

Research Statement

During the four years I worked as a research consultant for non-profit organizations in Vietnam, I witnessed the damage that stressors at the individual and structural levels can cause to socioeconomically disadvantaged women. I interviewed low-income women and sex workers who worked in the cities as undocumented seasonal rural-urban migrants. These women are generally prohibited from participating in social service programs outside of their hometowns. Lower levels of educational attainment, meager incomes, and lack of health insurance coverage were barriers that prevented women from seeking necessary health care. Residence in impoverished or rural neighborhoods further restricted access to facilities and services that can protect against chronic diseases and their risk factors. After coming to the US for my graduate (MSW) studies, I was surprised to find that, even in such a wealthy nation, similar problems exist. These experiences inspired me to pursue a program of research that examines how individual-level factors such as education, income, race/ethnicity, and acculturation, interact with meso- and macro-level factors such as neighborhood environments, to influence minority women's health. My research will enhance understanding of the root causes of disparities in minority women's health and will inform policy and micro-, meso-, and macro-level interventions to alleviate existing problems.

To advance my research agenda, I have developed an advanced proficiency in the analysis of large nationally representative datasets, earned a certificate in Applied Statistical Modelling, and have begun to develop innovative methodological approaches to better understand the root causes of the challenges that disadvantaged women face. For example, using data from the National Health Interview Survey, I examined the association between perceived neighborhood social cohesion and cervical and breast cancer screening among U.S.-born and foreign-born women. No link between neighborhood social cohesion and cervical or breast cancer screening was identified; however, socially disadvantaged women had lower odds of and cervical and breast cancer screening, regardless of birthplace. Health insurance was associated with substantially higher odds of cervical and breast cancer screening for both foreign-born and U.S.-born groups. These findings aid in understanding relative importance of common determinants of screening uptake among foreign-born and U.S.-born women and suggest that health insurance coverage be expanded.

Additionally, I investigated cancer screening utilization rates based on Asian and Hispanic women's nativity and length of U.S. residence relative to non-Hispanic Black and White women born in the U.S. I found that immigration status plays a significant role in disparities in both Pap test and mammogram screening, but its effects, and those of other sociodemographic factors, varied across and within racial/ethnic groups. Low socioeconomic status was associated with lower odds of screening utilization among White women and Hispanic immigrant women regardless of length of U.S. residence. Never being married was associated with lower odds of Pap test utilization among long-term Hispanic immigrants and U.S.-born Asians/long-term Asian immigrants. Not having health insurance was associated with lower odds of Pap test and mammogram screening utilization across all groups. Without my application of a novel methodology of stratifying the sample into seven groups based on ethnicity and length of U.S. residence (U.S.-born, recent immigrants, and long-term immigrants), these significant inequalities in cancer screening utilization within ethnic groups would not have been identified.

My most recent work explored the relationship between binge drinking and mammogram and Pap-test screening utilization among Asian, Black, Hispanic, and White women in the United States. While previous studies tend to indicate that excessive drinking is associated with lower rates of cancer screening, information is lacking on this relationship by race/ethnicity. Analyses showed that among Hispanic women only, binge drinking frequency was associated with lower odds of mammogram and Pap test utilization. These findings suggest that particularly among Hispanic women who engage in binge drinking, approaches are needed to increase screening utilization. Given that alcohol use is common in the United States with approximately half of all women age 26 and older reporting past month consumption, this study provided a more detailed understanding of the associations between drinking patterns, cancer screening utilization, race/ethnicity, and other sociodemographic characteristics.

My dissertation examines the influence of neighborhood Asian American composition and neighborhood socioeconomic status on birth outcomes among Asian Americans in Texas. Leveraging my data analytic capabilities, I am using an exceptionally large, nationally representative, geocoded dataset of birth outcomes in Texas from 2005 to 2017 (13 years). This approach will aid in determining whether neighborhood racial composition and socioeconomic status contribute to positive or negative birth outcomes among Asian Americans. In particular, I am interested in whether living in predominantly Asian American neighborhoods provides a buffer against negative birth outcomes for Asian American mothers, and whether any such buffering effects vary by Asian subgroup, nativity, and urban/rural status. My dissertation also aims to examine whether living in neighborhoods with low socioeconomic status is a risk factor for adverse birth outcomes for Asian American mothers, and, if so, whether these risks vary by Asian subgroup, nativity, and urban/rural status. My dissertation findings will substantially improve what are currently insufficient interpretations of the nuanced diversity in the Asian American population and the role of ethnic neighborhoods on Asian Americans' well-being. This will contribute to an in-depth understanding of disparities across and within Asian American subgroups as well as inequities by nativity and rural-urban residence. The study will also inform policy and interventions that can be specifically tailored to the needs of these subgroups in order to improve the health of Asian Americans and reduce negative birth outcomes.

I have experience writing successful grant applications in my research area. With Dr. Catherine Cubbin, I co-wrote a grant proposal that was recently funded by Texas Center for Equity Promotion, utilizing these 13 years of geocoded natality data in Texas. This study will be the first to comprehensively examine the extent to which neighborhood effects on pre-pregnancy cardiovascular disease risk factors vary according to county-level urban/rural status at the population level, and whether such variations are consistent across racial/ethnic/nativity and education groups. With the skills I gained in successfully obtaining this grant, I plan to submit a proposal for a K99 NIH Career Transition Award to replicate this study using data from all U.S. states.

My prior professional and academic experiences both in a developing nation and in the U.S. inform my current research path, which focuses on the health of a critically underserved segment of the population, minority women. I continue to thoughtfully pursue the necessary knowledge and skills that will prepare me for a successful academic career. As a testament to my scholarly records and my potential to significantly contribute to my area of study, I was recently selected to be a UT Austin Provost Early Career Fellow. This initiative aims to train and mentor

a diverse new generation of promising researchers to fulfill UT's critical goals. My ultimate goal is to become a leading social work authority in women's health and a methodologist who uses equity-informed lenses and innovative approaches to identify health disparities and the underlying root causes leading to them, in order to inform policy decisions to implement targeted solutions.