abuse and crime. Now, both in her professional research on risk behaviors and in her volunteer community service, she continues to focus on adolescents.

“I serve on the board of directors of Metro TeenAIDS, which is an amazing local organization in the District,” says Fothergill, an assistant scientist. “It’s dedicated to preventing HIV among youth in the area. We have a drop-in center for prevention education, testing and counseling. We also provide referrals to a network of community health care organizations that the teens trust.”

Metro TeenAIDS empowers young people by training them to do outreach, public presentations and peer counseling. “They help themselves by helping others,” says Fothergill, who recently chaired the organization’s Strategic Planning Committee.

“The strategic planning process reinforced our commitment to youth and HIV prevention,” she says. “Recognizing the importance of a comprehensive approach, we set goals that involve a broad scope of activities ranging from basic HIV education to enhancing self-esteem and giving youth somewhere to go after school.”

In recent years, Fothergill has witnessed a major shift in the politics and funding of HIV prevention, but the need for help is as immediate and critical as ever.

“For a while,” she says, “HIV/AIDS was a crisis in this country, dominating the news and demanding everyone’s attention. Then it became, ‘Oh, look, people are living with AIDS.’ It became less visible in the press and stopped being a major issue for funders—when, in fact, some 3,400 youth in Washington have HIV. The issue is simply too important to lose our dedication.”
“Most of us at the School of Public Health have multiple lives,” observes Lawrence Wissow, professor.

As proof of this, Wissow holds joint appointments in Epidemiology and International Health at the Bloomberg School, a joint appointment in Pediatrics and Psychiatry in the School of Medicine and a faculty position in the University’s Bioethics Institute.

This doctor, teacher, researcher and administrator also provides professional service as co-editor in chief of the monthly journal Patient Education and Counseling. “This is the official journal of two organizations, the American Academy on the Physician and the Patient, and the European Association for Communication and Health Care,” he explains. “The other co-editor is based in Europe, and together, we span the world.”

The journal’s content is also broad, ranging from an examination of the doctor/patient relationship to ways of facilitating decision making in difficult medical situations to the design and content of patient educational materials. The editors select certain manuscripts from among the 1,000 submitted each year and assign them to peers and colleagues for review. They also solicit papers that help pull together previously published information that, when viewed collectively, might generate a new synthesis or helpful summary.

One of Wissow’s new projects extends his interest in print journalism to a longtime passion for broadcast journalism. With colleagues at Hopkins and from Loyola and Goucher colleges and the St. Francis Academy, he works with high school students to produce radio programs around health topics.

“The students research a subject—such as the impact of immigration on their community or their relationships and sexuality—and record programs, some of which have already been broadcast in Washington, D.C., and taken up by users of a National Public Radio program exchange,” Wissow says. “It’s both a community outreach effort and part of our departmental mission, and the students’ involvement becomes an intervention in itself.”
Full-Time Faculty

**Ann C. Klassen, PhD**, associate professor. Dr. Klassen’s research focuses on social determinants of cancer-related health disparities and spans the continuum of cancer control from primary prevention interventions to screening for early detection, to access to treatment, to co-morbidity and survival outcomes. Her work synthesizes the influences of cultural, social and geographic contexts.

**Amy R. Knowlton, ScD**, assistant scientist. Dr. Knowlton’s research focuses on HIV prevention and care among disadvantaged populations, HIV/AIDS, informal caregiving, medical service use, medication adherence, illicit drug use, social support networks, network analysis, social context and psychological distress.

**Susan M. Larson, MS**, senior research associate. Ms. Larson’s research is focused on studies of patient-provider communication, specifically through application of the Roter Interaction Analysis System. Studies include depression care for African Americans, consumer Internet education, colorectal cancer screening and doctor–older patient interaction and medical decisions.

**Carl A. Latkin, PhD**, professor. Dr. Latkin’s work has included studies on HIV and STI prevention among disadvantaged populations, the psychosocial well-being of people with HIV/AIDS, the role of alcohol and other substances on HIV risk behaviors, domestic and international approaches to behavior change, social and personal network analysis, and neighborhood factors and health behaviors.

**Lori Leonard, ScD**, associate professor. Dr. Leonard’s research involves a long-term study of the impacts of the development of the oil industry and the construction of a major pipeline on households in southern Chad. She is also conducting an ethnographic study of the social worlds of young women who are living with HIV in Chicago, Miami, New Orleans and New York City.

**Eileen McDonald, MS**, associate scientist. Ms. McDonald’s current research focuses on clinical and community-based interventions in pediatric injury prevention, physician counseling approaches to integrating injury-prevention services into pediatric health maintenance visits, and establishing and testing the impact of a mobile safety center serving the Baltimore metropolitan area.

*Continued on next page*
**Full-Time Faculty**

**Phyllis Piotrow, PhD**, was the founder and first director of the Center for Communication Programs. Recognized internationally as an expert on population, family planning and development communication, Dr. Piotrow has played a leading role in family planning and related health communication programs for 30 years.

**Rajiv N. Rimal, PhD**, associate professor. Dr. Rimal's research in health communication and health promotion focuses on the influence of social norms and risk perception on behavior change. Through the Center for Communication Programs, he is currently working in two HIV-prevention projects in sub-Saharan Africa, one in Namibia and the other in Malawi.

**Judith A. Robertson, BS**, research associate. Ms. Robertson provides data analysis and management for a large epidemiological prospective study focused on exploring pathways to drug use and crime in a community cohort of inner-city African Americans. This population has been followed from ages 6 to 42, with four periods of data collection.

**Debra Roter, DrPH**, professor. Dr. Roter’s research focuses on the dynamics of patient-physician communication and its consequences for both patients and physicians. She has developed a method of process analysis applied to audio or video recordings of medical encounters that has been widely adopted by researchers, both nationally and internationally.

**Katherine Clegg Smith, PhD**, assistant professor. Dr. Smith’s research focuses on the social determinants of health behavior, particularly the role played by the media in health knowledge and behavior, as well as the influence of the media in the health policy process. She also has a general interest in youth health behavior and the use of qualitative methodology in public health research.

**Suruchi Sood, PhD**, assistant professor. Dr. Sood’s research focuses on the utilization of qualitative and quantitative research methodologies to design, monitor and evaluate health communication projects related to HIV/AIDS, family planning, reproductive health, and maternal and neonatal health, including studies in Nepal, India, Indonesia, Pakistan and Bangladesh.

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When Janice Bowie and her team launched a breast-cancer prevention project involving eight African-American churches, she asked each minister to delegate a woman who had an interest in health and exuded strong leadership.

“The eight ‘lay health coordinators’ are equal research partners,” says Bowie, an assistant professor. “They were involved in the design and implementation of the study. They helped create survey questions and tested the instrument themselves, returning to revise and refine it. As a result, we’ve had some very positive yet unintended consequences of our work together.”

It’s called community-based participatory research. Bowie, who focuses on cancer and health disparities, believes today’s complex public health issues demand the involvement of communities in the research process.

One of the most significant discoveries of the breast cancer project, funded by the Susan G. Komen Foundation, was the prevalence of lymphedema, a pronounced swelling of the arm experienced by many women who have had treatment for breast cancer.

“None of the women in a preliminary survey who had lymphedema was ever told by her health professional to expect it as a possible effect of the surgery or treatment,” Bowie says. “Yet we think about 10 percent of breast cancer patients have it, and the prevalence among African-American women may be even higher. We’ve submitted another grant proposal to better understand this condition.”

In analyzing survey data, Bowie and her team noticed participants’ high rates of overweight and obesity. The women’s own perceptions of their weight, however, differed from reality, so a typical weight-loss program would have been futile. The team switched instead to approaches that promote a healthier lifestyle.

“What you get in return are meaningful relationships, data that may reflect more accurately the population of interest and the satisfaction of doing work that serves people well.”
As part of a large National Cancer Institute–funded research grant, Katherine Smith is examining the media’s influence on youth smoking. For three years, she and her colleagues tracked news coverage of tobacco in every daily newspaper across the U.S. They are now relating the findings to outcomes.

“People say, ‘Kids don’t read the newspaper or listen to the news,’” she says, “but parents, teachers and people in the community who provide access to cigarettes do. We’re hypothesizing an indirect pathway between news coverage and youth smoking.”

Smith is using an American Cancer Society grant to research similar issues for adult smoking. “In areas that have heavy news coverage of tobacco,” she asks, “are people more likely to support progressive policies like smoking bans in bars? Italy and Ireland, for example, are now smoke-free, and England and France are going smoke-free in 2007. If they can do it in France, we can do it here.”

Still, there is much work to be done. “One in five people in the U.S. continues to smoke,” she says,” and there’s great socioeconomic variation. Increasingly, tobacco use is a condition of poverty.”

As Smith conducted research on the high smoking rates among young adults in inner-city Baltimore, she discovered the importance of the informal economy. Local vendors break up packages to sell “loosies”—individual cigarettes that generally cost a dollar for three, undermining the purpose of the cigarette tax policy.

“No only does this practice encourage young adults to smoke,” she says, “but it makes it more difficult to quit. They think, ‘I’ll just buy one more cigarette.’ It used to be that if you hadn’t started smoking until you were 18, it was unlikely that you would start. Now we’re seeing higher initiation rates among this group. We need to have a better understanding of the pathways of influence and how our messages affect the things we care about.”
Full-Time Faculty

**J. Douglas Storey, PhD**, assistant professor. Dr. Storey’s research focuses on the design and evaluation of health and environmental communication programs, mostly in international settings. Current interests include the use of narrative in cancer communication and control programs and the application of fear management models to emergency preparedness communication.

![J. Douglas Storey, PhD](image)

**Tara M. Sullivan, PhD**, assistant scientist. Dr. Sullivan is a research associate at the Center for Communication Programs. Her areas of expertise are in program evaluation, health communication, quality of care and reproductive health. She is currently investigating factors related to the uptake of evidence-based information into practice. She has worked in Botswana and Thailand.

![Tara M. Sullivan, PhD](image)

**Karin E. Tobin, PhD**, assistant scientist. Dr. Tobin’s research interests include examination of social and contextual factors associated with substance abuse and HIV risk, particularly with marginalized populations. Current activities include conducting social-network-oriented behavioral interventions with high-risk adults and investigating risk factors associated with drug overdose.

![Karin E. Tobin, PhD](image)

**Carol Underwood, PhD**, senior research associate. Dr. Underwood’s work has focused on HIV prevention in sub-Saharan Africa; the role of Islam in health policy, practices and outcomes; and the relationship between gender constructs and health-related actions. She has developed health communication interventions in the Near and Middle East, Africa and Asia.

![Carol Underwood, PhD](image)

**Lawrence Wissow, MD**, professor. Dr. Wissow’s work focuses on patient-doctor communication and its role in the detection and treatment of mental health issues during primary medical care visits. His clinical training is in child psychiatry and pediatrics, and he continues to see patients in the pediatric HIV and Community Psychiatry’s Hispanic Clinic.

![Lawrence Wissow, MD](image)
Select Faculty Publications 2005–2006

Cancer


Diabetes, Obesity, Nutrition and Physical Activity


Community-Based Participatory Research


Health Communication


Health Disparities and Societal Influences on Health

Continued on page 29
Rx for Effective Communications

Debra Roter has devoted her career to understanding and improving patient-physician communications.

The Roter Interaction Analysis System has been used in more than 150 studies worldwide, acquiring a record of predicting such patient outcomes as satisfaction with medical care, keeping of appointments and adherence to medical recommendations. “It efficiently characterizes interaction by direct application to recordings without the need for transcription,” says Professor Roter.

The results of her research make possible a better understanding of the social and psychological factors that influence the ways in which doctors and patients talk with one another. “I’ve studied physician and patient gender and ethnicity in medical-visit interaction and how these affect the dynamics of the visit’s dialogue,” Roter says. “Many of our studies go further than description to the implementation and evaluation of communication interventions. We train [doctors and nurses] in communication skills and design tools to help patients prioritize questions and concerns, be more engaged in their exchanges and feel more confident in initiating discussion.”

Roter, who holds additional appointments in the schools of Medicine and Nursing as well as the Kimmel Cancer Center, is also co-director of the HBS Genetic Counseling Training Program. Her current research includes a National Human Genome Research Institute–funded study of the genetic counseling process and a National Institute of Child Health and Human Development–funded investigation of the effects of restricted literacy on doctor-patient communication. The latter specifically looks at the ability of pregnant women to discuss medical issues with their physicians and to understand complex medical information communicated to them during obstetrical visits.

“We train health care providers and patients to make sense of complex—and sometimes stressful—information. It always comes down to effective communication.”

Debra L. Roter, DrPH, professor
Helping Others Live Positively With HIV

Amy Knowlton was in southern Africa as a Peace Corps volunteer during the lifting of apartheid, and she recognized the looming threat of HIV in a time that promised so much opportunity. “I saw the extreme poverty and lack of resources to address basic health care needs and was aware of the social and structural challenges faced by the population in responding effectively to HIV,” she says. “Now I work with the HIV-positive population in Baltimore, and I see parallels in terms of social organization, family structure, substance use and lack of resources.”

For the past 13 years, she has worked with the Lighthouse, a center in Baltimore that develops behavioral interventions for HIV prevention, primarily for inner-city, substance-using populations. She focuses on trying to facilitate optimum medical service use and medication use among the HIV-positive population.

Knowlton’s National Institute on Drug Abuse–funded work assesses how the family and friends of an HIV-positive individual can facilitate optimal health benefits from medical care. “Many among this population of primarily African-American substance users have access to medical care and HIV medications but are not getting health benefits from them,” says Knowlton, an assistant scientist. “We are trying to build on community strengths to promote better HIV medical adherence.”

Consistent adherence to a medical regimen is important not only for the health of individuals but also in minimizing the development of drug-resistant strains of HIV.

“We’re also trying to demedicalize HIV,” she says. “Many people living with HIV feel they don’t know enough about it and are reluctant to show their ignorance in a clinical setting. Their loved ones often want to help but don’t know how—and are equally intimidated by the medical system. Talking in lay terms in a community-based setting seems to be an important step to empowering them to take action and learn how to live more positively with HIV.”
Select Faculty Publications 2005–2006


HIV/AIDS, Reproductive Health and Family Planning


Continued on next page
Select Faculty Publications 2005–2006

Smoking


Substance Use


Violence and Injury


A Social Force

As a doctoral student in the 1970s, Margaret Ensminger joined Chicago’s Woodlawn study. This unique longitudinal research began with an inner-city cohort of 1,242 African-American first-graders in 12 schools in a Chicago neighborhood. They are now 42 years old, and the study is illuminating the factors that enable some children to fare well in life, while others struggle.

The experience led Ensminger, a professor with joint appointments in Psychiatry and Sociology, into a multidisciplinary career. It also sharpened her desire to effect positive change in society.

“Family is important,” Ensminger says, “but so are schools and experienced teachers. We look at drug abuse and why some people quit using drugs as they age and why others continue to have problems. What are the predictors? When we understand the context and consequences of certain decisions, we can help reduce the risk factors. We can’t make policy on assumptions.”

When Vincent DeMarco, president of the Maryland Citizens’ Health Initiative (MCHI), spoke to one of her classes, Ensminger was intrigued. “He combined the theoretical principles that I was teaching and used them in a very practical way for advocacy,” she says. “The organization’s mission is to have accessible, affordable health care coverage for everybody in Maryland.”

With 1,100 member organizations, MCHI’s Health Care for All! Coalition is one of the largest health care consumer coalitions in the nation. Ensminger was so impressed she joined its board. “We try to influence not only the legislators but also their constituents, who will help influence the process,” Ensminger says. “My involvement takes me into the community and gives me insight—beyond academic principles—into the decision making.”
Special Thanks

The Department of Health, Behavior and Society could not have made such great strides in its first year of existence without the incredible dedication and outstanding contributions of its central staff. From arranging critical seminar series, to assisting students as they arrive on campus, to developing a financial system for a new Department, to tackling complex human resources issues around the world, the HBS staff have truly advanced the mission of the Department. The HBS faculty and students sincerely thank the Departmental staff for their contributions above and beyond the call of duty.

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