

Newsletter

Director's Update

In this letter I want to update you on accomplishments from Fall 2011 and let you know MPRC's plans for Spring 2012.

First, we submitted a Center Grant proposal to the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) to renew our funding for another five years. I want to thank all of you for your help in making sure that we got the data we needed to put together the proposal. We are hopeful and optimistic that we will be successful.

Building on the retreat held in May last year, we modified our signature themes. You will notice that they are now: Gender, Family and Social Change, Health in Social Context, Social and Economic Inequality, and People and Place. These are described more fully on the home page of the revised MPRC website. Methods and data enhancement remain important to our Center but have been included under the four substantive themes. We are currently updating the descriptions of research projects so we can provide the most recent data available.

Our update is timely as we recently added several new faculty associates. Phil Cohen, Sociology, has published widely on gender work and family issues, for example, the relationship between cohabitation, earnings, and the division of household labor; the role of family structure in facilitating or impeding women's employment; and the effects of labor market racial / ethnic composition on racial and gender inequalities. Take a look at Phil's interesting blog on family inequality*. Robin Puett and Don Milton come from the Maryland Institute for Applied Environmental Health, SPH. Robin Puett examines the effects of local air and groundwater contaminants on a range of disease outcomes including diabetes, cancer, and hypertension. Besides his research on early life exposure to allergens and endotoxins and risk of allergy and asthma, Don Milton is engaged in studies of influenza transmission, extending these to environmental toxicants and health outcomes. Don just put together an application for a Chesapeake Center for Oceans and Human Health that would address public health



risks of bay pollution. We welcome **Olivia Carter-Pokras** and **Xin He**, both from the Department of Epidemiology and Biostatistics, SPH. Dr. Carter-Pokras has been a leader in both conceptualizing and investigating racial and ethnic health disparities. Dr. He's current research focuses on longitudinal data analysis, sur-

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vival analysis, nonparametric and semiparametric methods, as well as applications in clinical trials, epidemiology, and other public health related studies. He is eager to become involved in collaborative projects with MPRC faculty. New economics faculty member **Sergio Urzua** has investigated the effects of cognitive and socio-emotional skills on labor market outcomes, schooling choices, and risky behaviors. Non-cognitive skills, including self-confidence, locus of control, and agreeableness, play a powerful role in predicting health behaviors such as physical activity and substance use.

I want to remind you that our Spring meeting for MPRC faculty associates will take place on Monday February 13 at noon in our conference room. This is a chance to get together to welcome the new semester, catch up on activities at MPRC, and ask questions. All in no more than one hour! Lunch will be provided. This semester brings a full series of Seminars on Mondays at noon, which will be posted on the MPRC website and sent through our weekly events update. The series will be kicked off on February 6 at noon by Karen Woodrow-Lafield, who will be discussing "Net Immigration and Projections for Social Security Programs," the outcome of her experience working on a 2011 Technical Panel on Assumptions and Methods for the Social Security Administration. Working groups will begin meeting again this Spring. The Gender, Family and Social Change work group will begin meeting Wednesdays through the semester. The first such meeting will take place on February 22 with Phil Cohen. Please send me an e-mail message** if you would like to be on the list. * familyinequality.wordpress.com

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Newly funded research projects

Natasha Cabrera (Human Development and Quantitative Methodology, ED) received a small grant (R03) from the NICHD entitled "Low-Income Fathers' Linguistic Influence on their Children's Language Development."

The study is an in-depth examination of the language variation in low-income father-child dyadic interactions, focusing on African American children because studies suggest that they may be at high risk for school challenges. It asks: 1) How do low-income fathers talk with their toddlers? 2) What factors predict variation in fathers' use of complex language with their children? 3) How does fathers' language relate to children's language?

The study includes a group of fathers and their toddlers from low-income, African American families, drawn from two sites of the National Early Head Start Research and Evaluation Project. The study transcribes 10-minute father-child play interactions verbatim from videotapes using Codes for the Analysis of Human Language. Fathers' speech acts are classified into responsive, referential, symbolic, or directive language. Similarly, children's speech acts are classified into referential or semantic language. Their total speech acts, diversity, total words, and types are also calculated. Preliminary analysis shows that fathers with greater referential language had children with greater referential language. Further analyses will explore how fathers' language affects toddlers' language across sites.

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The study focuses on the impact of caregiving for grandchildren on grandparents' health for different race / ethnic groups in the U.S. Although it is known that Black and Hispanic grandparents are more likely to co-reside with grandchildren and to provide routine care for grandchildren than their White counterparts, much less is known about whether varied levels of caregiving have differential effects on their health. First, minority grandparents who are heavily involved with childcare tend to be disproportionately concentrated lower on the socioeconomic ladder and may have poorer health conditions initially. Second, the socioeconomic disadvantages of these families may induce additional stress and exacerbate existing poor health conditions. Third, the presence of strong familistic traditions and the mobilization of social support networks may act as a buffer for adverse socioeconomic conditions. The study uses data from the Health and Retirement Study, a nationally representative, longitudinal panel study of older adults in the U.S. Using the cumulative advantage / disadvantage and cumulative inequality (CAD/CI) framework, the project should enhance our understanding of different mechanisms through which grandparents' caregiving influences health trajectories. The focus on race/ethnic disparities is critically important, given minority grandparents' higher level of childcare involvement, race/ethnic differences in sub-cultural norms, socioeconomic resources and social ties, and the rate of growth of the Hispanic population.

Karoline Mortensen (Health Services Administration, SPH) also has a new R21 grant from NICHD. "The Effects of Changes in Medicaid Physician Fees on the Use of Preventative Care."

The purpose of this project is to model the effects of the Patient Protection and Affordable Care Act of 2010 (PPA-CA) on the use of U.S. Preventive Services Task Force (USPSTF)-recommended preventive care among Medicaid enrollees. PPACA makes several changes to Medicaid rules designed to increase the use of preventive care. First, it alters the financial incentives for primary care physicians receiving Medicaid reimbursement for preventive services. Second, it includes a one percentage point Federal Medical Assistance Percentage (FMAP) incentive to states that cover preventive care benefits and prohibit Medicaid preventive care cost sharing that had been allowed previously. Finally, PPACA expands eligibility for Medicaid to previously ineligible populations. This study will model the impact of these variations in Medicaid rules on the use of USPSTF-recommended preventive care and project the effect of the changes mandated by PPACA. Then, the effects of the elimination of the physician fee changes in 2015 will be estimated, along with the cost of increased use of these preventive services. Dr. Mortensen will use data from the Medical Expenditure Panel Survey (MEPS), the National Ambulatory Medical Care Survey (NAMCS) and the Safety Net Monitoring Initiative. Econometric techniques including fixed effects and difference-differences analyses will control for the endogeneity of Medicaid variables.

Robin Puett (MIAEH, SPH) received an R01 grant from the National Institute of Environmental Health Sciences (NIEHS) entitled, "Air Pollution, Subclinical CVD and Inflammatory Markers in the Search Cohort."

Type 1 diabetes mellitus is one of the leading chronic conditions among children and youth and its impact is increasing worldwide. Intense medical and nutritional management of the diabetic condition and any existing cardiovascular disease (CVD) risk factors is currently the key treatment approach. Research has shown that adults with diabetes are more susceptible than nondiabetics for increased CVD morbidity and mortality associated with exposures to outdoor air pollution. Very little research has been conducted to examine whether children and youth with diabetes are similarly susceptible; however the inference seems reasonable, given that children typically spend more time outside and are more sensitive to environmental exposures. Since the early onset of type 1 diabetes increases CVD risks in adulthood, there is an urgent need to understand the role of air pollution exposures in this population. With representation of diverse racial and ethnic groups and geographically distinct areas of the U.S., as well as the availability of extensive, existing information on CVD risk factors, the SEARCH for Diabetes in Youth Study (SEARCH) offers an unprecedented opportunity to systematically study, the short and long-term effects of air pollution on cardiovascular risk. The study will examine the acute effects of air pollution exposures on inflammatory markers and measures of cardiovascular function, as well as the chronic effects of these exposures on cardiovascular structure.