



**Center for Health Policy
& Inequalities Research**
AT DUKE UNIVERSITY

**5-YEAR REPORT
JULY 2019 - 2024**

chpir.org

CHPIR 5-YEAR REPORT

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(Mural Painting in El Salvador, from project visit with the Salvadorian Government and Whole Child International)

A LETTER FROM OUR DIRECTOR

Greetings,

There are no words to express how meaningful it is to me to work with such an amazing group of Center for Health Policy and Inequalities Research (CHPIR) faculty, staff, affiliates and students. This team has shown me how much can be accomplished when intellectually curious and passionate people get together with the sole purpose of learning how we can improve the lives of those who are amongst the most marginalized around the globe. The humility with which each member of this amazing group of over 35 CHPIR faculty and staff and many close affiliate faculty contribute allows for the kind of deep listening and understanding that results in the inception of research ideas that are groundbreaking and come from those with whom we work and serve. We listen, we use our knowledge and skills and generativity to create, we present, we listen some more, we then test and implement and evaluate and, when successful, work with partners such as governments, health care facilities, social service agencies and others who can sustain and enhance the work. People in CHPIR have been conducting community based participatory research before there was a term for this kind of work. As a result, our work is developed from hypotheses based on lived experiences that can then be brought forward and interrogated through qualitative and quantitative research from which valuable and life-changing generalizable knowledge is created.

During times of political polarization related to basic human rights in these United States and in many places around the globe, my CHPIR colleagues have continued to stand firm in their research and intervention agendas and with the communities we serve, to ensure that we continue to hear their voices in our research. We continue to seek to improve lives even when it may, at times, seem detrimental to our own careers. This is a group that is willing to put the good of others first and foremost: it gives us strength to be able to apply our skills to solving some of the globe's -- which, of course, includes Durham, North Carolina and the US South -- most difficult problems.

I am proud that so many of us have stayed with CHPIR for so long. I believe that part of the reason for the longevity of our connections is because, as best we can, every member of CHPIR has a voice in the directions that our research takes, and each new research leader expands our directions. We contribute ideas to each other, we partner on each other's grants, and we work long hours together. It is the norm in CHPIR that one might be the lead on one grant, a staffer on another and a trainer on a third. We contribute to each other's work as our skills permit and our energy is desired.



CHPIR has some of the longest lasting research projects that I know of for one relatively small group of people. The Clergy Health Initiative, with Rae Jean Proeschold-Bell's leadership, has been going for over 17 years. Susan Reif has maintained nearly 20 years of funding for HIV positive and at-risk individuals who are also managing substance abuse and/or mental health disorders and/or have been lost to care. In my own work, the Positive Outcomes for Orphans (POFO) study has followed children who were orphaned or separated from their biological parents for over 15 years - the children are now in their mid-20s. Like other studies here, the POFO study is a longitudinal cohort study that has resulted in another 15 years of intervention and implementation science grants that test hypotheses developed in the original grant to improve the lives of these vulnerable children.

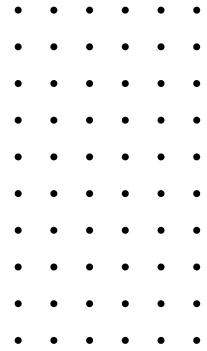
During the last 5 years, we are proud to have been able to launch and develop the Duke Sexual and Gender Minorities (SGM) Wellness Program that combines research, teaching and service and spans the majority of Duke's schools with active faculty, student and staff participation. I look forward to seeing this program blossom into one that is world-renowned for understanding and addressing the structural inequities that SGM face around the globe and the multiplicative effect that having intersectional marginalized identities has on health and wellbeing.

In 2020, the CHPIR leadership team and I decided that I would step down as Director in 2025, in time for the next 5-year season of CHPIR. I am confident that the new leaders of CHPIR will be supported by the amazing team that we have and I personally look forward to supporting them, as well.

KATHRYN WHETTEN

- PHD, MPH
- PROFESSOR OF PUBLIC POLICY AND GLOBAL HEALTH
- DIRECTOR, CENTER FOR HEALTH POLICY AND INEQUALITIES RESEARCH
- CO-FACULTY DIRECTOR, DUKE SGM WELLNESS PROGRAM
- RESEARCH DIRECTOR, HART FELLOWS PROGRAM

MISSION & GOAL



Our Mission

The Center for Health Policy and Inequalities Research (CHPIR) is an instigator and facilitator of a broad range of health policy and health disparities research that addresses policy-relevant issues. Activities focus on population-based health research with marginalized groups and intervention and evaluation research.

The mission of the Center is to improve the health of individuals and communities, locally, nationally, and internationally, by addressing health inequities through interdisciplinary policy-relevant evaluative, population, and intervention-based research.

The Center, founded in 1981 as the Center for Health Policy Research and Education, was known for its evidence-based research and clinical care guidelines. It served in the unique position of bridging researchers from the Schools of Medicine and Arts and Sciences: a multi-disciplinary approach practiced throughout the Center's history.

Kathryn Whetten, PhD, began directing the Center in 1993. The Center has had multiple Associate Directors across the years, with Rae Jean Proeschold-Bell, PhD, assuming this role in 2024. From the beginning, Dr. Whetten intentionally created a substantive interdisciplinary home for faculty and research staff interested in understanding and addressing ways to optimize health-related quality of life for persons around the globe. The CHPIR faculty and research teams today continue to examine health disparities through interdisciplinary lenses, including epidemiology, population health, psychology, sociology, social work, and medicine.

Our Goal

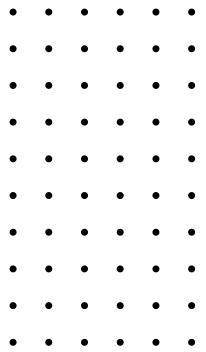
The Center's research has become increasingly global. The Center is focused on ensuring that global is local when dealing with health inequities. Lessons learned in working with hard-to-reach and neglected populations in the US are adapted and applied to settings in low-and-middle income countries and lessons learned in those settings are adapted and tested locally within the United States.

The history of the Center demonstrates its commitment to the original vision of weaving health policy research, evaluation, and service to address communities impacted by health disparities. This grant-funded organization has remained steadfast in its mission – to the partners in the community, the students who are mentored, the populations and the programs served, and to informing decisions of policymakers.



(Wall painting with bilingual text in HIV Clinic serving LGBTQ+populations in Ho Chi Minh City, Vietnam)

CENTER FACULTY



From 2019 - 2024, the core and affiliate faculty members were:

- Kate Whetten, **Director**
- Rae Jean Proeschold-Bell, **Deputy Director**
- Susan Reif
- David Eagle
- Chris Gray
- Hy Huynh
- Sumi Ariely
- Eve Puffer
- Dirk Davis
- Jay Pearson
- Nathan Thielman
- Sara LeGrand

YEARS OF EXPERIENCE

The Center's environment supports growth and collaboration, leading faculty and research managers to engage with the Center for a long time, bringing their substantial expertise to bear.

Faculty and Project Leads:

- **Kate Whetten**--31 years
- **Susan Reif**--24 years
- **Nathan Thielman**--24 years
- **Rae Jean Proeschold-Bell**--21 years
- **Genevieve Hunter**--20 years
- **Sara LeGrand**--16 years
- **Sumi Ariely**--14 years
- **Eve Puffer**--14 years
- **Jay Pearson**--12 years
- **Chris Gray**--10 years
- **David Eagle**--9 years
- **Hy Huynh**--9 years
- **Dirk Davis**--3 years

Research Managers:

- **Heather Parnell**--16 years
- **Beth Stringfield**--16 years
- **Amy Hobbie**--15 years
- **Andy Weinhold**--11 years
- **Logan Tice**--5 years
- **Nicole Beckwith**--5 years
- **Jen Headley**--3 years



(2024 CHPIR Work Retreat at Duke University)

INTERDISCIPLINARY COLLABORATION

Center faculty expertise spans a number of different disciplines. Center faculty share this expertise with each other and with collaborators across the University.

Clinical Psychology

- Rae Jean Proeschold-Bell
- Eve Puffer
- Sumi Ariely



Community Psychology

- Hy Huynh
- Rae Jean Proeschold-Bell
- Eve Puffer



Epidemiology

- Chris Gray



Health Behavior & Population Health

- Kate Whetten
- Jay Pearson
- Dirk Davis



Medicine

- Nathan Thielman



Sociology

- David Eagle



Public Health

- Sara LeGrand
- Susan Reif



Social Work

- Susan Reif



FINANCIAL SUMMARY (2020 – 2024)

The Center for Health Policy and Inequalities Research (CHPIR) faculty and staff produces substantial results through conducting studies to answer research questions, conducting intervention research studies, and delivering evidence-based solutions to address health inequities. The CHPIR team has approximately 35 core faculty and staff, plus an additional 4 affiliate faculty, working diligently to contribute to the knowledge of local and global health disparities and policy.

As of 2024, the Center had 7 Principal Investigators (PIs) whose proposal submissions were directly tied to CHPIR. In this five-year reporting period, Center PIs had a combined 57 active sponsored accounts, which included 40 federal accounts and 17 non-federal accounts. During 2020 – 2024, the CHPIR grant award amount totaled approximately \$16 million, including approximately \$2.7 million in indirect costs recovery.

CHPIR manages a core annual operational budget of \$374,000, with the majority of funding supporting administrative and operational costs.

**5-Year
Award
Total:
\$16 million**

**5-Year
Indirect
Costs:
\$2.7 million**

BEYOND SILOS: CENTER-WIDE COLLABORATION

Center faculty don't just work in parallel and offer each other advice – they conceptualize studies together and collaborate across disciplines as PIs and investigators. During the past five years, Center faculty combined intellectual forces on these projects with each other:

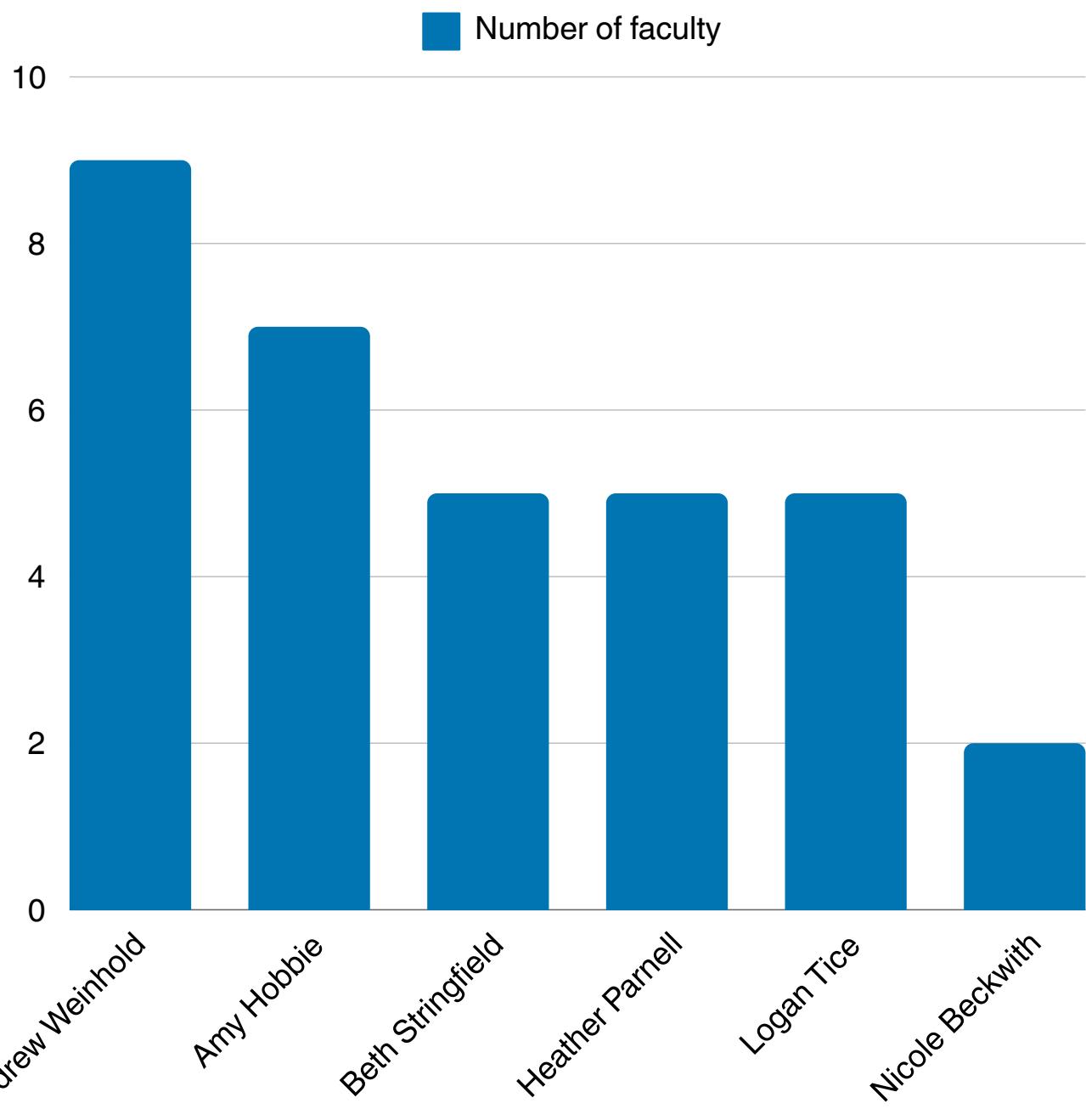
- SMILE, a study of mental health among sexual and gender minorities – **Kate Whetten (PI), joined by Hy Huynh, Dirk Davis, David Eagle, and Chris Gray**
- CREW, a study of behavioral health treatment for people living with HIV and the LGBTQIA+ community - **Susan Reif (PI), joined by Sara LeGrand**
- Uplift, a study of collaborative behavioral health treatment and case management for LGBTQIA+ young adults - **Susan Reif and Sara LeGrand (co-PIs), joined by Hy Huynh**
- P2P, a study of peer navigator-led HIV prevention services- **Susan Reif (PI), joined by Dirk Davis**
- EASE, a study of holistic behavioral health care and comorbidity management – **Susan Reif (PI), joined by Sara LeGrand**
- Selah Stress Management Trial – **Rae Jean Proeschold-Bell (PI), joined by David Eagle**
- Longitudinal Panel Study of United Methodist Clergy – **Rae Jean Proeschold-Bell (PI), joined by David Eagle**
- Longitudinal Study of Seminary Students – **David Eagle (PI), joined by Rae Jean Proeschold-Bell**
- DREAM-Engage, a study of Transgender and Non-binary Persons in North Carolina – **Kate Whetten (PI), joined by Sara LeGrand and Chris Gray**
- Coping Together, a family strengthening intervention pilot study – **Eve Puffer (PI), joined by Rae Jean Proeschold-Bell**
- Cultivating Mindful Resilience, an LGBTQIA+ mental health intervention pilot study – **Hy Huynh & Kate Whetten (co-PIs), joined by Eve Puffer and Dirk Davis**
- Teacher Wellbeing Project, a study of occupational wellbeing in Kenya, Cambodia, and Qatar – **Rae Jean Proeschold-Bell (PI), joined by Kate Whetten and Hy Huynh**



(Rae Jean Proeschold-Bell and Hy Huynh in front of Qatar's National Museum during conference travel for the Teacher Wellbeing project)

BEYOND SILOS: CENTER-WIDE COLLABORATION

Center Research Managers work on multiple projects and with many Center faculty members. In the past five years, the Center Research Managers have worked with the following number of Center faculty:



UNIVERSITY-WIDE COLLABORATIONS



* Center faculty collaborate with faculty in most of Duke's schools:

- Trinity College of Arts & Sciences
- School of Medicine
- School of Nursing
- School of Law
- Fuqua School of Business
- Pratt School of Engineering
- Duke Divinity School
- Nicholas School of the Environment
- Sanford School of Public Policy



* Center faculty collaborate with numerous units across campus:

- Office of Black Church Studies
- Division of Gastroenterology
- Adult Gender Medicine Clinic
- Division of Endocrinology, Metabolism, and Nutrition
- PrEP Clinic
- Infectious Diseases Clinic
- Orthopedic Surgery
- Dept of Psychiatry
- Center for AIDS Research
- Dept of Population Health Sciences
- Dept of Sociology
- Dept of Evolutionary Anthropology
- Civic Engagement Office
- Center for the Study of Aging and Human Development
- Cancer Institute
- Center for Child and Family Policy
- Center for Global Mental Health
- Dept of Biostatistics
- Hart Leadership Program
- Asian American & Diaspora Studies Program



UNIVERSITY PARTNERS

* Center faculty collaborate with diverse partners in the US and worldwide, including:

University Partners

- Christian University of the Congo (DRC)
- Columbia University (New York, NY)
- Emory University (Atlanta, GA)
- Florida International University (Miami, FL)
- Indiana University (Bloomington, IN)
- Johnson C. Smith University (Charlotte, NC)
- Memorial University of Newfoundland (Canada)
- Moi University (Kenya)
- NC State University (Raleigh, NC)
- Research Institute of McGill University Health Centre (Canada)
- UNC-Chapel Hill
- UNC-Greensboro
- UNC-Pembroke
- University of Houston School of Social Work (Houston, TX)
- University of South Carolina (Columbia, SC)
- Universidad del Valle de Guatemala (Guatemala City)
- University of Washington (Seattle, WA)
- University of Wisconsin (Milwaukee, WI)
- Wake Forest University (Winston-Salem, NC)



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL



EMORY
UNIVERSITY

W
UNIVERSITY of
WASHINGTON



COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

UNIVERSITY OF
SOUTH CAROLINA

WAKE FOREST
UNIVERSITY



OTHER KEY COLLABORATIONS

* Medical Partners

- Amity Medical Clinic (Charlotte, NC)
- Emergent Therapeutics
- Hope Clinic
- Kilimanjaro Christian Medical Centre (Moshi, Tanzania)
- Moi Teaching and Referral Hospital (Eldoret, Kenya)
- Outcare Health
- RAO Health Clinic (Charlotte, NC)



* Governmental Agencies

- Environmental Protection Agency (US)
- Healthy Robeson (Robeson, NC)
- Mecklenburg County Community Support Services (Charlotte, NC)
- Pamlico County Health Department and Board of County Commissioners (Bayboro, NC)



Pamlico County
Tax Bill Lookup

COMMUNITY-BASED PARTNERSHIPS

* International NGOs

- ACE Africa Kenya
- AMPATH (Academic Model Providing Access to Healthcare, Kenya)
- Asociacion IDEI (Quetzaltenango, Guatemala)
- Colectivo Amigos contra el SIDA (CAS, Guatemala City)
- Development for Cambodian Children (Cambodia)
- Fiocruz (Brazil)
- LIFE Centre (Vietnam)
- Stand for Vulnerable Organization (Ethiopia)
- TINADA Youth Organization (Kenya)
- Trabajando Unidos (Huehuetenango, Guatemala)
- The Wellbeing Project (worldwide)
- WISE (Qatar)



*

US-based NGOs

- Charlotte Trans Health (Charlotte, NC)
- Church World Services (New York, NY)
- Community Health & Wellness Institute (Pembroke, NC)
- Curanopy (Durham, NC)
- El Centro Hispano (Durham, NC)
- HeartWorks/Still Waters (Bayboro, NC)
- LGBTQ Center of Durham (NC)
- LGBT Center of Raleigh (NC)
- LifeSkills Foundation (Durham, NC)
- North Carolina Conference of the United Methodist Church (NC)

- NC Council of Churches (NC)
- Pamlico County Disaster Recovery Coalition (Bayboro, NC)
- Passion in Partnership (NC)
- RAIN (Charlotte, NC)
- Rainbow Collective for Change (Durham, NC)
- Southern AIDS Coalition (Birmingham, AL)
- T.R.Y. (Together for Resilient Youth) (Durham, NC)
- Western North Carolina Conference of the United Methodist Church (NC)
- LYFE THREE, 21 St Century Program, Craven County
- Bear Town Academy, Craven County
- Boys & Girls Club of the Tar River Region
- Bethel Youth Activity Center, Pitt County
- Supreme Teens, Halifax County



FUNDING & SUPPORT

Government

- National Institute of Mental Health (NIMH)
- Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
- Fogarty International Center
- Substance Abuse Mental Health Services Administration (SAMHSA)
- Patient-Centered Outcomes Research Institute (PCORI)
- Durham County
- United States Office of Population Affairs, Teen Pregnancy Prevention Program
- North Carolina DHHS, Department of Public Health, Teen Pregnancy Prevention Initiatives
- Martin County Health Department and Martin County Schools
- Pitt County Health Department and Pitt County Schools
- Pitt County LINKS Foster Care
- NC Department of Safety Division of Juvenile Justice and Delinquency Prevention

Foundations

- The Duke Endowment
- Duke Josiah Charles Trent Memorial Foundation
- Lego Foundation
- Qatar Foundation
- Whole Child International



Universities

- Indiana University
- Medical College of Wisconsin



National Institute
of Mental Health



NGOs

- Charlotte Trans Health
- Social Science Research Council
- Society for the Scientific Study of Religion
- Southern AIDS Coalition
- The Wellbeing Project



Internal to Duke

- DGHI Pilot Grants
- Duke Bass Connections
- Duke Center for AIDS Research
- Duke Division of Gastroenterology
- Duke Intellectual Planning Grant (Provost's Office award)
- Duke Social Science Research Institute

LOCAL IS GLOBAL

Center faculty are intentional about learning across settings, including across North Carolina and international settings, to broaden the range of ideas to test and to enhance and spread effective interventions. Here are two examples from the past five years:



In the Coping Together study, an innovative family strengthening program (Tuko Pamoja) that was developed for families in churches in western Kenya went through a community participatory process to adapt it for North Carolina families. It was piloted in Durham during the pandemic, with strong acceptability and feasibility. (PI: Eve Puffer, with Rae Jean Proeschold-Bell)

PrEParémonos is a Duke CFAR-funded study in which we are adapting a peer navigation intervention originally designed with gay and bisexual men in Guatemala for Latinx gay and bisexual men and transgender women in NC, in collaboration with El Centro Hispano. The goal is to increase Pre-Exposure Prophylaxis use and utilization of the Duke PrEP Clinic by Latinx LGBTQIA+ patients. (PI: Dirk Davis)



(SVO (Stand for Vulnerable Children Organization) Staff and CHPIR faculty, Chris Gray, Kate Whetten, and Hy Huynh in Addis Ababa, Ethiopia)

Community-Engaged Research

The Center's value of interdisciplinary work reaches beyond faculty disciplines to the training and lived expertise of community members. The Center is a hub for community-engaged and community-based participatory research.

- Through the DREAM Engage study, transgender nonbinary community members are outlining a national research agenda of the topics they most care about. They have developed and begun to field a regional survey that will feed a set of research priorities. (**Co-PIs: Kate Whetten and Sara LeGrand**)
- A Buddhist mental health intervention is being developed by monks and the LGBTQ community in Cambodia. (**Co-PIs: Kate Whetten and Hy Huynh**)
- Kabawil is a study working with Indigenous LGBTQIA+ community leaders and Mayan traditional healers in Guatemala to design and pilot an intervention -- delivered by these community members -- to reduce intersectional stigma and improve mental health and HIV prevention among Indigenous gay and bisexual men. (**Co-I: Dirk Davis**)
- Through the SBIRT PrEP Project, a community-based participatory process was used to adapt the evidence-based Screening Brief Intervention and Referral to Treatment (SBIRT) intervention for use in Pre-Exposure Prophylaxis (PrEP) services in Charlotte NC. (**PI: Susan Reif**)
- Refugees and new-comers served by Church World Services engaged in Therapeutic Story Telling to co-construct additional and improved mental health support systems for staff and their clients. (**PI: Sumi Ariely**)
- Several other community-based participatory research projects are described in other areas of this report.



(United Methodist clergy providing feedback to Rae Jean Proeschold-Bell on stress management interventions for clergy)

“ —

“Thank you for asking about my identity and not my HIV status.”

— Member of the transgender community in Durham County

INTERDISCIPLINARY WORK

Center faculty deeply value interdisciplinary teamwork and have set up collaborative structures that ensure intellectual dialogue with diverse thinkers.

- The Duke Clergy Health Initiative regularly convenes faculty and postdoctoral fellows with backgrounds in sociology, psychology, higher education, theology, and exercise science to tease apart societal and occupational influences on wellbeing longitudinally.
- Through the PASTOR Health study of biomarkers of seminary students in transition to work, PI and sociologist David Eagle is partnering with Herman Pontzer in Evolutionary Anthropology to study the changes in physical health experienced by students as they transition from school to work.
- The Duke Center for Global Mental Health convenes faculty and trainees with a variety of disciplinary backgrounds. Currently, the Center includes over 50 Trinity of Arts & Sciences and School of Medicine faculty.



(PCORI Trans and Nonbinary DREAM Project Coalition Team Photo)

- SAMHSA-funded studies involve multidisciplinary collaboration including medical care providers, behavioral health care providers, social workers, psychiatrists and individuals with lived experience working as peer support specialists. Our recent studies have resulted in greater access to behavioral health and physical health care, as well as psychiatric, HIV, and HIV prevention-related medications among people with HIV and LGBTQIA+ individuals who were either untreated or not sufficiently treated.

Innovative Research Methods

In addition to conducting randomized controlled trials, qualitative analysis of in-depth interviews, and survey research, Center faculty employed innovative study designs in the past five years. Such innovations allow the Center to share expertise across their collaborative networks while addressing unique research questions.

Recent Research Methods

- The Selah Stress Management Trial employed a partially randomized preference-based study design
- The Positive Outcomes for Orphans (POFO) study and the SGM Mental Health in LMICs (SMILE) study include discrete choice experiments (DCEs)
- SMILE and a DGHI pilot study on SGM sampling are exploring the feasibility and appropriateness of Respondent Driven Sampling, the presumed gold standard for recruiting hidden populations – an assumption that may not hold for populations networked by hidden identity rather than observable behavior
- The Longitudinal Panel Study of United Methodist Clergy and the Longitudinal Seminary Study are collecting longitudinal directed social network ties



Longitudinal Cohort Studies

Center research involves rich longitudinal mental and physical health data sets that Center faculty conceptualize, obtain funding for, and attract external collaborators to join in interpreting and disseminating findings.

Center Longitudinal Studies

- Orphaned and vulnerable children in Kenya, India, Ethiopia, and Cambodia, 20 years (2004-2024; **PI: Kate Whetten, co-Is: Chris Gray & Hy Huynh**)
- Mental health among sexual and gender minorities in Brazil, Kenya, and Vietnam (2020-ongoing; **PI: Kate Whetten, co-Is: Hy Huynh, Dirk Davis, Chris Gray, David Eagle**)
- Duke University seminary students tracked for 10 years, 6 years (2019-ongoing; **PI: David Eagle**)
- United Methodist clergy in North Carolina, 15 years (2008-ongoing; **PI: Rae Jean Proeschold-Bell**)



(Development for Cambodian Children (DCC) Team for Positive Outcomes for Orphans (POFO) Study based in Battambang, Cambodia)

- Establishing a registry and exploring effects of hormone therapy on psychological and clinical outcomes among transgender non-binary individuals in North Carolina, 4 years (2021-ongoing; **PIs: Kate Whetten and Sara LeGrand**)
- Duke students in a school-work transition period, with biometric data, 1 year (2024-ongoing; **PI: David Eagle**)

Data Collection and Analysis Expertise

Center faculty and staff bring experience in collecting data which can be challenging to gather and analyze, but which offer important data to advance the field.

Data collection

Biomarkers

- Heart Rate Variability
- Fit Bit exercise metrics
- Accelerometry
- Blood spots for stress and inflammatory markers

Family Unit Research

- Family-level outcomes
- Observational parent-child interaction measures

Data analysis

- Latent Class Analysis and Latent Class Trajectory Analysis
- Social Network Analysis
- Longitudinal qualitative analysis
- Longitudinal quantitative analysis
- Large language models for analysis of qualitative data

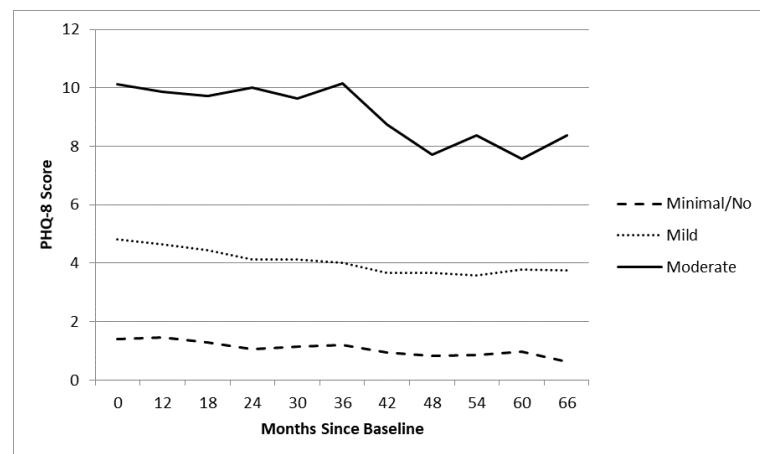


Figure 1. Mean PHQ-8 Depression Scores Over Time by Trajectory Class (n=1172)



(Local research staff in El Salvador conducting a child development assessment for children in daycare centers)

RESPONSES TO THE EVENTS OF 2020

The novel coronavirus ultimately known as COVID-19 strained mental and physical healthcare and social services globally in response to the pandemic. Moreover the death of George Floyd brought unprecedented attention to systemic inequities not just in the United States, but around the world. Responding to health inequities is at the heart of the Center's work.

- The project To Heal the Wounded Soul, through a partnership between the Clergy Health Initiative (CHPIR) and the Duke Office of Black Church Studies (Duke Divinity School), provided a series of three retreats to nearly 300 Black, Indigenous, Latinx, and Asian American clergy from North and South Carolina during 2022-23 in response to exhaustion from COVID-19 and racial violence. (**PI: Rae Jean Proeschold-Bell, with multiple PI from Duke Divinity School David Goatley**)
- Project Uplift offered mental health and substance use education and services for people with HIV and LGBTQIA+ individuals. Due to COVID restrictions, creative ideas for service provisions were necessary, including contracting with affirming behavioral health providers and offering virtual therapy services. (**PIs: Susan Reif, Sara LeGrand**)
- The Teacher Wellbeing project studied how teachers in Kenya, Cambodia, and Qatar sustain their wellbeing, including at work, in the long-term. Interviews were conducted during and after the COVID-19 shutdown and findings made available during a time of peak appreciation for teachers and interest in teacher wellbeing. (**PI: Rae Jean Proeschold-Bell, with Kate Whetten and Hy Huynh**)
- Coping Together responded to family mental health needs during the COVID-19 pandemic and provided a feasible implementation model of eight family group sessions via zoom delivery. (**PI: Eve Puffer, with Rae Jean Proeschold-Bell**)



(Participants in the To Heal the Wounded Soul program during the retreat series for AME, AME Zion, and UMC clergy who are Black, Indigenous People of Color)

INTERVENTION STUDIES

A unique aspect of the Center is the number of behavioral trials conducted. Intervention design and testing is often very challenging, and at the same time they are essential to go beyond problem identification to problem solving. The very nature of these behavioral trials requires interdisciplinary collaboration. A selection of intervention studies conducted in the past five years are displayed below.

- Selah stress management trial tested three practices for stress symptom reduction: Mindfulness-based Stress Reduction, The Daily Examen prayer practice, and Stress Proofing, with United Methodist clergy.
- LGBTQIA+-affirmative Cognitive Behavioral Therapy is a 10-session mental health intervention seeking to improve anxiety and depression and increase PrEP (medication taken to avert HIV acquisition) uptake among gay and bisexual men in Guatemala City, in collaboration with a community clinic.
- EASE, P2P, Uplift, and CREW: four federally-funded SAMHSA (Substance Abuse & Mental Health Services Administration) studies focused on examining the outcomes associated with providing innovative models of mental health and substance use treatment/prevention and care management for people with HIV and the LGBTQIA+ community. The studies have been primarily located in Charlotte NC, a jurisdiction identified by the federal Ending the HIV Epidemic initiative that is highly impacted by HIV.
- One study involved the creation and pilot assessment of a community outreach mobile clinic with a brick and mortar partner charitable clinic in rural NC serving uninsured and underinsured vulnerable populations facing high chronic disease burden, multiple co-morbidities and key barriers to health care access
- Coping Together is an 8-session family strengthening intervention delivered to groups of families by community health workers using a video platform. It targets family communication in families with children ages 8-17 in North Carolina to decrease family conflict and distress.
- Tuko Pamoja is a family strengthening intervention developed for families in churches in western Kenya and has individual and couples components to decrease family conflict, distress, and harsh punishment.
- “Parenting on the Border” is a film intervention for positive parenting for Burmese migrant families living in Thailand .



The SAMHSA funded EASE program team, led Dr. Reif, that offers evidence based behavioral health treatment, case management and peer services

IMPLEMENTATION SCIENCE STUDIES

- We are adapting an evidence-based intervention, the LGBTQIA+ affirmative Cognitive Behavioral Therapy, for the Guatemalan context and to be inclusive of PrEP promotion. As part of the pilot, we will be designing and testing community-based implementation strategies and assessing implementation outcomes, including acceptability, appropriateness, feasibility, and fidelity.
- We are adapting an evidence-based HIV stigma reduction workshop intervention, FRESH, to target intersectional stigma and for Indigenous gay and bisexual men. We will be assessing implementation outcomes, as well as using Indigenous traditional healers (midwives and Mayan priests) as opinion leaders in intervention delivery.
- We are partnering with Duke Department of Psychiatry researcher, Sarah Wilson (PI), to use community advisory process to adapt a faith-based HIV-related stigma reduction intervention for implementation in the NC/SC region.
- BASIC is a large, cluster-randomized implementation effectiveness trial that scaled up a trauma-focused cognitive behavioral therapy intervention (“Pamoja Tunaweza” – Together we can) through lay teacher-counselors and CHV-counselors in Western Kenya.
- SAGE is examining the sustainment and generalizability of the Pamoja Tunaweza intervention that was scaled up through the BASIC implementation effectiveness trial in Western Kenya.
- Feasibility pilot of Coping Together for family strengthening in Durham measured multiple implementation science outcomes related to feasibility and acceptability.
- Pilot studies of Tuko Pamoja measured implementation of a family therapy program and also of a congregation-based family strengthening program in Kenya.
- We are currently adapting Coping Together for Latinx families and planning a feasibility proof of concept trial.
- Eastern NC HEAL is testing ways to scale evidence-based sex education and teenage pregnancy prevention programs across multiple counties in eastern North Carolina.



(ACE Africa Kenya Collaborators, Cyrilla Amanyia and Lynn Akinyi with Kate Whetten in Kisumu, Kenya)

KEY FINDINGS

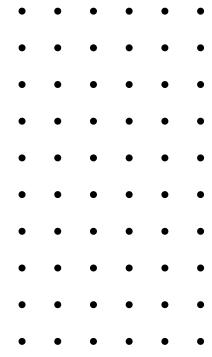
FROM 2019-2024, CENTER FACULTY PUBLISHED OVER 170 JOURNAL ARTICLES. HERE WE OFFER A SAMPLE OF KEY FINDINGS.

- Integrating an evidence based behavioral health screening and referral process (a community informed adaptation of Screening, Brief Intervention, and Referral to Treatment) into PrEP was found to be both feasible and acceptable to PrEP clients and care providers.
- A collaborative network model of case management and mental health counseling provided by affirming community located mental health care providers was associated with statistically significant and clinically meaningful improvement in mental health symptoms among LGBTQIA+ young adults in NC.
- HIV-related stigma is pervasive in the US Deep South and internalized HIV stigma was associated with poorer HIV-related outcomes, including lower levels of medication adherence.
- The Selah Stress Management Trial is the first to demonstrate that Mindfulness Based Stress Reduction can improve 48-hour heart rate variability – which corresponds to fewer strokes and cardiac events.
- Through longitudinal occupational health data, four mental health profiles combining mental distress symptoms and positive mental health indicators were identified. These profiles go beyond a focus on distress to expand our understanding of which groups to target for support, newly indicating pathways to prevent depression and sustain positive mental health for optimal life and work engagement.
- Brief (5-minute) positive emotions interventions tested with families in Coping Together were found to be feasible and not just acceptable, but enjoyable. With their potential to enhance program engagement among parents and children, such brief interventions may have broad behavior change implications.
- By linking environmental data to a longitudinal cohort of young adults who had been orphaned in childhood, exploratory analyses found that exposure to greenspace may be related to improved psychological wellbeing. This finding highlights the need for additional research as to how the built and natural environments can be leveraged for psychological wellbeing in urban areas of Ethiopia and sub-Saharan Africa.



Jan Ostermann and Nathan Thielman presenting findings on HIV testing preferences of at-risk populations in Tanzania

PEOPLE ARE THE HEART OF THE CENTER



(2024 CHPIR Work Retreat at Duke University)

The Center for Health Policy and Inequalities Research (CHPIR) faculty and staff produced substantial results through conducting studies to expand our knowledge about health inequalities and the people who experience them, designing and testing interventions, and delivering evidence-based solutions to address health inequities.

The 35-member CHPIR team includes 12 faculty active in the Center and an additional 27 research, project, and administrative staff who facilitate teamwork, implement interventions, collect and analyze data, document the research process, manage budgets, assist with human resources, communicate, and disseminate.



POLICY IMPACT

- The Caregiver Wellbeing study, with colleagues from the disciplines of psychiatry, theology, sociology, global health, and psychology, led to policy recommendations to support the wellbeing and long-term staying power of caregivers of orphaned and vulnerable children in Ethiopia, Kenya, India, and Cambodia, and dissemination to large audiences through the Christian Alliance for Orphans.
- The body of work by Susan Reif's team has not only brought awareness to the disproportionate incidence and prevalence of HIV in the US South, but also changed the funding emphases of sponsors including Gilead Science's multiple grant initiatives bringing much-needed support to the South.
- A policy brief was prepared and disseminated for a film-based parenting intervention trial on the Burma-Thailand border.
- The Teacher Wellbeing study led to policy recommendations to support teacher occupational health and longevity in the low- and high-income countries of Ethiopia, Cambodia, and Qatar.
- Various policy briefs were disseminated to NC lawmakers educating them on the potential harms of proposed anti-transgender state bills in 2023.
- The teen pregnancy rate in Craven County experienced a reduction in unwanted pregnancies by over 50% between 2010-2020 – the Duke Teen Health Club was continually funded 2011-2024.



(Transgender flag waved at advocacy event during Anti-Transgender NC State Bills in 2023)



Dr. Reif presenting findings from HIV in the Deep South research at the national AIDS Watch meeting

SHARING OUR FINDINGS

The Center's research earned distinction from global and national leaders. The following presentations to the inner circle of decision-makers have the potential to influence the flow of health resources and the focus of future research.

- International AIDS Conference Presentation: Development and Preliminary Testing of an Intervention Designed to Address Internalized HIV Stigma in the US South (Reif S, Cooper H in collaboration with Southern AIDS Coalition)
- US Conference on HIV/AIDS, 2021; The COVID-19 Pandemic: Impact on Southern HIV Service Organizations, Staff and Client, workshop (Reif, Cooper)
- Southern AIDS Coalition Report: Reif S, Cooper H, Warren M, Wilson E. (2021). HIV in the US Deep South: Trends from 2008-2019. Durham NC: Center for Health Policy and Inequalities Research, Duke University.
<https://southernaidscollection.org/hivtrends-report/>
- AIDS Watch Advocacy Conference, 2019 and 2020; Presentation on HIV in the Deep South (Reif)
- The Duke Clergy Health Initiative facilitated a two-day wellness retreat – featuring the interventions they had designed and tested with clergy – for the current and former women bishops of the United Methodist Church, right before those bishops voted in the historic vote paving the way for the United Methodist Church to ordain clergy who are sexual and gender minorities (SGM) and to allow SGM congregants to marry.
- Presented to the U.S. Center for Faith-Based and Neighborhood Partnerships a talk entitled, "Mental Health Outcomes, Attitudes, and Programming among Congregations, Clergy, and Seminarians" in Washington, DC.
- Center faculty have presented multiple times to The Duke Endowment Trustees – key granting decision-makers – on work ranging from the changing makeup of the United Methodist Church in response to the church's split over issues of human sexuality to stress management behavioral trial outcomes for clergy.
- At the Christian Alliance for Orphans annual convening, 2024, which reached 300 caregivers of orphaned and vulnerable children worldwide, plenary attendees learned the strategies that caregivers in Kenya, Cambodia, Ethiopia, and India use to sustain their mental health long-term and enhance their engagement with vulnerable children.



(Hy Huynh and Kate Whetten presenting on The Smile Study for new Community Advisory Board in Kisumu, Kenya)

NOTABLE MEDIA MENTIONS



(United Methodist clergy navigated COVID and also divisions in the denomination over human sexuality, marriage, and ordination, and were supported through the To Heal the Wounded Soul program)

- Dr. Susan Reif on [HIV-Related Stigma in the Deep South](#), AIDSVu, August 19, 2021 (Susan Reif)
- [Southern HIV/AIDS Awareness Day 2021](#), POZ, August 20, 2021 (Susan Reif)
- [A pastor confessed to his church he was tired, and he planned a break. Then, the coronavirus hit D.C.](#) The Washington Post, April 11, 2020 (Rae Jean Proeschold-Bell)
- [United Methodists will again debate LGBTQ clergy and same-sex weddings](#), NPR Morning Edition, April 23, 2024 (David Eagle)
- [For American clergy, the burdens of their calling increasingly threaten mental well-being.](#) USA Today, front page, May 26, 2024 (Rae Jean Proeschold-Bell)

Community Impact Spotlight: Genevieve L. Hunter

"My dream was always to support teens by saturating the community with important sexual health messaging and that requires working on many levels – the community-based level and with medical providers, parents, and the teens themselves." – Genevieve Hunter



History of Teen Pregnancy Prevention in Craven County

In 2010, Craven County, North Carolina, held the 15th highest teen pregnancy rate (67.3%) in the state. By 2020, this rate had halved (30.3%), thanks to the Duke Teen Health Club, a program initiated by CHPIR Project Director, Genevieve Hunter, in partnership with local health departments, school systems and youth organizations. With a master's in human sexuality education, Genevieve's journey began at Duke 20 years ago, focusing on outreach and education in an HIV medical care clinic. She recognized that including discussions on relationships and communication enhanced her impact on HIV prevention.

The Affordable Care Act in 2010 opened funding opportunities for the Personal Responsibility Education Program (PREP) grants, prompting Genevieve to collaborate with Craven County Health Department staff. Since then, she has led the Duke Teen Health Club and expanded its reach. In 2021, she brought on Alicia Andrews, also a master's degree holder in human sexuality, to strengthen their efforts. Together, they secured three grants in 2023 to extend programming into additional counties, highlighting their commitment to empowering youth and effecting meaningful change.

Despite facing challenges, particularly regarding attitudes towards sex education, Genevieve and her team provide training to program partners, allowing them to reassess their beliefs about sexual behavior. This approach ensures comprehensive sexual health education is accessible.

Current Landscape and Community Impact

By 2024, the Duke Teen Health Club has received continuous funding, especially crucial after the closure of the statewide Sexual Health Information For Teens (SHIFT) organization in 2022, which left a gap in pregnancy prevention programming. While some counties offer minimal sex education, the Duke Teen Health Club provides extensive programming across various settings in multiple counties.

Genevieve takes pride in the personal stories of impact. A young person once expressed gratitude for guidance in building a healthy relationship. "What I'm most proud of is when a young person says you helped me navigate a relationship and communicate more effectively with my boyfriend or girlfriend," says Genevieve. "While teaching during the pandemic, a youth told me in a ZOOM chat, 'You helped me be able to stand up to my boyfriend and say what I want and what I don't want.' I remember, too, a boy from transitioning from juvenile justice saying he never knew you have to ask permission to do something [sexually]." Duke Teen Health Club covers essential sexual health topics that aren't just about teen pregnancy and disease prevention, including consent, communicating boundaries, and developing decision-making skills.

Kaysia King, a Health Education Specialist, notes that teens are also eager to learn about LGBTQIA+ topics. "Teens want to know information about the LGBTQIA+ community. We know this because they ask us questions related to gender, pronouns, and more. We know that this information means a lot to our youth especially those who identify with the community but are anxious about these identities. We have had youth share these anxieties with us." The team responds to their inquiries with accurate and culturally competent information, addressing the anxieties many youth face regarding their identities with care and compassion. Feedback from educators indicates a strong need to support youth, especially in light of rising concerns about the mental health of LGBTQIA+ youth.

Duke's Leadership in Adolescent Sexual Health in Eastern North Carolina

The Duke Teen Health Club is at the forefront of addressing contemporary issues in sexual health education and teen pregnancy prevention, solidifying Duke's role in advancing adolescent sexual health initiatives in Eastern North Carolina. The program's success exemplifies the power of passionate advocacy and community engagement in fostering healthier futures for young people.

Duke SEXUAL and GENDER MINORITY WELLNESS PROGRAM

When the Duke Adolescent Gender Clinic sought help with data collection to better understand patient needs, they reached out to CHPIR researcher Sara LeGrand who had been weaving Sexual and Gender Minority (SGM) health disparities into her research and student mentoring for years. Just a few years earlier, the NIH had launched the Sexual and Gender Minority Research Office, expanding their field of SGM study beyond the historic focus on HIV. This confluence of local need, researcher passion, student interest, and federal focus created the backdrop for early discussions to coordinate SGM research on the Duke campus. Quickly, it became evident that an interdisciplinary approach would be needed, and the collaboration grew to include partners from Duke's schools of business, law, engineering, arts and sciences and public policy – people with extensive experience working in the LGBTQIA+ community and those eager to expand their work into this field.

The SGM Wellness Program officially got off the ground in late 2019 with expanded leadership and a focus on *wellness* – access to education, safe homes, mental health services, connection to community, economic development, medical care, and more. A majority of the partners in the SGM Wellness Program come from the LGBTQIA+ community; they know that this population often experience trauma from their families and is actively discriminated against on personal and institutional levels. If we can support some of the most marginalized and vulnerable people, then we can apply the lessons learned to anyone.

In a few short years, the Sexual and Gender Minority Wellness Program (SGMWP) has made strides toward this support in the global and US south, including: hosting two SGM conferences; presenting to Ethiopian governmental officials and discussing the implications of state policies on youth; providing research to NC legislators and staffers on the impact of bills on the LGBTQIA+ community; developing undergraduate and graduate courses; hosting interns; and creating models for working with transgender and non-binary persons as collaborators, leaders, and co-researchers in research studies.

Under the current leadership team of Kate Whetten and Tonia Poteat (co-Faculty Program Directors), Program Director Ace Robinson, and Global Mental Health faculty lead Hy Huynh, the SGMWP is looking toward future projects that bring students, faculty, and researchers from across Duke to prepare and grow the field of professionals serving the LGBTQIA+ community, train medical providers across the Southeastern US and global South to provide high quality care to the community, and conduct community-led research to document the lives of SGM and affect policies around the world.

The SGMWP is thankful to have received funding from Duke's Sanford School of Public Policy, the Duke Global Health Institute, and the Whetten discretionary fund.



(Kate Whetten, Sara LeGrand, and others presenting on a panel related to "Mental Health Disparities Among SGM in the Southern US and Global South" during the SGMWP's first symposium in 2020)

PASSION PLAYS

We were often told, “You’ll never pull that off,” and yet out of enthusiasm and commitment to decreasing disparities, we forged ahead – and succeeded.



In just 15 months, we newly partnered with the AME and AME Zion Church to plan, recruit, and hold 9 multiday in-person events for clergy and their families. We also organized 60 synchronous online peer group meetings, and collected and analyzed evaluation data.

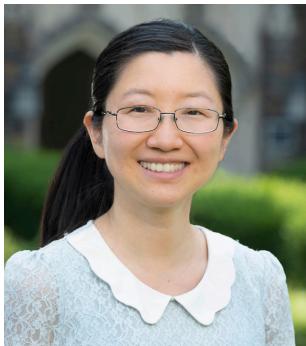
Indigenous gay and bisexual men in Guatemala were considered a niche population that would be too hard to reach. By building relationships with trusted community partners, we were able to recruit 395 Indigenous gay and bisexual men for a CFAR-funded survey on stigma, mental health, and HIV outcomes, the largest cohort of Indigenous sexual minority individuals in the region. Results from this study informed a recently awarded Fogarty R01 project to adapt and pilot an intervention to reduce intersectional stigma.



Project Uplift resulted in a high level of engagement (including data collection) working with LGB and T/NB primarily people of color. Out of it, a community partnership was strengthened and additional funding was secured.

A SUPPORTIVE ENVIRONMENT

Impacting health disparities through research and partnerships is challenging work – challenging work which can be made smoother, better, and more extensive by doing it in community.



(From left to right: Andrew Weinhold, Jia Yao, Logan Tice, & Jane Bo-Hyeong Lee)

- When it comes to matters of scientific inquiry, my voice is heard. I don't have to ask for a seat at the table; my chair is already pulled out and waiting. I also feel like my perspective on regulatory and financial matters is not only valued but sought. I absolutely love when I hear about how the work we do impacts the community and when I take that information and disseminate it. And yet, the thing I like the very best is seeing the spark of understanding a student has when they understand a challenging topic and that tiny moment can lead to increased confidence, creativity and passion for the work we do. (Logan)
- I think people here are very kind and supportive. Also I enjoy the purpose of my work. (Jia)
- I began working at CHPIR because it was a way to make a difference on the individual level (through intervention research projects) while also impacting policy (evaluation and dissemination of results). (Heather)
- I would say what keeps me here is the opportunity to do research that has a clear purpose and audience in mind (i.e. to promote the health and wellbeing of pastors), and that I get to do this research with a team that is just as effective and talented as they are lovely on a personal level. (Jane)
- I began working at CHPIR for its emphasis on serving those who want to serve well. What keeps me here is my love of translating research into resources and the colleagues who do likewise with me. (Erin)
- I saw a supportive community where faculty and staff voices were heard and valued. As a junior faculty member, I saw this as an example of collaboration I wanted to emulate in my own work. (Eve)
- Working at CHPIR, I feel privileged to regularly cross paths with so many different disciplines, ideas, and walks of life on a daily basis. (Andy)

IMPACT ON INTERNATIONAL COLLABORATORS

The way the Center collaborates with partners offers pathways to growth and new opportunities – certainly for the faculty and staff in the Center, but also for our international partners.



(From left to right: Malik Muhammad Sohail, Daisy Okoth, Anne Omariba)

- “During my tenure with CHPIR, I received exceptional mentorship that significantly shaped and enhanced my research skills. I had the opportunity to collaborate with leading experts, resulting in the publication of high-impact research papers. Moreover, I established the Center for Religion, Science, and Social Wellbeing at the University of Chakwal, one of the few platforms in Pakistan advocating against religious extremism and violence. The center plays a critical role in fostering dialogue and promoting peace within Pakistani society, addressing a crucial gap in contemporary socio-religious discourse.” - Malik Muhammad Sohail (Pakistan)
- “I have gained a lot through CHPIR. I was able to learn a lot on Human subjects, especially on the ethical principles, regulatory requirements and best practices on research with human subjects. This has given me opportunities to work with Institutions dealing with human subjects and I am glad I am able to impact change on the physical and mental health of my clients. Seeing my client's mental health is perfect, that is my passion.” - Anne Omariba (Kenya)
- “As a result of working with CHPIR/Duke, not only have I gained a better understanding of the diverse mental health needs from the thousands of people I have worked with in the society, but I have also gotten several Mental health trainings from the TF-CBT developers and the most outstanding trainers in the world. This has made me grow from being a TF-CBT lay counselor to a skilled supervisor, trainer and coach of lay counselors and to a sought-after mental health trainer of trainers. Duke has also made it possible for me to interact with and reach out to mental health stakeholders and policy makers with the intention to improve the mental health situation in Kenya.” - Daisy Okoth (Kenya)

APPENDIX



(CHPIR Center outdoor outing in 2020)

Faculty Biographies



Center for Health Policy
& Inequalities Research
AT DUKE UNIVERSITY

chpir.org

Kathryn Whetten, PhD, MPH

Director



Title

- Director, CHPiR
- Professor of Public Policy and Global Health
- Co-Director, Duke Sexual and Gender Minority Health Program
- Research Director, Hart Fellows Program



Research Interests

- Understanding health disparities globally and locally
- Sexual and/or Gender Minority Health and Wellbeing
- Global mental health
- Health policy



Sites

- Brazil, China, DRC, Cambodia, Kenya, El Salvador, India, Malawi, Cameroon, Ethiopia, Tanzania, Vietnam, US

Current, Future, Prior Projects

Mental health among orphaned children in low-resource settings

- **BASIC:** Task sharing mental health care in low-resource settings
Role: PI, R01, NIMH
- **POFO:** Positive outcomes for orphans longitudinal cohort
Role: MPI, R01, NICHD

Mental health among sexual and gender minorities

- **SMILE:** SGM mental health in low- and middle-income countries
 - Role: MPI, R01, NIMH
- **RAMP UP:** Rurality, Mental health, and Policy: Uncovering Potential interventions to improve sexual and gender minority health
 - Role: Senior Collaborator, Pending R21, NIMHD

Rae Jean Proeschold-Bell, PhD

Deputy Director



Title

- Research Professor
- Duke Global Health Institute
- Center for Health Policy & Inequalities Research



Research Interests

- Occupational health and wellbeing
- Positive mental health
- Interventions targeting both mental and physical health
- Clergy, caregivers, teachers, medical providers and others called to their work



Sites

- North Carolina, USA currently; previously Kenya, Cambodia, Qatar, India, and Ethiopia

Current, Future, Prior Projects

Primary Current Projects

- Creation of a Clergy Health and Wellbeing Databank to Inform Programs, Policies, and Resource Allocation Decisions for Clergy (PI)
 - Funded by The Duke Endowment continuously since 2007
 - 9 waves of a statewide United Methodist clergy survey, 2008-2025
 - Determine longitudinal relationships between dimensions of physical health and physical illness, mental health and mental illness, and spiritual well-being and struggle, among clergy in the context in which they work
 - Combine quantitative and qualitative data to contextualize pathways to positive mental health
- Communications and Research Utilization Activities to Promote the Health, Wellbeing, and Support of Clergy (PI)
 - Direct engagement with United Methodist clergy, primarily in North Carolina
 - Newsletter, website, and social media communications; presentations, detailed reports, and briefs
 - Development and provision of wellbeing retreats, including evidence-based practices that we tested in the Selah Stress Management Trial and identified from the literature

Sample Prior Projects

- Transforming and Sustaining: Wellbeing Practices for Teachers and Caregivers of Children in three countries
- Flourishing Mental Health in Caregivers: A Mixed Methods Study of Religion and Virtue Across Four Countries and Religious Traditions

Sumi Ariely, PhD



Title

- Center for Health Policy and Inequality Research
- Associate Professor of the Practice of Global Health



Research Interests

- Women's health
- Intersections of mental health and violence
- Environmental health
- Refugee and Undocumented Workers' Health



Sites

- Durham, Ghana, Honduras, Kenya, North Carolina, India, Uganda

Current, Future, Prior Projects

Local Community Partner Programs

- Multi-sectoral support and Art based Human-Centered Design Care for People and Caregivers living with Dementia (Dementia Inclusive Inc, Durham)
- Mental and Physical health assessment for k-12 and guardians (Heartworks/Still Waters, Pamlico County, NC)
- Assessing Chronic Care, Env Health, and Care Gap Needs: Rural Health Systems Development and Support in a Coastal NC County
- Refugee and Undocumented Workers' Health (Lincoln Community Health Center, Durham)

International Field Programs

- Mental health screening and support for OSCs and Caregivers (UdayanCare, India)

Dirk A. Davis, PhD, MPH



Title

- Postdoctoral Fellow
- Interdisciplinary Research Training Program in AIDS (T32)
- CHPIR
- Duke Global Health Institute



Research Interests

- LGBTQIA+ health
- Intersections of mental health, violence, & HIV
- Global health
- Indigenous health
- Mixed methods
- Community-engaged behavioral interventions



Sites

- Guatemala, Dominican Republic, Cuba, North Carolina

Current, Future, Prior Projects

Examining the relationships between sexual minority stress, mental health, and PrEP engagement among Indigenous gay and bisexual men in Guatemala: Preparing for a pilot intervention

- Duke CFAR Microgrant (2022-2023); Role: PI

Adapting the ESTEEM intervention to improve mental health and PrEP uptake among gay and bisexual men in Guatemala

- NIMH K01 (Jan 2023 submission); Role: PI

Rurality, Mental health, and Policy: Uncovering Potential interventions to improve sexual and gender minority health using the All of Us Research Program (RAMP UP)

- NIMHD R21 (Mar 2023 submission); Role: MPI (with Dr. Chris Gray)

Adapting and piloting the FRESH intervention to reduce intersectional stigma among Indigenous gay and bisexual men living with HIV in Guatemala

- NIMH R34 (May 2023 submission); Role: Co-I (PI Roberto Orellana, Univ. of Washington)

David Eagle, PhD



Title

- Assistant Research Professor of Global Health and Sociology
- Center for Health Policy & Inequalities Research
- Duke Global Health Institute



Research Interests

- Occupational determinants of health
- Race and Inequality
- Religion/Religious Organization
- Mental Health
- Obesity
- Social Networks



Sites

- North Carolina, USA (small projects in Pakistan and DRC)

Current, Future, Prior Projects

Role: PI, TDE Grant (2018-2023; renewed 2023-2028):

- Assessing how divinity school education prepares students for their careers and how individuals change during this formative period. Its purpose is to generate data-driven solutions for improving ministerial training, health, and wellbeing.
- Examining the prospective relationship between obesity, eating, chronic stress exposure and inflammation in a group of new seminary graduates.
- Health, politics and polarization: quantifying the health impacts of working in politically dissimilar environments. Exploration of the role that politically dissimilar social network ties may influence occupational wellbeing.

- Using national data to fully quantify the health challenges religious clergy face in their occupation.
- How racialized organizational structures impact the career pathways of BIPOC clergy

Other Projects:

- **MORSE: Methods for sampling SGM.**
 - Role: M-PI (Chris Grey), Re-submission Pending R03, NIMH

Christine L. Gray, PhD, MPH



Title

- Research Assistant Professor, Epidemiologist
- Center for Health Policy & Inequalities Research
- Duke Global Health Institute



Research Interests

- Social and environmental drivers of mental health
- Implementation science
- Global mental health
- Practical methods for data challenges



Sites

- Kenya, Ethiopia, Tanzania, Cambodia, U.S., North Carolina, South Carolina

Current, Future, Prior Projects

Mental health among orphaned children in low-resource settings

- **SAGE**: Sustaining and generalizing interventions for children
 - Role: PI, K01, NIMH
- **BASIC**: Task sharing mental health care in low-resource settings
 - Role: Investigator (PI: Dorsey, Whetten), R01, NIMH
- **POFO**: Positive outcomes for orphans longitudinal cohort
 - Role: Investigator (MPI: Whetten, Ostermann), NICHD

Sampling of and mental health among sexual and gender minorities

- **SMILE**: SGM mental health in low- and middle-income countries
 - Role: Investigator (MPI: Whetten, LeGrand), NIMH
- **DGHI SGM Pilot**: Pilot testing respondent driven sampling among SGM
 - Role: co-PI (David Eagle), DGHI
- **RAMP UP**: Rurality, Mental health, and Policy: Uncovering Potential interventions to improve sexual and gender minority health

- Role: MPI (Dirk Davis), Pending R21, NIMHD

• **MORSE**: Methods for sampling SGM

- Role: M-PI (David Eagle), Re-submission Pending R03, NIMH

Distribution of environmental quality as related to health and mental health

- **SEPHE**: Collaborative on Social Epidemiology for Health and Place Equity
 - Role: Co-Lead (Emily D'Agostino), Provost's Office seed funding
- **EQI, Redlining, and Gentrification**: Social-environmental quality and human health; historical redlining in health outcomes today
 - Collaborator with EPA

Hy V. Huynh, PhD



Title

- Assistant Professor of the Practice
- Community Psychologist Practitioner & Researcher
- Center for Health Policy & Inequalities Research
- Duke Global Health Institute



Research Interests

- Community-Level MH & Well-being of Orphaned and Separated Children (OSC), Sexual and Gender Minorities (SGM), and Refugee/Immigrant and Asian Diaspora Populations, Locally and Globally
- Culturally Salient, Community-Created Mental Health Interventions
- Resilience, Social Support, Community Care



Sites

- Durham, NC, Vietnam, Cambodia, India, Kenya, Brazil, Ethiopia, Tanzania, El Salvador, Qatar

Current, Future, Prior Projects

Researcher Activities

- Co-PI on pilot grant on Buddhist mindfulness mental health intervention in Cambodia
- Co-Investigator on SMILE (SGM mental health and well-being in Vietnam, Kenya, and Brazil)
- Co-Investigator on POFO (orphan & separated children well-being in Cambodia, Ethiopia & Tanzania)
- Recent Co-Investigator on Project Uplift (mental health and well-being of young LBGTQ+ adults in NC)
- Recent Co-PI on Monitoring and Evaluation Assessment of Child Care Institutions Across India

Practice Interests

- Adapting, training, & facilitating community-level GMH interventions
- Mindfulness-based MH interventions for LMIC Asian contexts
- Community Partnership Building in Asia/Vietnam
- Teaching on topics related to GH Ethics, Global Mental Health, Child & Adolescent MH at DGHI, DKU, SDGHI

Practitioner Activities:

- Lead instructor for MS-GH “Global Health Ethics” core course, Laidlaw Scholar’s gateway course on “Community-Engaged Research Leadership”, and Asian American and Diaspora Psychology course
- Co-instructor for Global Health & Human Rights for SGD People, SGM Health Seminar, Frequent Guest Lecturer for Global Health Ethics, Global Health 101, Global Mental Health, and Global Health Challenges
- Facilitator for Durham-based LGBTQIA+ mental health therapy groups
- Mindfulness meditation teacher/facilitator for local and national LGBTQ+ community
- Research & Community Partners Advisor for Hart Fellows Program
- Research & Comms Lead for Duke SGM Wellness Program
- Communications & Outreach Specialist for CHPIR

Sara LeGrand, PhD



Title

- Associate Research Professor
- Duke Global Health Institute
- Duke Center for Health Policy & Inequalities Research
- Co-Director, Duke Sexual and Gender Minority Wellness Program



Research Interests

- Identify SGM health inequities including those associated with intersecting minoritized identities
- Develop & test multilevel solutions by working WITH effected communities
- Digital health solutions
- Local AND global focus



- Sara is a socio-behavioral scientist who conducts collaborative, community-engaged research focused on identifying & addressing disparities in health & wellness among SGMs locally & globally

Main Focuses

Collaborate

- With communities throughout all phases of the research process, to acknowledge the equal importance of community perspectives, & build trust
- With CHPIR, DGHI, other Duke colleagues, and inter-institutional colleagues to maximize research impact

Inspire

The next generation of GH leaders by using innovative pedagogies that:

- Encourage Duke undergrads to pursue GH studies (101 course)
- Grow interest, knowledge, and skills in SGM wellness research (co-taught SGM Health Seminar, all learner levels); consider course expansion .

Mentor

- Undergraduate, master's, doctoral students and trainees (e.g., post-docs, & medical trainees in nursing, medicine [students, residents, fellows])
- Mentorship to faculty and staff interested in engaging in research & policy work related to SGM wellness
- Including mentorship in LMICs

Jay Pearson, PhD, MPH



Title

- Faculty Affiliate, CHPIR
- Professor of Public Policy
- Associate Dean of Diversity, Equity & Inclusion at Duke Sanford School



Research Interests

- The formation and function of Identity based Structural Inequalities
- Population Level Health Inequities
- Social Well-Being
- Health Impacts of Migration, as well as Positive and Negative Social Bias



Sites

- Chile, Colombia, Venezuela, Haiti, El Salvador, Honduras, Brazil, U.S.

Current, Future, Prior Projects

- Race, Ethnicity, Immigration and U.S. Health Inequity
 - Document patterns of health degradation by U.S. Racialization processes across time.
 - Conduct a confirmatory analysis of Self Rated Health utilizing Allostatic Load for a racially and ethnically diverse sample of U.S. and non-U.S. born participants.
- Immigration, Colorism, Social Well-Being & Health in Latin America
 - Examine the social well-being and health impacts of immigration to Chile from Colombia, Venezuela and Haiti.
 - Examine the social well-being and health impacts of return migration and repatriation from the U.S. to Honduras and El Salvador.

Eve S. Puffer, PhD



Title

- Associate Professor
 - Department of Psychology, Neuroscience
 - Duke Global Health Institute
 - Center for Health Policy & Inequalities Research
-



Research Interests

- Child Mental Health
 - Family-based interventions to target family relationships and mental health outcomes
 - Parenting interventions in humanitarian settings
 - Implementation Science
-



Sites

- Kenya, Myanmar-Thailand Border, Liberia, Uganda
-

Current, Future, Prior Projects

A family-based intervention prevention + treatment package:

Evaluation in Eldoret, Kenya (PI)

- Duke Chancellor's Office
- Lafitte Foundation
- Previous: Grand Challenges Canada, Duke Global Health Institute

Evaluation of a Multi-Level Positive Parenting Intervention among Burmese Migrant Families in Thailand (Co-PI)

- Lego Foundation (Role: Co PI)

Coping Together: Providing a family resilience intervention to families in NC (PI)

- DGHI
- Durham County

Long-term health outcomes and dissemination strategies for adolescent character strength interventions (Collaborator)

- Templeton Foundation

Graduating to Resilience Activity Research on Coaching Methodology

- AVSI Foundation

Susan S Reif, PhD, MSW



Title

- Research Scholar
- Center for Health Policy & Inequalities Research
- Duke Global Health Institute



Research Interests

- Mental Health
- HIV care and prevention
- HIV policy, US Deep South.
- LGBTQIA+ health
- Adolescent mental health



Sites

- North Carolina, US Deep South

Current, Future, Prior Projects

Increasing the Integration of Substance Abuse Services and HIV Prevention and Care

- Duke CFAR NIH supplement grant (2022-2023); Role: PI

Implementation Strategies for Integrating Treatment

for Opioid Use Disorder in HIV Care

- Duke CFAR microgrant (2022-2023); Role: Co-PI
- Enhancing Wellness through Affirming Services and Education
- SAMHSA (2022-2027); Role: PI

Adapting COMmitment to Partnership in Addressing HIV/AIDS in Southern States (COMPASS)

- Gilead Sciences (Southern AIDS Coalition) (2018-2024); Role, PI

Addressing barriers to achieving cardiometabolic disorders treatment goals for persons living with HIV in the Southeastern United States

- Duke CFAR NIH supplement grant (2022-2023); Role, PI

Improving Comorbidity Management for People Living with HIV (PLWH)

- Invited application, CFAR NIH Supplement (2023-2025), Role, PI

Nathan Thielman, MD, MPH



Title

- Professor of Medicine and Pathology
- Research Professor of Global Health
- Associate Director Hubert-Yeargan Center
- Director, Global Health Pathway for Residents and Fellows
- CHPIR



Research Interests

- Expanding access to and uptake of HIV testing among at-risk populations in Tanzania
- Integrating non-communicable diseases management into HIV care
- Expanding access to HIV care through patient-centered telehealth
- Implementation Science



Sites

- Tanzania, North and South Carolina

Current, Future, Prior Projects

Confidential social network referrals for HIV testing (CONSORT)

- NIMH R21-R33 | mPIs - Njau, Ostermann, Thielman
- Evaluates reach, efficacy, and cost-effectiveness of a novel mHealth intervention to improve the uptake of HIV testing in Moshi, Tanzania, including among high-risk, and difficult to reach social networks.

"Chanjo Kwa Wakati" - Leveraging community health workers and a responsive digital health system to improve vaccination

- NICHD R01 | mPIs - Ngadaya, Ostermann, Thielman, Vasudevan
- Evaluates whether an integrated community-based digital health intervention can promote equitable routine vaccinations for children.

Adapting and Piloting an Evidence-based Intervention to Improve Hypertension Care among Tanzanians Living with HIV

- FIC R21 | mPIs - Hertz, Manavalan, Mmbaga, Thielman
- Adapts and evaluates an evidence-based hypertension intervention, proven effective in other settings, for integration within HIV clinics to improve hypertension control among Tanzanians living with HIV.

Interdisciplinary Research Training Program in AIDS at Duke University

- NIAID t32 | mPIs - Ferari and Thielman
- Leveraging Duke's large funding base for HIV/AIDS research and a robust Center for AIDS Research (CFAR), this program trains the next generation of HIV researchers (basic, clinical, and sociobehavioral) to actively find solutions across multiple disciplines.

Global Health Pathway for Residents and Fellows

- Internal Funding | Director- Thielman
- Trains postgraduate medical resident and fellows at Duke to become academic leaders in global health focusing on relieving human suffering caused by health disparities.



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