

NATIONAL HISPANIC SCIENCE NETWORK ON DRUG ABUSE

Fifteenth Annual International Conference

June 15-17, 2016 🌳 JW Marriott Desert Springs Resort & Spa 🌳 Palm Desert, CA

Mission Statement

The National Hispanic Science Network on Drug Abuse is dedicated to improving the health equity of Hispanics by increasing the amount, quality and dissemination of interdisciplinary translational research; and fostering the development and advancement of Hispanic scientists to promote future leaders.

National Steering Committee

Patricia E. Molina, M.D., Ph.D.

*Chair, NHSN
Richard Ashman Professor & Head
Department of Physiology
Director, Alcohol & Drug Abuse Center
Louisiana State University Health Sciences Center*

Sergio Aguilar-Gaxiola, M.D., Ph.D.

*Professor, Clinical Internal Medicine
Director, Center for Reducing Health Disparities
University of California, Davis*

Margarita Alegría, Ph.D.

*Chief, Disparities Research Unit
Professor, Department of Medicine
Harvard Medical School*

James Anthony, Ph.D.

*Professor, Department of Epidemiology
Michigan State University*

Richard De La Garza, II, Ph.D.

*Professor, Department of Psychiatry
& Behavioral Sciences
Baylor College of Medicine*

Diana Martínez, M.D.

*Associate Professor, Department of Psychiatry
Columbia University
New York State Psychiatric Institute*

María Elena Medina-Mora, Ph.D.

*Chief Director
Instituto Nacional de Psiquiatría
Ramón de la Fuente Muñiz, México*

Guillermo Prado, Ph.D.

*Dean, Graduate School
Leonard M. Miller Professor of Public Health Sciences
Director, The Division of Prevention Science
and Community Health
Department of Public Health Sciences
University of Miami Miller School of Medicine*

Yonette F. Thomas, Ph.D.

*Science Advisor for Urban Health
New York Academy of Medicine (NYAM)
Senior Advisor
Association of American Geographers (AAG)
Vice President, Interdisciplinary Association for
Population Health Science*

Avelardo Valdez, Ph.D.

*Professor, School of Social Work
University of Southern California*

EARLY CAREER LEADERSHIP CO-CHAIRS

Yessenia Castro, Ph.D.

*Assistant Professor, School of Social Work
University of Texas at Austin*

Miguel Ángel Cano, Ph.D.

*Assistant Professor, Department of Epidemiology
Florida International University*

Welcome from the Conference Chairs

On behalf of the Conference Planning Committee and the Steering Committee of the National Hispanic Science Network (NHSN), we welcome you to the 16th Annual International Conference of the NHSN. This year's conference recognizes that reducing health disparities among ethnic minorities will significantly enhance the overall health and wellbeing of the nation. It also recognizes that we must capitalize on recent advances to achieve health equity among racially and ethnically diverse populations through the translation of science into practice. This year, the Conference Planning Committee identified several special conference themes: 1) American Indian/Alaskan Native Alcohol Research: Genetics to Prevention; 2) HIV in Women and the Elderly and its Future Eradication; 3) Dissemination and Implementation Science; 4) Sex and Gender in Substance Use Research; and 5) Latinos, Drug Use, and the Criminal Justice System. These themes guided the plenary panels which feature distinguished scientists who have made significant contributions to each of these scientific areas. We are also excited to be joined by our plenary speaker, Dr. Ricardo Muñoz. This year, we are featuring a special panel on grant writing that will follow a mock review format. The program also includes career development activities for young scientists such as an Early Career Investigator Panel, a Speed Mentoring Luncheon, two exciting career development breakout sessions and an evening social networking event. Additional breakout sessions highlighting scientific research on drug addiction and social determinants of health are also featured in this year's conference.

The planning committee co-chairs depend on a network of individuals who volunteer their time and energy to the NHSN. We would like to give a special thanks to the conference planning committee: Drs. Acevedo-Polakovich, Arroyo, Bazzi, Canino, Cepeda-Benito, Chang, Iniguez, Reingle, Salas-Wright, and Souza-Smith. A special thanks as well to all those members who volunteered their time to review abstracts for the breakout sessions and poster session. It is also important to recognize Betsy Giaimo for all her efforts in guiding the work of the conference committee. Their efforts are much appreciated. Finally, it is with pleasure that we acknowledge our funders: NIDA, NIAAA, and NEI as well as the support of LSUHSC, Seton Hall Institute of NeuroImmune Pharmacology, University of Miami School of Nursing and Health Studies, and the University of Texas at El Paso.

In summary, we are excited about the distinguished panelists and presenters on the program. We expect three days of stimulating and interactive scientific discussion, as well as strong networking and wholesome fun – the attributes that characterize our NHSN conferences.

Be sure to “Like” the NHSN on Facebook (<https://www.facebook.com/NationalHispanicScienceNetwork>) follow @theNHSN on Twitter, and contribute to the highlights, updates, and discussions about the conference using #NHSN2016!

Conference Chairs:

Karina Gattamorta, Ph.D.

Craig Field, Ph.D., MPH

Wednesday June 15, 2016

8:00 AM–5:00 PM REGISTRATION

12:00 PM–12:15 PM WELCOMING REMARKS (Desert Salon 8)

Karina Gattamorta, Ph.D., 2016 NHSN Scientific Conference Co-Chair
Research Associate Professor, School of Nursing and Health Studies, University of Miami
(kgattamorta@miami.edu)

Craig Field, Ph.D., MPH, 2016 NHSN Scientific Conference Co-Chair
Director, Latino Alcohol & Health Disparities Research (LAHDR) Center; Director of Clinical Training & Associate Professor, Psychology Department, University of Texas, El Paso (cfield@utep.edu)

12:15 PM–1:15 PM PLENARY PRESENTATION (Abstract on p.17) (Desert Salon 8)
USING PSYCHOLOGY AND TECHNOLOGY TO REACH LATINOS WORLDWIDE: WHY STOP AT THE BORDER?

Ricardo F. Muñoz, Ph.D., Distinguished Professor of Clinical Psychology, Palo Alto University
(rmunoz@paloaltou.edu)

1:15 PM–1:30 PM BREAK

1:30 PM–3:00 PM

SCIENTIFIC SESSION 1

AMERICAN INDIAN/ALASKA NATIVE (AIAN) ALCOHOL RESEARCH: GENETICS TO PREVENTION
(Abstract on p.17-18) (Desert Salon 8)

CHAIR: **Judith Arroyo, Ph.D.**, Coordinator, Minority Health and Health Disparities, Office of the Director, NIAAA/NIH (jarroyo@mail.nih.gov)

1:35 PM EVIDENCE FOR A GENETIC COMPONENT USING WHOLE GENOME SEQUENCE DATA FOR SUBSTANCE USE IN AN AMERICAN INDIAN SAMPLE

Cindy L Ehlers, Ph.D., Professor, Scripps Research Institute (cindy@scripps.edu)

2:00 PM THE SOCIO-ECOLOGY OF UNDERAGE DRINKING WITHIN RESERVATION COMMUNITIES: ARGUMENTS FOR INTERVENING AT MULTIPLE LEVELS.

Roland S. Moore, Ph.D., Center Director and Senior Research Scientist, Prevention Research Center, Pacific Institute for Research and Evaluation (roland@prev.org)

2:25 PM COMMUNITY AND CULTURALLY-ENGAGED RESEARCH TO REDUCE ALCOHOL/SUICIDE RISK FOR ALASKA NATIVE YOUTH

Stacy M. Rasmus, Ph.D., MPH, Institute of Arctic Biology Northwest Indian College University of Alaska
(smrasmus@alaska.edu)

3:15 PM–5:00 PM SPEED MENTORING (Desert Salon 10-13) Prior registration required.

6:00 PM–8:00 PM EARLY CAREER MIXER (Lobby Bar)

Sponsored by the ECLC and the Interdisciplinary Research Training Institute (IRTI)

Thursday June 16, 2016

8:00 AM–8:45 AM SPONSORED BREAKFAST (Desert Salon 8)

The El Centro Measures Library

The University of Miami School Of Nursing and Health Studies' Center of Excellence for Health Disparities Research: El Centro (National Center on Minority Health and Health Disparities grant P60MD002266) aims to advance capacity for research with non-English speaking participants through a collection of measures with Spanish translations. This collection is available to investigators across the University of Miami as well as the broader research community via the El Centro website: http://www.miami.edu/sonhs/index.php/elcentro/research/measures_library/ Our goal is to have an interactive library where investigators can contribute measures with Spanish translations that they have used in their research. If you have measures that you would like us to add to the library, please contact Joanne O'Day (j.oday@miami.edu) for more information on how to proceed.

- 8:45 AM- 10:15 AM NEW INVESTIGATORS IN DRUG ABUSE RESEARCH (Abstracts on pp.18-19) (Desert Salon 8)
 Co-CHAIRS: **Marisela Agudelo, Ph.D.**, Assistant Professor, Department of Immunology, Florida International University (*magudelo@fiu.edu*); In absentia: **Christopher Salas-Wright, Ph.D.**, Assistant Professor, School of Social Work, University of Texas at Austin (*salaswright@utexas.edu*)
- 8:50 AM HEALTH RESOURCE UTILIZATION AMONG ASTHMATICS WITH SUBSTANCE-RELATED DISORDER
Benjamin J. Becerra, DrPH, MPH, MS., Assistant Professor, School of Allied Health Professions, Loma Linda University (*bbecerra@llu.edu*)
- 9:10 AM ASSOCIATIONS OF SPANISH-LANGUAGE HEALTH LITERACY WITH SMOKING STATUS AND PROBLEMATIC ALCOHOL USE AMONG LATINO ADULTS
Diana Stewart Hoover, Ph.D., Assistant Professor, Department of Health Disparities Research at the University of Texas MD Anderson Cancer Center (*DSHoover@mdanderson.org*)
- 9:30 AM A BEHAVIORAL ECONOMIC MEASURE OF SMOKING REINFORCEMENT AS PREDICTOR OF ABSTINENCE
Sara Weidberg, Ph.D., Postdoctoral Researcher, Addictive Behaviors Research Group, University of Oviedo, Spain (*weidbergsara.uo@uniovi.es*)
- 9:50 AM INSULIN NORMALIZES THE STRONG REWARDING EFFECTS OF NICOTINE OBSERVED IN DIABETIC RATS
Bryan Cruz, B.A., Graduate Student and NIH-RISE Fellow, Department of Psychology, The University of Texas at El Paso (*bcruz2@miners.utep.edu*)
- 10:15 AM–10:30 AM TRANSITION
- 10:30AM -12:00 PM **SCIENTIFIC SESSION 2**
- FINDING ERADICATION AND CURE FOR HIV (Abstracts pp.19-20) (Desert Salon 8)
 CO-CHAIRS: **Eduardo Montalvo, Ph.D.**, Scientific Review Officer/ AIDS and Related Research (AARR)/ NeuroAIDS and other End-organ Diseases (NAED) NIH/Center for Scientific Review (*montalve@csr.nih.gov*) and **Sulie L. Chang, Ph.D.**, Director, Institute of Neuroimmune Pharmacology, Professor, Department of Biological Sciences/Neuroscience, Seton Hall University (*sulie.chang@shu.edu*)
- 10:35 AM ELIMINATION OF HIV-1 GENOMES FROM HUMAN T-LYMPHOID CELLS BY CRISPR/CAS9 GENE EDITING
Kamel Khalili, Ph.D., Laura H. Carnell Professor and Chair, Department of Neuroscience, Director, Center for Neurovirology and Comprehensive NeuroAIDS Center, Lewis Katz School of Medicine at Temple University (*kamel.khalili@temple.edu*)
- 11:00 AM HIV AND WOMEN: NEW AND OLD ISSUES....
Carmen D. Zorrilla, M.D., Professor, Obstetrics and Gynecology, University of Puerto Rico School of Medicine (*carmen.zorrilla@upr.edu*)
- 11:25 AM USING HIV GENETIC VARIATION FOR DEVELOPMENT OF NOVEL DIAGNOSTIC AND THERAPEUTIC ASSAYS
Michael Nonnemacher, Ph.D., Assistant Professor, Department of Microbiology and Immunology Assistant Director, Center for Molecular Virology & Translational Neuroscience, Institute for Molecular Medicine & Infectious Disease; Director, Center for Scientific Communication & Outreach, Institute for Molecular Medicine & Infectious Disease, Drexel University College of Medicine (*Michael.Nonnemacher@DrexelMed.edu*)
- 12:15 PM–1:30 PM MENTORING LUNCHEON and PRESENTATION (San Jacinto Ballroom)
Laura O'Dell, Ph.D., Associate Professor, Department of Psychology, The University of Texas at El Paso (*lodell@utep.edu*)
- 1:30 PM–1:45 PM TRANSITION
- 1:45 PM - 2:45 PM **BREAKOUT SESSION A**

SESSION A1 HOW TO EFFECTIVELY NEGOTIATE AT ALL LEVELS OF AN ACADEMIC CAREER: LESSONS AND STRATEGIES. (Roundtable) (Desert Salon 8)
 CO-CHAIRS: **Maria Gurrola, Ph.D.**, Associate Professor, School of Social Work, New Mexico State University (*gurrola@nmsu.edu*) and **Nalini Negi, MSW, Ph.D.**, Assistant Professor, University of Maryland, School of Social Work (*nnegi@ssw.umaryland.edu*)

PRESENTERS **Flavio Marsiglia, Ph.D.**, Professor of Cultural Diversity and Health & Director, Southwest Interdisciplinary Research Center (SIRC), School of Social Work - College of Public Programs, Arizona State University (*marsiglia@asu.edu*)

Hilda Pantin, Ph.D., Professor and Executive Vice Chair, Department of Public Health Sciences, University of Miami Miller School of Medicine (*hpantin@med.miami.edu*)

Laura O'Dell, Ph.D., Associate Professor, Department of Psychology, The University of Texas at El Paso (*lodell@utep.edu*)

J. Bryan Page, Ph.D., Professor & Chair, Department of Anthropology, University of Miami (*bryan.page@miami.edu*)

SESSION A2 THE STRUCTURE, SERVICE DELIVERY AND EFFECTIVENESS OF SUBSTANCE ABUSE DISORDER TREATMENT IN LATINO COMMUNITIES: IMPLICATIONS FOR HEALTH CARE DISPARITIES (Abstracts on pp.20-21) (Desert Salon 9-10)
 CHAIR: **Erick Guerrero, Ph.D.**, Associate Professor, School of Social Work, University of Southern California (*erickgue@usc.edu*)

PRESENTERS UNDERSTANDING SYSTEM STABILITY AND PERFORMANCE IN ADDICTION HEALTH SERVICES: INFORMING HEALTH CARE REFORM POLICY
Angelique Montgomery, School of Social Work, University of Southern California (*ajmontgo@usc.edu*)

IMPLEMENTATION OF COORDINATION IN ADDICTION HEALTH SERVICES ORGANIZATIONS WITH MENTAL HEALTH AND PUBLIC HEALTH SERVICES
Erick G. Guerrero, Ph.D., Associate Professor, School of Social Work, University of Southern California (*erickgue@usc.edu*)

RACIAL AND ETHNIC AND GENDER DISPARITIES IN SUBSTANCE USE AT DISCHARGE
Karissa Fenwick, MSW, PhD Candidate, School of Social Work, University of Southern California (*kfenwick@usc.edu*)

2:45 PM–3:00 PM TRANSITION

3:00 PM - 4:00 PM **BREAKOUT SESSION B**

SESSION B1 LINKEDIN, TWITTER, AND GOOGLE: USING SOCIAL MEDIA SITES IN THE PROFESSIONAL SETTING (Abstracts on pp.21-22) (Desert Salon 8)
 CHAIR: **Kathryn Nowotny, Ph.D.**, NIH Ruth L. Kirschstein Research Service Award Fellow, Department of Sociology & Population Program, Institute of Behavioral Science, University of Colorado Boulder (*kathryn.nowotny@colorado.edu*)

PRESENTERS CREATING A PROFESSIONAL IMAGE ONLINE
Nazanin Heydarina, Graduate Student, Department of Psychology, University of Texas at El Paso (*nmheydarian@miners.utep.edu*)

LEARNING HOW TO USE TWITTER EFFECTIVELY
Dessaray Gorbett, Graduate Student, Department of Psychology, University of Texas at El Paso (*dcbgorbett@miners.utep.edu*)

GOOGLE+ & GOOGLE SCHOLAR: EXPANDING THE USES FOR GOOGLE
Giovanna Perez, Graduate Student, Department of Psychology, University of Texas at El Paso (*gmperez@miners.utep.edu*)

USING LINKEDIN TO MAKE PROFESSIONAL CONNECTIONS

Allyson S. Hughes, Graduate Student, Department of Psychology, University of Texas at El Paso (asrockhold@miners.utep.edu)

SESSION B2 DO SOCIAL DETERMINANTS PREDICT DISTRESS AND HEALTH BEHAVIORS AMONG LATINOS? (Abstracts on pp.22-23) (Desert Salon 9-10)

CHAIR: **David Wetter, Ph.D.**, Professor and Chair, Department of Psychology, Rice University (david.wetter@rice.edu)

PRESENTERS SOCIOECONOMIC INDICATORS AS PREDICTORS OF SMOKING CESSATION AMONG SPANISH-SPEAKING MEXICAN AMERICANS

Christine Vinci, Ph.D., Post-Doctoral Fellow, Department of Health Disparities Research, The University of Texas MD Anderson Cancer Center (cvinci28@gmail.com)

PARENTAL RECALL OF DAUGHTER'S HPV VACCINATION STATUS

Maria E. Fernandez, Ph.D. The University of Texas Health Science Center at Houston School of Public Health, Center for Health Promotion & Prevention Research (maria.e.fernandez@uth.tmc.edu)

PREDICTORS OF PSYCHOLOGICAL DISTRESS AMONG UNDOCUMENTED MEXICAN IMMIGRANTS

Luz Garcini, Graduate Student, SDSU/UCSD Joint Doctoral Program in Clinical Psychology (lgarcini@mail.sdsu.edu)

4:15 PM–4:30 PM TRANSITION

4:30 PM–6:00 PM

SCIENTIFIC SESSION 3

DISSEMINATION AND IMPLEMENTATION SCIENCE (Abstract on pp.23-24) (Desert Salon 8)

CHAIR: **Ignacio D. Acevedo-Polakovich, Ph.D.**, Associate Professor, Ecological-Community Psychology, Michigan State University (idap@msu.edu)

4:35 PM IMPLEMENTATION OF EVIDENCE-BASED INTEGRATED CARE MODELS IN SUBSTANCE ABUSE DISORDER TREATMENT

Erick G. Guerrero, Ph.D., Associate Professor, School of Social Work, University of Southern California (erickgue@usc.edu)

5:00 PM THE USE OF TECHNOLOGY TO TRAIN PROVIDERS IN EVIDENCE BASED PROGRAMS

Ana A. Baumann, Ph.D., Research Assistant Professor, George Warren Brown School of Social Work, Washington University (abaumannwalker@wustl.edu)

5:25 PM REDUCING MENTAL HEALTH CARE DISPARITIES IN THE LATINO COMMUNITY: CONTRIBUTIONS OF IMPLEMENTATION SCIENCE

Leopoldo J. Cabassa, Ph.D., Associate Professor, School of Social Work, Columbia University (cabassa@nyspi.columbia.edu)

Friday June 17, 2016

8:30 AM–10:00 AM

SCIENTIFIC SESSION 4

SEX AND GENDER IN SUBSTANCE USE RESEARCH (Abstracts on pp.24-25) (Desert Salon 8)

CHAIR: **Angela R. Bazzi, Ph.D., MPH**, Assistant Professor, Department of Community Health Sciences, Boston University School of Public Health (abazzi@bu.edu)

8:35 AM BETTER WITH BOTH: STUDYING SEX AND GENDER IS GOOD SCIENCE

Janine A. Clayton, M.D., Associate Director for Research on Women's Health and Director of the Office of Research on Women's Health, NIH (janine.clayton@nih.gov)

9:00 AM TREATMENT FOR WOMEN WITH SUBSTANCE USE DISORDERS: DO GENDER AND ETHNICITY MATTER?

Christine E. Grella, Ph.D., Professor, Integrated Substance Abuse Programs, Department of Psychiatry and Biobehavioral Sciences, University of California, Los Angeles (grella@ucla.edu)

9:25 AM SEX DEPENDENT EFFECTS OF TAURINE AS A POTENTIAL TREATMENT FOR COCAINE USE
Kaliris Y. Salas-Ramírez, Ph.D., Assistant Medical Professor, Dept of Physiology and Pharmacology,
 The City College of New York (*ksalasram@ccny.cuny.edu*)

10:00 AM–11:15 AM POSTER SESSION (Desert Salon 8) (Posters numbered 1-39 pp.28-38)

11:30 AM–1:00 PM GRANT WRITING: MOCK REVIEW SESSION (Abstract on p. 25) (Desert Salon 8)
 CHAIR: **Flavia Souza-Smith, Ph.D.**, Instructor, Department of Physiology, Louisiana State University
 Health Science Center (*fsouz1@lsuhsc.edu*)

PRESENTERS **Eduardo Montalvo, Ph.D.** Scientific Review Officer/ AIDS and Related Research (AARR)/ NeuroAIDS
 and other End-organ Diseases (NAED) NIH/Center for Scientific Review (*montalve@csr.nih.gov*)

Jose Ruiz, Ph.D., Scientific Review Officer, NIDA/NIH (*ruizjf@mail.nih.gov*)

Sulie L. Chang, Ph.D., Professor, Department of Biological Sciences; Director, Institute of NeuroImmunne
 Pharmacology, Seton Hall University (*Sulie.Chang@shu.edu*)

Patricia Molina, M.D., Ph.D., Richard Ashman, Ph.D. Professor, Head Department of Physiology;
 Director Alcohol and Drug Abuse Center of Excellence, Louisiana State University Health Science
 Center (*pmolin@lsuhsc.edu*)

Margarita Alegria, Ph.D., Professor, Department of Psychiatry; Director, Center for Multicultural Mental
 Health Research, Harvard Medical School (*MALEGRIA@mgh.harvard.edu*)

Craig Field, Ph.D., Associate Professor, Department of Psychology, The University of Texas at El Paso,
 Director, Latino Alcohol and Health Disparities Research Center, (*cfield@utep.edu*)

1:15 PM–2:15 PM TRANSITION

1:15 PM–2:15 PM NATIONAL NETWORK MEMBERSHIP MEETING AND LUNCHEON (Desert Salon 8)

PRESENTERS **Patricia Molina, M.D., Ph.D.**, Chair, NHSN

Alice Cepeda, Ph.D., Membership Committee

Avelardo Valdez, Ph.D., Director, Interdisciplinary Research Training Institute

James C Anthony, Ph.D., Director, NHSN Early Career Stage Mentoring for NIDA Research

2:30 PM–4:00 PM BREAKOUT SESSION C

SESSION C1 SI SE PUEDE COLABORAR! RESEARCH COLLABORATIONS WITHIN THE NHSN (Abstract on pp.25)
 (Desert Salon 8)

CO-CHAIRS: **Angela Robertson Bazzi, Ph.D., MPH.**, Assistant Professor, Department of Community
 Health Sciences, Boston University School of Public Health (*abazzi@bu.edu*)

Cristina Wilson, Ph.D., MSW, Associate Professor, School of Social Work, University of Connecticut
 (*cristina.wilson@uconn.edu*)

PRESENTERS RESEARCH COLLABORATION

Angela Robertson Bazzi, Ph.D., MPH., Assistant Professor, Department of Community Health
 Sciences, Boston University School of Public Health (*abazzi@bu.edu*)

Cristina Mogro-Wilson, Ph.D., MSW, Associate Professor, School of Social Work, University of
 Connecticut (*cristina.wilson@uconn.edu*)

BUILDING AND SUSTAINING EFFECTIVE INTRA-UNIVERSITY COLLABORATIONS IN MENTORING
 AND TRAINING

Avelardo Valdez, Ph.D., Professor, School of Social Work, University of Southern California
 (*avelardov@usc.edu*)

Nalini Negi, MSW, Ph.D., Assistant Professor, University of Maryland, School of Social Work
(nnegi@ssw.umaryland.edu)

DEVELOPMENT OF THE ECLC MANUSCRIPT COLLABORATION

Cristina Mogro-Wilson, Ph.D., MSW, Associate Professor, School of Social Work, University of Connecticut
(cristina.wilson@uconn.edu)

DISCUSSION: IDEAS FOR FOSTERING COLLABORATION

Cristina Mogro-Wilson, Ph.D., MSW, Associate Professor, School of Social Work, University of Connecticut
(cristina.wilson@uconn.edu)

SESSION C2 DRUG ADDICTION: BEHAVIORAL AND MOLECULAR PLASTICITY ACROSS DEVELOPMENT
(Abstract on pp.25-26) (Desert Salon 8)

CHAIR: **Amy M. Gancarz-Kausch, Ph.D.** Assistant Professor, Department of Psychology, California State University Bakersfield (agancarz@csusb.edu)

PRESENTERS KETAMINE EXPOSURE DURING PERIADOLESCENCE INCREASES THE REWARDING EFFECTS OF NICOTINE IN ADOLESCENT RATS

Arturo R. Zavala, Ph.D. Associate Professor, Department of Psychology, California State University Long Beach (arturo.zavala@csulb.edu)

ANTIDEPRESSANT EXPOSURE DURING ADOLESCENCE INCREASES PREFERENCE FOR COCAINE IN ADULTHOOD

Sergio D. Iñiguez, Ph.D., Associate Professor, Department of Psychology, University of Texas at El Paso (sdiniguez@utep.edu)

MECHANISMS OF ALTERED REWARD SENSITIVITY IN PSYCHOSTIMULANT WITHDRAWAL

Alicia Izquierdo, Ph.D., Associate Professor, Department of Psychology, University of California Los Angeles (aizquie@psych.ucla.edu)

ACTIVIN/SMAD3 INDUCTION IN THE NUCLEUS ACCUMBENS REGULATES COCAINE PLASTICITY

Amy M. Gancarz-Kausch, Ph.D., Assistant Professor, Department of Psychology, California State University Bakersfield (agancarz@csusb.edu)

4:15 PM–5:45 PM

SCIENTIFIC SESSION 5

LATINOS, DRUG USE, AND THE CRIMINAL JUSTICE SYSTEM (Abstracts on pp.26-27)
(Desert Salon 8)

CHAIR: **Kathryn Nowotny, Ph.D.,** NIH Ruth L. Kirschstein Research Service Award Fellow, Department of Sociology & Population Program, Institute of Behavioral Science, University of Colorado Boulder (nowotny@colorado.edu)

4:20 PM THE CONSEQUENCES OF DRUG POLICIES ON LATINO OFFENDING AND INCARCERATION

Avelardo Valdez Ph.D., Professor, School of Social Work, University of Southern California
(avelardv@usc.edu)

4:45 PM “YOU CAN’T TREAT THAT”: JUVENILE JUSTICE PROFESSIONALS’ ATTITUDES TOWARD JUSTICE-INVOLVED LATINA GIRLS

Vera Lopez, Ph.D., Associate Professor, School of Social Transformation, Arizona State University
(vera.lopez@asu.edu)

5:10 PM THE POSITIVE IMPACT OF SUBSTANCE USE TREATMENT PROVISION FOR WOMEN ARRESTED IN DALLAS COUNTY

Jennifer M. Reingle Gonzalez, Ph.D., Assistant Professor, Epidemiology, Human Genetics and Environmental Sciences, University of Texas Southwestern Medical Center
(Jennifer.Reingle@utsouthwestern.edu)

7:30 PM–10:30 PM DINNER DANCE - (San Jacinto Ballroom)

Speaker Biographies



Karina A. Gattamorta, Ph.D.

2016 NHSN Scientific Conference Co-Chair

Karina Gattamorta is a Research Associate Professor at the School of Nursing and Health Studies at the University of Miami. She earned her PhD in Educational Research, Measurement, and Evaluation in 2009 from The School of Education at UM and an EdS in School Psychology in 2005 from Florida International University. In her current role, she teaches courses in introductory and intermediate statistics, measurement, and research methods in both graduate and undergraduate programs. In 2013 she was awarded a Diversity Supplement that allowed her to expand on her interests tackling health disparities among Hispanic adolescents, and in particular, the interconnectedness of family functioning, mental health, and substance abuse. More recently, she began pursuing research interests examining the relationships between family functioning, mental health, substance abuse, and risky sexual behaviors in Hispanic lesbian, gay, bisexual, and transgender (LGBT) adolescents. Her current research examines the role of families and the coming out experiences of Hispanic sexual minorities. Her research aims to understand and ultimately help reduce health disparities in mental health, substance abuse, and HIV risk

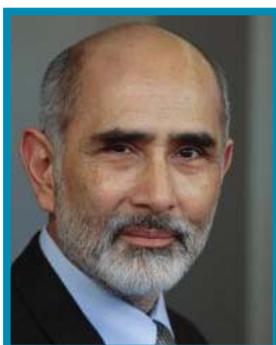
among sexual minorities.



Craig A. Field, Ph.D., MPH

2016 NHSN Scientific Conference Co-Chair

Dr. Craig Field is Associate Professor in the Psychology Department at the University of Texas El Paso and Director of the Latino Alcohol and Health Disparities Research Center (LAHDR). LAHDR's primary mission is to conduct interdisciplinary research that integrates the examination of biological markers of chronic stress and their influence on the development, course and treatment of alcohol use disorders on the U.S. - Mexico Border. Dr. Field has conducted alcohol related health disparities research among Hispanics for more than a decade and this research has been funded by the National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, National Institute on Minority Health and Health Disparities and other federal agencies including Centers for Disease Control, Substance Abuse Mental Health Services Administration and National Highway Traffic Safety Administration. Dr. Field is currently funded by the Patient Centered Outcomes Research to evaluate the comparative effectiveness of a culturally adapted brief motivational intervention with an evidence based, non-adapted brief motivational version to address the unmet treatment need among heavy drinking Hispanic males.



Ricardo F. Muñoz, Ph.D.

Ricardo F. Muñoz, Ph.D., immigrated from Perú to the Mission District in San Francisco in 1961, at age 10. He did his undergraduate work at Stanford and his doctorate at the University of Oregon in Eugene. From 1977 to 2012, he was professor of psychology at the School of Medicine of the University of California, San Francisco (UCSF), at San Francisco General Hospital (SFGH). He was Chief Psychologist for 26 years and founding director of the SFGH Depression Clinic, which has provided CBT in Spanish and English to primary care patients for the last 31 years. Muñoz began publishing on prevention in 1975, served on the two Institute of Medicine committees on prevention of mental disorders, authored the 2010 Annual Review of Clinical Psychology chapter on prevention of depression, a 2012 American Psychologist article titled "Major depression can be prevented", and two books on the topic, including "The prevention of depression: Research and Practice." He is a member of the Global Consortium on Depression Prevention. He has been a pioneer in research on Internet interventions since the 1990's, conducting worldwide randomized controlled smoking cessation trials in Spanish and English. He was a founding member of the board of directors for the International Society for Research on Internet Interventions. He joined Palo Alto University

in 2012, where he established i4Health, the Institute for International Internet Interventions for Health. Its mission is to develop, evaluate, and disseminate digital health interventions worldwide at no charge for all who want to use them.





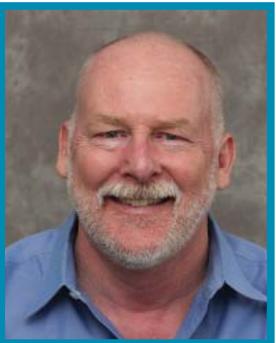
Cindy L Ehlers, Ph.D.

Dr. Cindy Ehlers received her PhD at the University of California at Davis and is now Associate Professor in the Neuropharmacology Department at The Scripps Research Institute, and Adjunct Professor of Psychiatry at University of California, San Diego. Her current research includes EEG markers of alcoholism risk; response to ethanol in Asian Americans, African Americans, and Native Americans; Neuropeptide Y as a marker of mood disorders and risk for alcohol dependence; and co-occurrence of alcohol dependence with other psychiatric disorders in Mission Indians. Some of Dr. Ehlers's research demonstrated that Mission Indian men with at least 50% Native American heritage reported less intense effects of alcohol than those with less than 50% Native American heritage, despite equivalent blood alcohol concentrations. These results contradict the "firewater myth"—the theory that Native Americans are more sensitive to the effects of alcohol. Rather, the data indicate that Mission Indian men are generally less sensitive to alcohol's effects, a physiological characteristic that is associated with a greater risk of alcoholism in Caucasian populations.



Stacy M. Rasmus, Ph.D., MPH

Stacy Rasmus, PhD is a Research Associate Professor in the Institute of Arctic Biology and Center of Alaska Native Health Research at the University of Alaska Fairbanks. Her research primarily focuses on understanding the intersections between culture, health and wellbeing and the role of social determinants in reducing health disparities among American Indian and Alaska Native peoples. She is trained in the social and behavioral sciences with specific expertise in the translation of cultural knowledge and practice into health interventions to reduce disparities and increase wellbeing. She is currently PI of several federal grants that focus on increasing indigenous community and youth resilience and reducing disparities of alcohol misuse and suicide in American Indian and Alaska Native communities.



Roland S. Moore, Ph.D.

Roland S. Moore, PhD, is Senior Research Scientist at the Pacific Institute for Research and Evaluation (PIRE) office in Oakland, CA. He was just elected and appointed Center Director of PIRE's Prevention Research Center. As an applied anthropologist, he conducts research focusing on the relationship between policy and alcohol, tobacco and other drug-related behavior among young adults and adolescents in various populations and communities including military bases, rural California reservations and remote Alaska towns. He collaborates with Southern California tribal clinic and investigators on a long-term project to reduce underage drinking among reservation residents. He also leads a Native American Research Centers for Health research component focusing on reducing availability of prescription opiates via culturally tailored outreach, secure storage and take back programs. Capacity building and mentoring are priorities for this community-based research. Dr. Moore's methodological expertise lies in ethnographic methodology, survey design, community research and qualitative data analysis, and he has extensive fieldwork and management experience conducting National Institutes of Health-funded mixed qualitative and quantitative prevention research among factory workers, hospitality industry workers and military

personnel. Recently, he was a member of the Society for Research on Nicotine and Tobacco Health Disparities Advisory Committee. He presently serves as a standing reviewer on the NIH's Community Influences on Health Behavior review committee.



Benjamin J. Becerra, DrPH

Dr. Benjamin J. Becerra serves as an assistant professor teaching statistics and research at the School of Allied Health Professions at Loma Linda University. Dr. Becerra holds a Doctorate in Public Health (DrPH) in Epidemiology, with his dissertation focus on mental health service utilization among respiratory hospitalizations. Additionally, he has completed a certificate in Health Geoinformatics to create collaborative projects with geospatial technologies. His research interests include epidemiology, biostatistics, mental health, substance abuse, complementary and integrative medicine, health disparities, and geographic information systems (GIS). In particular, his focus is in multidisciplinary approaches in tackling public health issues through epidemiologic and clinical research with best practices of GIS, molecular biology, business and administration, and other areas. Furthermore, he is a statistical consultant and has published on state and national datasets, such as the National Survey on Drug Use and Health (NSDUH) and California Health Interview Survey (CHIS).



Diana S. Hoover, Ph.D.

Diana Stewart Hoover, Ph.D., is an Assistant Professor in the Department of Health Disparities Research at the University of Texas MD Anderson Cancer Center. She earned her Ph.D. in Clinical Psychology from Louisiana State University in 2011. Dr. Hoover's research focuses on promoting health behavior change, particularly smoking cessation, to reduce health disparities in underserved populations. She has recently begun to investigate associations between health literacy and smoking cessation outcomes, and mechanisms of this relationship. Dr. Hoover's research has been supported by the NIH, and she has over 33 publications in peer-reviewed journals.



Sara E. Weidberg, Ph.D.

Sara Weidberg is a postdoctoral researcher at the University of Oviedo (Spain). She obtained her PhD in Psychology in 2015, with a major in the area of addictive behaviors, particularly in the behavioral assessment of impulsivity among drug dependent populations. She is currently working in several research projects such as the application of Contingency Management Techniques among smokers with the depression and the prevalence and incidence of problems associated with problem gambling among adolescents.



Bryan Cruz, B.A.

Bryan Cruz is originally from Los Angeles, CA and received his bachelor's degree in Biological Psychology, with a minor in Spanish Language and Literature from California State University of San Bernardino (CSUSB). At CSUSB and under the mentorship of Dr. Sergio Iñiguez, he examined the behavioral consequences of psychotropic drug and stress exposure (e.g. fluoxetine and ketamine) on depression-related behaviors using preclinical rodent models. He recently joined the laboratory of Dr. Laura O'Dell at the University of Texas at El Paso (UTEP). At UTEP, he is a first year graduate student in the Social, Cognitive, and Neuroscience doctoral program. Bryan's first year project examines the role of insulin in modulating the rewarding effects of nicotine in an animal model of diabetes. He is also interested examining the underlying neurobiological mechanisms that promote drug addiction in vulnerable populations (e.g. females, males, adolescents, and persons with diabetes) using preclinical rodent models. In addition to research, Bryan enjoys running and eating Buffalo wings with his lab-mates.



Kamel Khalili, Ph.D.

Dr. Khalili has been actively investigating the neuropathogenesis of human neurotropic viruses and their interaction with cells of the CNS for three decades. He started with JCV, a polyomavirus whose replication in glial cells causes the fatal demyelinating disease PML. His pioneering work on JCV led to the identification of regulatory events that orchestrate lytic infection of JCV in glial cells and the discovery of several regulatory proteins that participate in glial-specific activation of the virus. The high incidence of PML among AIDS patients prompted Dr. Khalili to take a new initiative and demonstrate the ability of HIV-1 Tat to stimulate JCV replication in glial cells. In addition, using an animal model, Dr. Khalili unraveled a new capacity for the JCV early protein in developing tumors of neural origin. This observation offered a new path to study molecular events involved in the formation and progression of CNS tumors. Dr. Khalili made several breakthroughs pertaining to the neuropathogenesis of AIDS and its ability to induce neuronal cell injury and death. In an effort to prevent neurodegeneration caused by HIV-1, more recently, Dr. Khalili has developed a gene editing strategy that uniquely eradicates the HIV-1 genome from infected cells in brain, including macrophages, microglial cells, and T-cells.

The method is highly accurate and safe, yet rids HIV-1 from the infected cells. His studies are extraordinarily important because, for the first time, the possibility exists to cure, rather than simply control HIV-1, and to obliterate HIV-1 from the CNS diseases of AIDS patients.



Carmen D. Zorrilla, M.D.

Carmen Zorrilla is a Professor of Obstetrics and Gynecology at the UPR School of Medicine, certified by the American Board of Obstetrics and Gynecology and the American Academy of HIV Medicine. She has experience in both obstetrics and Gynecology and HIV related research that includes behavior interventions and clinical trials with HIV infected and at risk populations as well as pregnant and non-pregnant women. Carmen was chosen to become an examiner for the Oral exam of the American Board of Obstetrics and Gynecology (ABOG) and have served as an examiner for almost two decades. She established an infrastructure for the care of pregnant and non-pregnant women. Carmen has served as the PI for the Longitudinal Women’s HIV Clinic, for the PACTG protocol 386, and for several other clinical trials including an Empowerment intervention for women living with HIV and for women with a diagnosis of breast cancer. The transmission rate of HIV infection among the more than 500 infants born to pregnant women living with HIV during the past 12 years at our clinic has been zero. She has been involved in the success of Puerto Rico in eliminating the perinatal HIV transmission as well. Carmen is currently the PI of the UPR Clinical Trials Unit (UPR-CTU), and the UPR Mentoring Institute

for HIV and mental health (sponsored by NIMH). She has been a consultant for diverse national and international organizations including the National Institutes of Health (NIH), the Maternal and Child Health Bureau (MCHB), the Centers for Disease Control (CDC), the Agency for Health Research Quality (AHRQ) and others, and a former member of the Office of Women’s Health Advisory Committee and the CDC/HRSA AIDS and STD Advisory Committee (CHAC).



Michael R. Nonnemacher, Ph.D.

Dr. Nonnemacher received his Ph.D. from Penn State University College of Medicine in 2004 from the Molecular Medicine Program. He then moved to Drexel University College of Medicine where he performed his post-doctoral fellowship from 2004 to 2006. In 2006, he was promoted to the rank of Assistant Professor. For the past 17 years, he has worked on projects surrounding simian immunodeficiency virus (SIV) and human immunodeficiency virus (HIV) genetic variation and the molecular pathogenesis of the virus especially with respect to infection and pathogenesis of the central nervous system (CNS) and bone marrow compartments. As a junior faculty member, he continued to research the role of viral genetics in HIV-associated neurologic disorders (HAND) through assisting in the development of all aspects of the Drexel Medicine CNS AIDS Research and Eradication Study (CARES) Cohort in collaboration with Dr. Brian Wigdahl. He has utilized his background in HIV genetic variation and expanded his studies in the general area of HIV-1 infection and pathogenesis in the CNS. Specifically, he has begun studies on the effects of HIV-1, HIV-1 viral products (Tat and Vpr), drugs of abuse (morphine and

cocaine), and proinflammatory cytokines on the blood-brain barrier and other cells of the CNS. In addition to his scientific roles, he holds administrative roles as the Assistant Director of the Center for Molecular Virology and Translational Neuroscience and Director of the Center for Scientific Communication and Outreach in the Institute for Molecular Medicine and Infectious Disease at Drexel.



Laura E. O’Dell, Ph.D.

Dr. Laura O’Dell is Associate Professor in the Department of Psychology at The University of Texas at El Paso (UTEP). She is also an adjunct faculty member of the Biology Department. She received her Ph.D. in Behavioral Neuroscience from Arizona State University. She conducted her post-doctoral training at The Scripps Research Institute. Dr. O’Dell’s research program is focused on the neural mechanisms that promote tobacco use in vulnerable populations, such as adolescents, females, and persons with diabetes. Her laboratory combines neurochemical and molecular approaches with behavioral models to study the neural basis of addiction. Her research program is supported by a R01 grant from the NIDA and a Basic Science Award from the American Diabetes Association.



Erick G. Guerrero, Ph.D.

Dr. Guerrero is an Associate Professor at the University of Southern California, School of Social Work. He completed his doctoral education at the University of Chicago, School of Social Service Administration. Trained as an organizational and implementation scientist, his program of research focuses on three inter-related areas associated with organizational capacity to improve standards of care for vulnerable populations; (1) Latino disparities in behavioral health services, (2) Implementation of culturally responsive and evidence-based practices, and (3) Integration of behavioral health and primary care services. His funded research includes a three year R01 study funded by NIDA in which he seeks to detect, understand and reduce Latino health care disparities. Dr. Guerrero is also the Principal Investigator in a 5-year NIDA R33 study examining how changes precipitated by the Affordable Care Act may impact the capacity of community-based substance abuse treatment organizations to expand service delivery (mental health and HIV prevention) and eliminate disparities in access and retention among African American and Latino clients. He also leads studies in health care access in Mexico. Overall, these large studies have informed the current development of leadership interventions to implement evidence-based care in substance abuse treatment.



Ana A. Baumann, Ph.D.

Ana A. Baumann's research aims to reduce racial and ethnic disparities in access and utilization of services and in quality of care. Dr. Baumann's background is in psychology, and her research program includes both applied and basic research that lie at the intersection of decision-making processes, prevention science, and cultural and contextual approaches. Her most recent projects are focused on adapting, implementing and disseminating evidence-based interventions for ethnic minority populations in the U.S. and internationally. Dr. Baumann manages the Implementation Research Institute (IRI), a learning collaborative of implementation researchers funded by the National Institute of Mental Health (NIMH) and the Department of Veterans Affairs (VA) aiming to train researchers in implementation science in mental health. Dr. Baumann is also the coordinator of the Dissemination and Implementation Research Core (DIRC), an ICTS Core that provides methodological expertise to advance translational research to inform and move efficacious health practices from clinical knowledge to routine care.



Leopoldo J. Cabassa, Ph.D.

Professor Cabassa works in the fields of health and mental health services research for racial and ethnic minorities. Specifically, he conducts studies on ways to reduce the stigma towards mental illness among the Hispanic population, and on developing, testing, and implementing interventions to improve the physical health of under-served populations with serious mental illness. His research program blends quantitative and qualitative methods and community engagement to understand the factors that fuel racial and ethnic inequities in health and mental health care and uses this knowledge to inform the development and implementation of interventions to reduce disparities. Dr. Cabassa's work has been supported by the National Institutes of Health and the New York State Office of Mental Health. Both of his current NIH projects aim to promote the physical health of Hispanics with serious mental illness (SMI):



Janine A. Clayton, M.D.

Janine Austin Clayton, M.D., was appointed Associate Director for Research on Women's Health and Director of the Office of Research on Women's Health at the National Institutes of Health (NIH) in 2012. She is leading NIH's policy change initiative that requires scientists to include female animals and cells in preclinical research design. Dr. Clayton was previously the Deputy Clinical Director of the National Eye Institute (NEI). A board-certified ophthalmologist, Dr. Clayton's research interests include autoimmune ocular diseases and the role of sex and gender in health and disease. Dr. Clayton has a particular interest in ocular surface disease and discovered a novel form of disease associated with premature ovarian insufficiency that affects young women. She is the author of more than 80 scientific publications, journal articles, and book chapters. Dr. Clayton is a native Washingtonian, and received her undergraduate degree with honors from the Johns Hopkins University and her medical degree from Howard University College of Medicine. She completed a residency in ophthalmology at the Medical College of Virginia and fellowship training in cornea and external disease at the Wilmer Eye Institute at Johns Hopkins Hospital and in uveitis and ocular immunology at the NEI. Dr. Clayton has been an attending physician and clinical investigator in

cornea and uveitis at the NEI since 1996, conducting research on inflammatory diseases of the anterior segment and providing medical and surgical uveitis fellowship training. Her clinical research has ranged from randomized controlled trials of novel therapies for immune mediated ocular diseases to studies on the development of digital imaging techniques for the anterior segment. Dr. Clayton has received several awards from NIH and has been recognized as a leader by her peers. She received the Senior Achievement Award from the Board of Trustees of the American Academy of Ophthalmology in 2008 and was selected as a 2010 Silver Fellow by the Association for Research in Vision and Ophthalmology.



Christine E. Grella, Ph.D.

Christine Grella, Ph.D., is Professor in the Department of Psychiatry and Biobehavioral Sciences in the David Geffen School of Medicine at UCLA, and Co-Director of the UCLA Integrated Substance Abuse Programs. Her research focuses on the organization, delivery, and outcomes of treatment for individuals with substance use disorders, with a focus on those who have co-occurring mental disorders, youth, and women, including those in the criminal justice and child welfare systems. She has conducted several longitudinal cohort studies that have examined substance use, health status, and psychosocial functioning over periods ranging from one to over 30 years. She has been Principal Investigator or Co-Investigator on over 20 research studies funded by National Institutes of Health, the Substance Abuse and Mental Health Services Administration (SAMHSA), private foundations (Robert Wood Johnson Foundation, Hilton Foundation), and state and county government. She is Co-Investigator and Director of the Research and Methods Support Core of the NIDA-funded Center on Advancing Longitudinal Drug Abuse Research and PI of the pre- and postdoctoral Training Program in Addiction Health Services Research at UCLA. She has published over 120 peer-reviewed publications, and serves on numerous advisory boards in the areas of substance abuse and mental health treatment.



Kaliris Y. Salas-Ramirez, Ph.D.

Dr. Kaliris Salas-Ramirez was born in Puerto Rico. Her parents moved from Puerto Rico to New Jersey to complete their doctorates when she was six. It was then that she began to understand what a scientist did and she knew she wanted to become one. She and her family moved back to Puerto Rico and she finished the rest of her education on the island, obtaining her BS in Biology in 2000 from the University of Puerto Rico (UPR)-Mayaguez Campus. There she engaged in different types of research projects, from organic chemistry to social sciences. Not sure whether she wanted to get her degree in higher education in the natural sciences or switch over to the social sciences, she did research studying how the brain controls different aspects of learning and memory at the University of Puerto Rico - Rio Piedras Campus with Dr. Carmen Maldonado-Vlaar. Since then she was convinced that she wanted to pursue a doctorate in Neuroscience. In December 2007, Dr. Salas obtained her doctorate from Michigan State University under the tutelage of Dr. Cheryl Sisk. Her work focused on understanding the behavioral maturation that occurs during adolescence and how hormones impact that growth. Specifically, she focused on how anabolic steroids differentially impact the adolescent and adult brains when it comes to social behaviors and neural plasticity. Her research has been published and showcased in newspapers, online magazines and scientific journals. She has been part of the NHSN since 2002 and has received support from the organization as a graduate student, post doc and as faculty. Currently, Dr. Salas is an Assistant Medical Professor at The Sophie Davis School of Biomedical Education, CUNY School of Medicine in Harlem, NY. She teaches Clinical Neuroscience in their medical program that focuses on increasing the number of underrepresented minorities as Primary Care Physicians and encourages them to work with under-served populations in New York. In addition, she holds an Adjunct Assistant Professor position at the Department of Psychology in Hunter College, CUNY. For the last five years she has spent significant time studying how cocaine affects the brain during different stages of development. In addition, she has also become interested in cancer-related research focused on how different treatments affect cognitive behavior and potential interventions for cognitive decline, sex differences and development. She mentors undergraduate, graduate and medical students through several undergraduate research training programs, graduate and medical training programs. Dr. Salas is committed to producing excellent science, while actively mentoring students and advocating for diversity and inclusion. She currently has federal funding for this research through the National Cancer Institute and the New York State Department of Health. She also holds two fellowships through NINDS and NIDA for Early Career investigators. Dr. Salas's passion will always be understanding how drugs affect the brain and how to intervene to contribute on treatment and rehabilitation for men and women that suffer from the addiction.



Eduardo Montalvo, Ph.D.

Dr. Eduardo Montalvo recently joined the Center for Scientific Review as scientific review administrator for the AIDS-related research study section AARR-4. He also will coordinate the review of all AIDS-related Small Business Innovative Research grants. After receiving his Ph.D. in microbiology, Montalvo had postdoctoral training in the department of molecular biology at Princeton University. He then went to the University of Texas Health Science Center in San Antonio, where he was an assistant professor spearheading research on cellular proteins critical to the life cycle of the Epstein-Barr virus. He also investigated various aspects of human herpesvirus 8, a virus associated with the development of Kaposi's sarcoma in AIDS patients.



Jose Ruiz, Ph.D.

Dr. Jose Ruiz is a Scientific Review Officer (SRO) at the National Institute on Drug Abuse (NIDA)/National Institutes of Health (NIH). Grant applications and contract proposals handled by Dr. Ruiz are largely focused on medications development topics. Since 2008, in addition to serving in the SRO role, Dr. Ruiz has participated in numerous activities attentive to training, workforce development, and diversity across the spectrum of training/career development stages. These activities include grant-writing and peer review-related presentations and/or workshops for a range of audiences and settings, including annual meetings of the College on Problems of Drug Dependence and the International Conference of the National Hispanic Science Network on Drug Abuse. Dr. Ruiz is also experienced in developing tools for research program analyses/evaluations and the identification of subject matter experts. Previously, at the National Institute of Nursing Research (NINR), Dr. Ruiz served as a Health Science Policy Analyst with responsibility for analyzing and reporting on research program activities and related budgets, all aspects of Government Performance and Results Act (GPRA) goals, communication products, and science policy issues. Earlier experience at the NIH GPRA Office comprised all aspects of GPRA planning and reporting for NIH. Dr. Ruiz earned a B.A. in Biochemistry and Molecular Biology and a Ph.D. in Genetics while making contributions to the understanding of ligand-receptor interactions pertinent to atherosclerosis, Alzheimer's disease,

coagulation, angiogenesis, tumor growth, and neuronal cell development. Dr. Ruiz has also contributed to studies of chromium-DNA adducts and processing of plasma reelin in humans.



Sulie L. Chang, Ph.D.

Sulie L. Chang, Ph.D. is Director of the Institute of NeuroImmune Pharmacology and Professor of Biological Sciences and Neuroscience at Seton Hall University (SHU). She received her M.A. in Social Psychology from State University of New York, her Ph.D. in Biochemistry from Ohio State University, and completed her post-doctoral training in Cell Biology at the National Heart, Lung, and Blood Institute, National of Health (NIH). She has been actively involved in higher education for almost 3 decades, first as a Research Assistant Professor in the Department of Anatomy at Tulane University Medical School, then as an Assistant professor in the Department of Physiology, before joining the Department of Biological Sciences at Seton Hall University in 1994. Dr. Chang served as Chair of the Department of Biological Sciences (1999-2005) as well as Director of Graduate Studies of Biological Sciences (2003-2005). For almost a decade, she has directed the Institute of NeuroImmune Pharmacology (INIP) which she founded in 2007 at SHU. One of the INIP key missions is dissemination of substance abuse research. Dr. Chang has organized and sponsored numerous conferences and satellite meetings to highlight research in addictive substances. The INIP is a key sponsor of the National Hispanic Science Network Conference in last several years. Dr. Chang's research is focused on identifying

and defining the bi-directional interactions between the nervous and immune systems in health and disease, including abuse of substances such as alcohol, methamphetamine, and opioids. Dr. Chang has maintained continuous NIH funding since 1989 and has served on the editorial boards of key journals in the field of neuroimmunology, neurovirology and addiction research. In addition, she has participated in over 130 NIH study sections since 1997. This includes service as member of the National Institute on Drug Addiction Career Development (NIDA-K) study section [1998-2002]; active (2002-2007) and ad hoc member of NIH Center for Science Review (CSR) Neuro-AIDS and End Organ Diseases Study Section; and member (2010-2014) and chair (2012-2014) of NIH CSR Innate Immunity and Inflammation Study Section. Currently, Dr. Chang is member of the NIH National Institute on Alcohol Abuse and Alcoholism Biomedical Research Review Subcommittee (AA-1 Study Section) [2015-2019]. She has published over 100 scientific papers and book chapters with significant impact and mentored numerous junior investigators at various career stages.



Patricia E. Molina, M.D., Ph.D.

Patricia E. Molina, MD, PhD, is the Richard Ashman Professor and Head of Physiology, and Director of the Alcohol and Drug Abuse Center at LSU Health Sciences Center New Orleans' School of Medicine. Dr. Molina completed her medical training at the Universidad Francisco Marroquin in Guatemala, Central America and she earned her PhD in Physiology at LSU Health Sciences Center New Orleans Center. Currently, she is the Chair for the National Hispanic Science Network on Drug Abuse, President of the American Physiological Society, and member of NIAAA Council. Research in her laboratory focuses on the interaction between chronic alcohol use and the neuroimmune and metabolic pathophysiological mechanisms contributing to progression of HIV disease. In addition, her studies investigate the neurobehavioral consequences of traumatic brain injury and their role in escalation of alcohol drinking.



Margarita Alegria, Ph.D.

Margarita Alegria, Ph.D., is the Chief of the Disparities Research Unit at Massachusetts General Hospital, and a Professor in the Department of Psychiatry at Harvard Medical School. Dr. Alegria is currently the PI of four National Institutes of Health (NIH)-funded research studies: International Latino Research Partnership; Effects of Social Context, Culture and Minority Status on Depression and Anxiety; Building Community Capacity for Disability Prevention for Minority Elders; and Mechanisms Underlying Racial/Ethnic Disparities in Mental Disorders. She is also the PI of a Patient-Centered Outcomes Research Institute (PCORI) project: Effectiveness of DECIDE in Patient-Provider Communication, Therapeutic Alliance & Care Continuation. Dr. Alegria has published over 200 papers, editorials, intervention training manuals, and several book chapters, on topics such as improvement of health care services delivery for diverse racial and ethnic populations, conceptual and methodological issues with multicultural populations, and ways to bring the community's perspective into the design and implementation of health services. As an acknowledgement of her contributions to her field, Dr. Alegria has been widely recognized and cited. Among the many awards: the Mental Health Section Award of American Public Health Association,

2003; the Health Disparities Innovation Award from the National Institute of Minority Health and Health Disparities, 2008; and the Award of Excellence from the National Hispanic Science Network on Drug Abuse in 2011. In October 2011, she was elected as a member of the Institute of Medicine. Dr. Alegria was selected as El Planeta's (Massachusetts's largest circulating Spanish-language newspaper) 2013's Powermeter 100 most influential people for the Hispanic community in Massachusetts.



Avelardo Valdez, Ph.D.

Avelardo Valdez is a professor at the University of Southern California, School of Social Work. A primary focus of his research is on the relationship between substance abuse and violence and health issues among high-risk groups. His research projects have been among "hidden populations" such as youth and adult gang members, injecting and non-injecting heroin users, sex workers on the U.S./Mexico border, immigrant day laborers, Katrina evacuees, and currently involved in a study of crack use in Mexico City. One of Dr. Valdez's major studies is a NIDA longitudinal study of Mexican American male gang members in San Antonio. He was a member of the National Academy of Sciences' Committee on the Causes and Consequences of High Rates of Incarceration and currently a member of the Science Advisory Board for the Office of Justice Programs. He obtained his Ph.D. in sociology at the University of California, Los Angeles.



Vera A. Lopez, Ph.D.

Vera Lopez is an associate professor in the School of Social Transformation at Arizona State University. Her research focuses on delinquency, substance abuse, and prevention research with a major focus on justice-involved girls and Latino/a youth. Her work has been featured in a number of well-regarded journals, including the Journal of Family Issues, Latino Studies, Violence Against Women, Youth & Society, Journal of Youth and Adolescence, Feminist Criminology, Family Relations, Journal of Drug Issues, and Criminal Justice & Behavior. Lopez is also actively involved in the community. She has served on the Arizona Girls' Roundtable Steering Committee, completed a 1-year clinical internship at a state correctional facility for girls, and written in the popular press about girls' issues.



Jennifer M. Reingle Gonzalez, Ph.D.

Dr. Jennifer Reingle Gonzalez is an Assistant Professor in the Department of Epidemiology, Human Genetics, and Environmental Sciences at the University of Texas School of Public Health in Dallas. She earned her doctoral degree in epidemiology from the University of Florida in 2011, and a M.S. degree in criminal justice from the University of Cincinnati in 2007. Dr. Reingle Gonzalez has published more than 60 peer-reviewed articles spanning the disciplines of public health and criminal justice, and she has authored a leading textbook on research methods in criminology and criminal justice. Her research has been funded by NIAAA, NIMHD, SAMHSA, and the U.S. Department of Justice. Dr. Jennifer Reingle Gonzalez is an Assistant Professor in the Department of Epidemiology, Human Genetics, and Environmental Sciences at the University of Texas School of Public Health in Dallas. She earned her doctoral degree in epidemiology from the University of Florida in 2011, and a M.S. degree in criminal justice from the University of Cincinnati in 2007. Dr. Reingle Gonzalez has published more than 60 peer-reviewed articles spanning the disciplines of public health and criminal justice, and she has authored a leading textbook on research methods in criminology and criminal justice. Her research has been funded by NIAAA, NIMHD, SAMHSA, and the

U.S. Department of Justice.

Abstracts for Oral Presentations Wednesday 15 June 2016

12:15 PM - 1:15 PM PLENARY PRESENTATION
USING PSYCHOLOGY AND TECHNOLOGY TO REACH
LATINOS WORLDWIDE: WHY STOP AT THE BORDER?

Ricardo F. Muñoz

Our almost total reliance on consumable interventions makes it difficult to serve all who need our care. Consumable interventions, such as face-to-face therapy sessions and medications, are interventions which once provided to one patient, cannot benefit anyone else again: A therapy session or a nicotine patch is "used up" when administered. This makes it difficult to go beyond treatment to preventive interventions: we cannot even keep up with the demand for treatment. Most people do not receive evidence-based treatment. Almost no one has access to preventive interventions. Because of the dearth of Spanish-speaking providers, Latinos in the U.S. are even less likely to receive services. People who live in places with few health resources, in the U.S. and Latin America, cannot benefit from their health care systems. If, in addition to traditional methods, we developed and tested technological adjuncts to treatment, such as evidence-based Massive Open Online Interventions ("MOOIs," inspired by "MOOCs," or Massive Open Online Courses) to prevent and treat emotional disorders, substance abuse, and other behavioral health issues, we could reach people who currently have no access to live providers, in inner cities and rural areas throughout the U.S. and Latin America. We could go beyond "thinking globally and acting locally," to "sharing globally." Proof of concept studies will be presented to show how such innovations can help disseminate evidence-based interventions worldwide and how this approach could contribute to efforts to make at least a basic level of health interventions available to as many people as possible.

1:30 PM - 3:00 PM

AMERICAN INDIAN/ALASKA NATIVE (AIAN) ALCOHOL
RESEARCH: GENETICS TO PREVENTION

Judith Arroyo

AIAN populations vary in their use and abuse of alcohol, with both high rates of abstinence and high lifetime rates of alcohol use dependence for those who drink. This series of talks will present current findings from genetic and multi-level behavioral research conducted among Mission Indians in California as well as tribally driven prevention intervention research in rural Alaskan communities. Cindy Ehler's work suggests that Native American substance use has a substantial genetic component, similar to that in other populations, but which when combined with a multitude of environmental factors yields an elevated risk profile. Roland Moore examines how the cultural, historical, political and economic environmental factors in the same Southern California Mission Indian community drives the multi-level intervention to prevent underage drinking. Stacy Rasmus describes the process and outcomes of a sustainable, community-driven and culturally based prevention intervention with Yup'ik youth in isolated Alaskan rural communities. These presentations highlight the complexity of etiologic and prevention research in indigenous populations.

**EVIDENCE FOR A GENETIC COMPONENT USING WHOLE
GENOME SEQUENCE DATA FOR SUBSTANCE USE IN AN
AMERICAN INDIAN SAMPLE - Cindy Ehlers**

Although tribes differ with regard to the use of alcohol and drugs, substance dependence is one of the primary sources of health problems facing Native Americans. Heritability and linkage analyses have revealed that genes influencing risk for substance dependence and related phenotypes, such as body mass index (BMI), drug tolerance, EEG patterns, and externalizing traits, reside on several chromosome regions in Native Americans that have been identified in other population

samples. Overlap in the gene locations for substance dependence and BMI suggests that a common genetic substrate may exist for disorders of consumption. More recently low coverage whole genome sequence data has been obtained, in a tribal group consisting of several large extended families. In that study associations between alcohol-related phenotypes in the genomic regions around the ADH1-7 and ALDH2 and ALDH1A1 genes were found. Seventy-two (72) ADH variants showed significant evidence of association with the severity level of alcohol drinking. Seventeen (17) variants showed significant association with the largest number of alcohol drinks ingested during any 24-hour period. Variants in or near ADH7 were significantly negatively associated with alcohol-related phenotypes. A number of rare and common variants reached genomewide significance for a multi-substance use phenotype. Another genome wide significant finding was observed for high voltage EEG alpha activity, a phenotype previously found to be associated with risk for alcoholism in EuroAmericans. Variants upstream of ACCN1/ASIC2 were identified to be significantly associated with this phenotype. Genomewide significant findings were also observed for a variant 50 kb from CTNNA2 on chromosome 2 for a behavioral impulsivity phenotype. These studies suggest that whole genome sequencing of a Native American population can yield genome-wide significant results that identify unique variants associated with alcohol and substance related phenotypes. Taken together our studies suggest that substance dependence has a substantial genetic component in Native Americans, similar in magnitude to that reported for other populations. The high rates of substance use disorders seen in some tribes is likely a combination of a lack of genetic protective factors (metabolizing enzyme variants) combined with genetically mediated risk factors (externalizing traits, consumption drive, and drug sensitivity or tolerance) that combine with key environmental factors (trauma exposure, early age at onset of use, and environmental hardship) to produce an elevated risk for the disorders. (supported by AA10201, DA030976)

**COMMUNITY AND CULTURALLY-ENGAGED RESEARCH TO
REDUCE ALCOHOL/SUICIDE RISK FOR ALASKA NATIVE
YOUTH - Stacy Rasmus**

There is no greater source of health disparity in Alaska Native communities than that involving alcohol use disorders and suicide, and no greater necessity in addressing this disparity than the development of sustainable, community-driven, and culturally-based prevention and intervention strategies. This presentation describes the process and outcomes of an indigenous model of intervention science. The Qungasvik (ph: kung-azvik) "Toolbox" is a cultural model of intervention based in Yup'ik indigenous theory and practice. This local indigenous model organizes implementation of a community health intervention and the structure of intervention research/scientific inquiry using an approach consistent with the worldviews and traditional cultural practices of rural Yup'ik Alaska Native community members. Using a community-based participatory research (CBPR) approach we test the impacts of the intervention on our primary health outcome variables for Yup'ik youth 12-18 years of age to reduce alcohol and suicide risk and increase strengths, protections and reasons for life.

THE SOCIO-ECOLOGY OF UNDERAGE DRINKING WITHIN RESERVATION COMMUNITIES: ARGUMENTS FOR INTERVENING AT MULTIPLE LEVELS - Roland Moore

A social-ecological theoretical framework guided a collaborative study focused on preventing underage drinking by American Indians and Alaska Natives (AI/AN) living in and around rural Southern California reservations. Cultural, historical, political and economic contexts for health-related behavior converge and are situated in the traditional extended family environment of each reservation community, extending to the convenience stores and schools in and near them. Viewed through a socio-ecological lens, these complex relationships suggest that prevention of tribal youth substance use requires intervention at multiple levels simultaneously. In this study, tribal leaders selected as culturally-appropriate individual- and community-level interventions for sustained prevention effects. This talk highlights how local AI/AN students and clinic-based professionals laid the groundwork for selecting, implementing, refining and analyzing these interventions, and provides examples of how mixed-method analytical techniques serve to capture distinct and mutually reinforcing assessments of the interventions' impact on individuals, families and reservation communities. Experience from this study offers useful points of comparison for multi-level research with communities in other cultural contexts (e.g., in rural Latino and urban Southeast Asian communities).

Thursday 16 June 2016

8:45 AM – 10:15 AM

NEW INVESTIGATORS IN DRUG ABUSE RESEARCH

Marisela Agudelo and Jennifer Reingle Gonzalez

HEALTH RESOURCE UTILIZATION AMONG ASTHMATICS WITH SUBSTANCE-RELATED DISORDER

Benjamin Becerra

The literature has highlighted the relationship between substance-related disorder (SRD) and worsening chronic disease outcomes, with little research addressing the burden of SRD among those with asthma. Given the rising healthcare burden of chronic illnesses, it remains imperative to address whether patients with SRD hospitalized for asthma have worse outcomes than those without such disorder, including increased health resource utilization. The Nationwide Inpatient Sample (NIS) 2009-2011 was used to identify asthma hospitalizations among adults using the International Classification of Disease, 9th Revision, Clinical Modification (ICD-9-CM) codes of 493.0x, 493.1x, 493.8x, and 493.9x. Health resource utilization was defined as length of stay and total costs. A secondary outcome of interest was patient disposition (including mortality). SRD was identified using Clinical Classification Software codes of 660 and 661. All statistical analyses were survey weighted and adjusted for patient and hospital characteristics. A total of 179,789 asthma hospitalizations were identified, with 7.89% of the population reporting substance use disorder (n = 14,135). Results of regression analyses demonstrate that among all age groups, asthmatics with SRD reported 4% increased length of stay, with highest increase noted among those aged 65 years or more. Such patients also reported over 9% increase in total costs, with highest increase again noted for those aged 65 years or more. Asthma patients with SRD had 29% less odds of being discharged home with the highest burden noted among 18-34 year age group. The results demonstrate that patients hospitalized for asthma who also have SRD are more likely to have increased hospital length of stay, more hospital costs, while decreased likelihood of being discharged home. Such results cumulative highlight the need to implement early SRD preventive measures, especially at-risk populations, such as those with asthma.

ASSOCIATIONS OF SPANISH-LANGUAGE HEALTH LITERACY WITH SMOKING STATUS AND PROBLEMATIC ALCOHOL USE AMONG LATINO ADULTS

Diana S. Hoover

Low health literacy is associated with unhealthy behaviors and poor health status and outcomes. Latinos in the United States (US) are disproportionately burdened by these health issues. For example, US Latinos experience profound health disparities, and the 7 leading causes of death among US Latinos are related to tobacco and alcohol use. Little is known about how health literacy may be associated with smoking or alcohol use among Latinos. We investigated cross-sectional associations of Spanish-language health literacy and demographics with smoking and problematic alcohol use among Latino adults. Participants were 140 bilingual Latino adults (mean age 36.6 +12.3 years, 55% female, 63% >high school diploma/GED, 48% unemployed, 56% <\$30,000/year income, 66% not partnered, 63% US-born). The health risk behaviors of interest were smoking status (non-smoker vs. current smoker), alcohol use severity assessed with the Alcohol Use Disorders Identification Test (AUDIT), and at-risk drinking (endorsement of heavy drinking, binge drinking, or driving while intoxicated). Health literacy was assessed in Spanish with the Short Assessment of Health Literacy for Spanish-speaking Adults (SAHLSA). Multiple imputation was used for variables missing more than 10% of data (income, missing=16.9%; AUDIT, missing=11.2%). Logistic and linear regression models were constructed with health risk behaviors as outcomes, and health literacy and demographics as predictors. Lower health literacy was associated with higher alcohol use severity, at-risk drinking, and current smoking (ps<.05). Male gender and US nativity were associated with alcohol use severity, while older age, male gender, lower education, and unemployment status were associated with smoking. No demographics were associated with at-risk drinking. When health literacy and significant demographics were examined simultaneously as predictors for both alcohol use severity and smoking status, health literacy was no longer associated with these outcomes. Health literacy was associated with alcohol use severity and smoking status, but relations were accounted for by demographics. Health literacy but no demographics were associated with at-risk drinking. What accounts for this association remains unknown. Low Spanish-language health literacy may be a risk factor for risky drinking among bilingual Latino adults. Longitudinal research and replication using other literacy measures are needed.

A BEHAVIORAL ECONOMIC MEASURE OF SMOKING REINFORCEMENT AS PREDICTOR OF ABSTINENCE.

Sara Weidberg

Measures of Relative Reinforcing Efficacy (RRE) are an essential characteristic within behavioral economic theories of addiction. A widely used self-report measure of RRE among smokers is the use of Cigarette Purchase Task (CPT). Most of the previous studies that assessed the association between cigarette demand indices and nicotine dependence measures were conducted in special populations of smokers, which limits the generalizability of the results. The aim of this study was to assess the relationship between cigarette demand and both smoking-related characteristics and nicotine dependence measures and to examine cigarette demand indices as potential predictors of days of continuous abstinence from smoking at the end-of-treatment. Participants were 168 patients who enrolled in a 6-week clinical trial for smoking cessation. The Fagerström Test for Nicotine Dependence (FTND), the Nicotine Dependence Syndrome Scale (NDSS) and the Structured Clinical Interview (SCID-I) were used to assess nicotine dependence. Demand curve indices were generated from a hypothetical CPT at baseline. Both simple and multiple regression analyses were conducted to assess the predictive value of each CPT index over the number days of smoking continuous abstinence at the end-of -treatment. Smoking levels were high (20 cigarettes per day or more) at prices up to €0.10 per cigarette, and most participants continued to report smoking an average of 6.15 (SD 6.37) if cigarettes cost of €2 each. Data from the CPT showed the predicted inverse association between consumption and price. There was a significant association between all demand indices and both the number of cigarettes per day and nicotine dependence. Also greater elasticity significantly predicted days of continuous

abstinence at the end-of-treatment (independent model: $\beta = .211$, $p = .009$; covariate model: $\beta = .197$, $p = .026$). The present study provides further evidence of CPT as a measure of the RRE of cigarettes. This study also supports the relationship of CPT indices with smoking-related measures as well as their convergent and divergent validity of CPT as a measure of RRE among a community sample of treatment seeking smokers.

INSULIN NORMALIZES THE STRONG REWARDING EFFECTS OF NICOTINE OBSERVED IN DIABETIC RATS

Bryan Cruz

Previous research has demonstrated that diabetic rats display enhanced rewarding effects of nicotine. However, it is unclear whether the strong rewarding effects of nicotine observed in these rats are modulated via insulin. To address this issue, the present study examined whether insulin replacement in diabetic rats would 1) normalize the rewarding effects of nicotine and 2) reverse the alterations in insulin-signaling proteins observed in the brains of diabetic rats. A rodent model of diabetes was used involving streptozotocin (STZ) administration, which is a drug that is toxic to the insulin-producing cells of the pancreas. Male rats received STZ (45 mg/kg) or vehicle. Half of the animals were then implanted with an insulin pellet or received a sham surgery. The rats were then given 23-hour access to nicotine self-administration using an escalating dose regimen. In a follow up study, western blot analyses were performed in a separate cohort of diabetic rats that received insulin replacement. Brain tissue was collected 2 weeks after STZ administration, in order to examine alterations in insulin-signaling proteins at a corresponding time point to our behavioral studies. Tissue was collected from the nucleus accumbens (NAc) for the analysis of the insulin-signaling proteins, IRS-2 and IGF-1R β . Our behavioral results revealed that insulin replacement normalized the rewarding effects of nicotine in diabetic rats. Our protein analysis revealed that the levels of IRS-2 and IGF-1R β were increased in diabetic rats, and this effect was normalized to control levels in the NAc of rats that received insulin treatment. These observations indicate that insulin systems play an important role in modulating the strong rewarding effects of nicotine in diabetic rats. Taken together, these results have implications for the development of tobacco intervention approaches in patients with metabolic disorders such as diabetes that suppress insulin signaling.

10:30AM -12:00 PM

SCIENTIFIC SESSION 2

FINDING ERADICATION AND CURE FOR HIV

Eduardo Montalvo and Sulie L. Chang

This symposium will focus on finding a cure for HIV. This is highly relevant for those in Palm Springs as Riverside County has one of the highest percentages of HIV-positive individuals in the area. Researchers are now getting closer to a cure for HIV. Dr. Kamel Khalili, Temple University School of Medicine, will share the work his research teams have been doing. They reported complete removal of the HIV-1 viral genome from CD4+ T cells, prevented viral replication using the CRISPR/Cas9 gene editing technique, and have successfully removed HIV-1 viral genes from HIV transgenic animals and from primary cell culture of the HIV patients. Unfortunately, HIV-infected women are under-represented in HIV research despite comprising more than half of the HIV population. Depression is a particularly common co-morbidity and mental health issues, in general, are a much more significant concern in women with HIV. Dr. Carmen D. Zorrilla, University of Miami School of Medicine, will address various issues associated with HIV infection in women as well as how women can contribute to the eradication of HIV infection via frequent testing and preventative care. Another emerging area in HIV research is the study of variation within the HIV genome. Dr. Michael R. Nonnemacher, Drexel University, will address the ongoing research he and his team have been working on with the Drexel Medicine CNS AIDS Research and Eradication Study (CARES) Cohort. This research focuses on how ART impacts variation in the HIV genome and whether such variation may be used as a diagnostic tool. Following the three presentations, Dr. Patricia Molina, Louisiana State University Medical Center, will lead an open discussion of these three emerging issues in HIV research.

ELIMINATION OF HIV-1 GENOMES FROM HUMAN T-LYMPHOID CELLS BY CRISPR/CAS9 GENE EDITING

Kamel Khalili

The ability of HIV-1 to permanently integrate into the genomes of its target CD4+ T-cells presents a strong challenge for an HIV-1 cure, and none of the currently available approaches have achieved eradication of latent host-integrated HIV-1 DNA from patient T-cells. We used RNA-guided CRISPR/Cas9 DNA cleavage to precisely remove the entire HIV-1 genome spanning between 5' and 3' LTRs of integrated HIV-1 proviral DNA copies from latently infected human CD4+ T-cell lines. Our CRISPR/Cas9 strategy completely ablated viral gene reactivation. Comprehensive assessment of whole-genome sequencing of HIV-1 eradicated cells with ultra deep coverage of >100x revealed many naturally-occurring insertion/deletion (InDel) mutations across the genome of control and HIV-1-eradicated cells, but none of these resulted from cleavage mediated by LTR-specific guide RNAs (gRNAs) aimed at host-integrated viral DNA. Furthermore, SURVEYOR assays ruled out any off-target effects that might compromise the integrity of the host genome, and we saw no side effects of HIV-1 genome removal, such as genotoxicity, dysregulation of the cell cycle, decreased cell viability or increased apoptosis. In addition, persistent co-expression of Cas9 and the specific targeting gRNAs in HIV-1-eradicated T-cells protected them against new infection by HIV-1. In primary CD4+ T-cell cultures, lentivirus-delivered CRISPR/Cas9 significantly diminished HIV-1 infection, evidenced by reduced viral copy numbers. Similarly, lentivirus-mediated delivery of Cas9 and HIV-1-targeting gRNAs *ex vivo* to cultured CD4+ T-cells obtained from HIV-1-infected patients undergoing antiretroviral therapy decreased viral replication by 68% - 71%. Thus, gene editing using CRISPR/Cas9 may provide a new therapeutic path for eliminating HIV-1 DNA from CD4+ T-cells and potentially serve as a novel and effective platform toward curing AIDS.

HIV AND WOMEN: NEW AND OLD ISSUES....

Carmen D. Zorrilla

After more than three decades of the HIV epidemic we have witnessed significant advances in relatively shorter time than other illnesses. We have new and potent treatments that facilitate adherence by simplifying therapy to one pill a day in many cases. The newer drugs have a better safety profile than the first generation of drugs. And we also have biomedical prevention strategies that can be combined with the traditional behavior prevention methods. The reduction in transmission risk associated to treatment of people living with HIV has supported the new policies of offering treatment to any person with HIV. There is a personal as well as a societal benefit of treatment. We have witnessed great advances in the fight against HIV, from understanding the disease and its treatment to new forms of prevention. Activist efforts to make treatment available have resulted in 15 million people being on treatment worldwide, leading to a decrease in new infections. In spite of these advances, women (and men) continue to be infected with HIV in the US. Women of color constitute the majority of the new infections and most of them are heterosexual. They confront health disparities related to difficulties in access, care, support for retention and adherence, in addition to the risk behaviors and events that increased their vulnerability to infection. After three decades of working in HIV, I recently searched for new messages for women, particularly women of color, and guess what? The message is still the same: "Please get tested. You don't know where your partners have been." The strategies used in the successful elimination of mother-to-infant HIV can be modelled and adapted to improve women's HIV prevention and care.

USING HIV GENETIC VARIATION FOR DEVELOPMENT OF NOVEL DIAGNOSTIC AND THERAPEUTIC ASSAYS

Michael R. Nonnemacher

The HIV genome is continuously under selective pressure and variation within the viral genome can impact viral transcription. As HIV continues to replicate, there are several factors which can influence/select for certain variations within the viral genome including anti-retroviral therapies (ART), immune system pressure, illicit drug use, other co-infections and co-morbidities, and host genetics. Given this paradigm, we study the viral genetics of patients and how this changes over time to develop new diagnostics and therapeutics. To elucidate the clinical and functional impact of variation within the HIV genome, we have developed the Drexel Medicine CNS AIDS Research and Eradication Study (CARES) Cohort in Philadelphia, PA with approximately 550 patients and 2300 longitudinal visits with extensive clinical and patient demographics. These patient samples have been used for understanding how ART impacts variation in the HIV genome. We analyzed the viral genome from 36 patients that had more than 7 years of longitudinal visits and samples both prior to and after ART. We were able to determine the rate of variation in response to ART. To examine if viral genetic variation can be used as a diagnostic tool, we performed studies on 450 patients and found specific genetic variants associated with CD4 count and viral load. In addition, we have also begun to identify viral genetic signatures that associate with neurologic impairment. Finally, we have developed a pipeline for understanding how newer gene editing techniques like the CRISPR/Cas9 system can be used therapeutically to eliminate all integrated virus from all patients.

1:45 PM - 2:45 PM BREAKOUT SESSION A SESSION A1 HOW TO EFFECTIVELY NEGOTIATE AT ALL LEVELS OF AN ACADEMIC CAREER: LESSONS AND STRATEGIES.

Maria Gurrola

Negotiating salary and a competitive package is a critical part of the academic trajectory and must be considered at all career stages. Yet, negotiating salary and other negotiables (such as, teaching load, graduate assistants, startup funds, conference travel, etc.) can be an anxiety provoking process especially due to institutional secrecy regarding wages compounded by lack of formal mentorship around this process. This is especially so for women who are often socialized to value compromise and to minimize their accomplishments. This process may be additionally difficult for women of color who often have to navigate both racialized and gendered expectations within institutions where they may be few senior academicians of color that could serve as effective role models and advocates. Negotiation is then a valuable skill especially in the face of national statistics that indicate that there is a considerable gender wage gap in academia which negatively impacts all women and more so, women of color. We propose a breakout session to meet the need for frank discussion regarding the process of negotiating salary with special focus on gender and race. Specifically, we propose a breakout session led by senior faculty in both social and basic sciences to discuss their own experiences with negotiating for salary throughout their academic career and how gender and race impacts this process. Further, senior faculty will delineate key strategies and lessons learned from their experiences that can help academicians at all levels – Assistant, Associate and Full- learn how to effectively negotiate for higher wages, tenure and promotion. We have been in contact with Dr. Hortensia Amaro, Dean's Professor, Social Work and Preventive Medicine and Associate Vice Provost, Community Research Initiatives, who has indicated that she is interested in participating in this panel. If accepted, we will issue an invitation to a senior female faculty in the basic sciences. In addition, we will invite at least one other senior faculty that has administrative experience (e.g. decision making regarding salary) so that they can provide insight from the "other side" regarding what constitutes effective negotiation. The authors of this abstract will serve as organizers of the panel and will facilitate discussion between the panelists by posing frequently asked questions that relate to all career levels.

SESSION A2

THE STRUCTURE, SERVICE DELIVERY AND EFFECTIVENESS OF SUBSTANCE ABUSE DISORDER TREATMENT IN LATINO COMMUNITIES: IMPLICATIONS FOR HEALTH CARE DISPARITIES

Erick Guerrero

Research in health care disparities has mainly focused on individual characteristics between non-Latino Whites and members of different racial and ethnic minority groups. This approach has assumed that differences in access, engagement, and treatment outcomes are driven mainly by individuals' demographic, socioeconomic, and health-related factors. However, emerging evidence has suggested that disparities in health care are also associated with the type of system of care or treatment program that is available and accessed by minorities. For instance, Latinos are more likely than non-Latino Whites to access treatment programs with fewer resources in terms of available integrated care services, delivery of evidence-based practices, and other service delivery capacities. The proposed panel presentation is unique because it offers a comprehensive examination of the largest treatment system in the United States providing care to a majority of Latinos in Los Angeles County, California. Together, the proposed three studies rely on organizational theories to examine system change that promotes inefficiencies in the structure, service delivery, and effectiveness of programs available in low-income Latinos communities. For instance, the first paper highlights the risk of program closures and implications regarding reliable delivery of quality care to Latinos in Los Angeles County. The second paper shows how changes in the capacity of treatment programs to deliver integrated public and mental health care in Latino communities also directly affect health care disparities. Finally, the panel will also examine the third paper's findings regarding race and ethnicity and gender differences in the effectiveness of publicly funded treatment focusing on Latina women, who report the highest risk of dropout. Overall, the panel presentation will describe findings with clear and important implications for health care policy, implementation science, and health care disparities research, such as improving treatment infrastructure, standards of care in the delivery of integrated care, and impact on outcomes. Together, papers in the symposium seek to advance understanding of the following three questions: (1) How do findings contribute to the evidence base relevant to the context in which Latino health care disparities are created? (2) What are the implications of findings for developing system-level and organizational strategies to increase the quality of care in community-based specialty care settings?(3) What are the implications of findings for developing policies and organizational strategies to improve treatment outcomes among vulnerable populations in an era of health care reform?

UNDERSTANDING SYSTEM STABILITY AND PERFORMANCE IN ADDICTION HEALTH SERVICES: INFORMING HEALTH CARE REFORM POLICY - Angelique Montgomery

It is expected in the new health care environment that the addiction health services system will deliver a consistent standard of care. Yet there is limited knowledge of this system's stability and client-centered performance. This study relied on multiyear data from 52,113 adults entering 402 outpatient treatment programs in Los Angeles County between 2006 and 2010. Data were collected from service encounters at admission and discharge. T-tests and chi-square tests were used to identify differences among programs based on size and transition paths. Findings show that size of program provided an important framework for understanding system stability. The largest 10 (of 279) programs served a quarter of the client population and were the most stable over time, in terms of program size consistency and client completion rates. Medium-size programs (60) reported the highest completion rates. The smallest programs (209) had the lowest completion and highest closure rates annually. The substance use disorder

treatment in Los Angeles County is most vulnerable among small programs, which are most likely to be geographically located in low-income Latino communities. Their highest risk of closure and low completion rates support the notion that health care disparities among Latinos may be driven by the availability and quality of providers. These programs require significant support from federal, state, and county entities to improve access to quality of care in these communities. Implications for the structure and behavior of these health organizations are discussed with consideration of payment and service delivery changes precipitated by health care reform.

IMPLEMENTATION OF COORDINATION IN ADDICTION HEALTH SERVICES ORGANIZATIONS WITH MENTAL HEALTH AND PUBLIC HEALTH SERVICES - Erick G. Guerrero

Delivery of integrated behavioral health and primary care has become one of the main priorities in health care to address the unmet service need of individuals with co-occurring conditions. Although there is broad consensus that addiction health services (AHS) are most effective when delivered in coordination with mental health and primary care services, prior research has indicated that such service coordination is inconsistently delivered across AHS programs. In this mixed-method study, we examined changes in coordination of mental health and public health services in AHS programs in low-income racial and ethnic minority communities in California between 2011 and 2013. Data from surveys and semistructured interviews were used to evaluate the extent to which environmental (outer context) and organizational (inner context) characteristics influenced the likelihood of high frequency of coordination with public health and mental health providers among outpatient AHS programs. The analytic sample consisted of 112 programs at baseline and 122 programs at follow-up, with 61 programs in both waves. Results show that high coordination with mental health providers increased by 53%, whereas high coordination with public health services increased by 74%. Programs with culturally responsive resources and community linkages were associated with high coordination with both services. Qualitative analysis highlighted the role of leadership in leveraging funding and developing creative solutions to deliver integrated care. Community-based AHS programs have increased their degree of coordination with mental health and public health service providers in Los Angeles County. Culturally responsive service delivery and community connections play an important role in increasing this coordination. Implications are discussed regarding leadership and cultural competence to improve coordination of AHS organizations with health services to deliver quality care to racial and ethnic minorities in an era of health reform. This study was funded by the National Institute on Drug Abuse (R33DA035634-03).

RACIAL AND ETHNIC AND GENDER DISPARITIES IN SUBSTANCE USE AT DISCHARGE - Karissa Fenwick

Racial and ethnic minority clients have worse treatment outcomes than Caucasians, and female clients fare worse than men. However, limited research has examined the interactive effect of race and gender on outcomes such as severity of substance use at treatment discharge. The aim of this study was to identify racial and ethnic and gender group differences in substance use at discharge by comparing (a) Latino, African American, and Asian clients with Caucasian clients; and (b) women in each racial and ethnic group with Caucasian men. We analyzed client and program data collected in 2010 and 2011 from publicly funded treatment programs in Los Angeles County, CA. The analytic sample consisted of 11,533 primarily African American and Latino clients nested in 106 treatment programs located in minority communities. Client data were collected during personal interviews with clients at admission and discharge, and program data were collected from program supervisors via survey. Severity of client substance use at discharge was measured as the number of days clients used

their primary drug during the 30 days prior to discharge. We used negative binomial regressions to examine the relationships between client race and ethnicity and gender and client substance use at discharge, while controlling for both client-level variables (homelessness, education, age, referral source) and program-level variables (licensure, accreditation, readiness for change, cultural competence). At discharge, African American clients used their primary drug on fewer days than Caucasian clients ($p < .01$). Compared to Caucasians and men, Latinos and women used their primary drug on fewer days ($p < .05$). Compared to self-referred clients, clients who were referred from other sources such as the community and criminal justice system reported fewer days of drug use ($p < .05$). Program factors, such as program accreditation and organizational cultural competence, were also significantly associated with fewer days of drug use for members of all racial and ethnic and gender groups ($p < .01$). Health care reform initiatives have challenged substance abuse treatment organizations to reduce disparities in care. Findings highlight the need to consider gender differences by race and ethnicity in developing culturally competent interventions. Findings have implications for the role of the organizational context of substance abuse treatment in reducing outcome disparities. This study was funded by the National Institute on Drug Abuse (R01DA038608-01).

3:00 PM - 4:00 PM BREAKOUT SESSION B SESSION B1 LINKEDIN, TWITTER, AND GOOGLE: USING SOCIAL MEDIA SITES IN THE PROFESSIONAL SETTING

Kathryn Nowotny

The breakout session will feature presentations on several prominent social media websites and applications. The first session will cover overall professionalism in digital media, specifically privacy settings, information sharing opportunities, and overall tips regarding maintaining your professional digital footprint. The second session will detail how to maintain a professional profile on Twitter, including providing information about your research and how national organizations such as the CDC are using Twitter to broadcast critical health information. The third session will feature Google+ and Google Scholar, components of Google that allow you to share your research and conduct video calls with colleagues. The last session will feature LinkedIn, an informative website intended for making professional connections. In this breakout session, we will discuss being mindful of the social media audience and will provide general tips for creating and maintaining a professional online presence. In addition to discussing creating a professional image online this breakout session will be interactive. Attendees are encouraged to bring a device with internet capabilities (e.g., laptop, tablet, smartphone) and edit their online profiles during parts of the presentations.

CREATING A PROFESSIONAL IMAGE ONLINE - Nazanin Heydarina

In 2014, about three-quarters of the U.S. population used a form of social media. With this high prevalence rate, it is important to be aware that social media profiles are easily accessible and reflect individuals professionally. Online profiles are accessible to every internet user including potential employers, research collaborators, members of funding agencies, and others. Thus it is vital for professionals to be aware of their potential audience and their online presence. It is important for professionals using online media to be cordial, appear well-polished (e.g., spelling correctly, appearing clean and groomed in profile pictures), keep their information current, and limit self-disclose. In this presentation, I will discuss being mindful of the social media audience, and will provide general tips for creating and maintaining a professional online presence. While it is crucial for professionals to make an affective first impression, employers must also delve deeper than superficial presentation when making decisions about hiring and collaborating.

LEARNING HOW TO USE TWITTER EFFECTIVELY - Dessaray Gorbett

Twitter has more than 307 million users making it an essential social media outlet (Statista, 2015). Twitter enables peer communication and relationship development between individuals and organizations in real-time (Choi et al., 2012). For example, organizations like the Center for Disease Control (CDC) use twitter to inform users about epidemic outbreaks (Thackeray et al., 2012). The CDC disseminates information that is helpful during the epidemic outbreak by answering questions users might have. Users can then share the brief information, other users' "tweets," pictures, and links of the epidemic. "Tweets" consist of 140 character messages that are posted to Twitter. Twitter also features "hashtags" (#) which aid in identifying trending themes and locating tweets about specific events, topics, or people. Twitter can be useful in disseminating health knowledge, although it is important to understand that some of this information lacks accuracy (Syed-Abdul et al., 2013). Opening a Twitter account may benefit an organization in disseminating different types of information. Although, organizations should post information that is accurate. Research has shown that Twitter helps people acquire health knowledge, but there has not been consistent evidence supporting behavior change (Xu, Chiu, Chen, & Mukherjee, 2014). Hence, the understanding of how to use Twitter would help many health organizations in a cost effective manner.

GOOGLE+ & GOOGLE SCHOLAR: EXPANDING THE USES FOR GOOGLE - Giovanna Perez

Google offers a unique variety of services that can benefit researchers and academes. This presentation will focus on the features of both Google + and Google Scholar, by emphasizing the features that can be used to enhance professional relationships. These services can be used to improve communication between mentors and mentees, to disseminate information to the wider community, and serve as professional networking media. Google + can sort users into "circles" which allows you to share items solely with a designated circle. Another unique feature of Google + is "hangouts" which allows you to message groups of up to 150 people and video conference up to 10 people. In addition to Google +, Google also offers Google Scholar which is a user friendly search engine that allows users to find resources including peer reviewed articles, conference presentations, theses, dissertations, and books. Through Google Scholar a user also has the ability to create alerts, which notifies the user when a recent manuscript of interest is published. Creating a Google Scholar profile also opens opportunities for networking collaborations as it allows fellow colleagues to view the area of research you specialize in.

USING LINKEDIN TO MAKE PROFESSIONAL CONNECTIONS - Allyson S. Hughes

There are many professional websites and networking applications. LinkedIn is a multifaceted professional networking website that is essential for researchers. Exclusive opportunities include connecting with diverse professionals, browsing job announcements, contacting companies, and other groups. Although LinkedIn has paid accounts, the majority of the site's features are available on the free account. LinkedIn can allow you to network with researchers, share your most recent presentations, publications, and create a lab page. The website also allows you to share your complete CV, and share articles with interested users. LinkedIn provides unique networking opportunities because if you share your educational history then you will be connected with others who have attended the same universities. It is important to keep your professional profile up to date and be mindful of what search results appear when someone searches for information about you. For example, professional websites like LinkedIn pay to be at the top of the list. This session will teach attendees

how to choose an appropriate profile picture, give advice on endorsing skills, instruct on how to view and save jobs you are interested in, and explore other features of LinkedIn.

SESSION B2 DO SOCIAL DETERMINANTS PREDICT DISTRESS AND HEALTH BEHAVIORS AMONG LATINOS?

David Wetter

Healthy People 2020 defines the social determinants of health as the "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Examples of social determinants include economic and material resources such as income, wealth, and access to educational opportunities; social conditions such as exposure to violence and the legal system; and, physical conditions such as adequate housing. Interestingly, the social determinants of health have not always influenced health outcomes as expected among Latino populations. However, there are a broad range of social determinants that are unique to Latino populations when compared to the U.S. majority population (e.g., immigration, language, education completed in other countries being valued differently than education completed in the U.S.). Thus, a better understanding of how social determinants influence health-related behaviors and psychological distress among Latinos could inform the development of policies and interventions designed to improve health and quality of life among these individuals. This symposium will examine how social determinants are related to three different health outcomes among Latinos – smoking cessation, knowledge of HPV vaccination status, and level of clinically significant psychological distress. As chair, Dr. David Wetter will introduce the topic of how social determinants may function to affect health outcomes among Latino populations. Dr. Christine Vinci will present findings from a longitudinal cohort study of Mexican American smokers. She will compare traditional and alternative indicators of socioeconomic status in predicting smoking cessation outcomes. Dr. Maria Fernandez will present outcomes from a study examining Latino mothers of HPV vaccine eligible girls. She will examine the association of socioeconomic status and mothers' "misclassification" of their daughters' HPV vaccination status (i.e., believing that her daughter was already vaccinated when she was not, or believing that her daughter was not vaccinated when she was). Ms. Luz Garcini will present findings from a study of undocumented Mexican immigrants in a border community. She will investigate the role of social determinants (e.g., material deprivation, a history of bodily injury, history of deportation) on levels of clinically significant psychological distress.

SOCIOECONOMIC INDICATORS AS PREDICTORS OF SMOKING CESSATION AMONG SPANISH SPEAKING MEXICAN AMERICANS - Christine Vinci

Smoking-related illnesses are the leading cause of death among Latinos, and within this ethnic group, Mexican Americans are the fastest growing and largest group in the US. Understanding the factors associated with successful cessation could inform interventions for this population. While low socioeconomic status (SES) is a powerful predictor of worse cessation outcomes in the general US population, it has generally been a poor predictor of quitting smoking among Latinos. This could be due to past studies' reliance on traditional measures of SES (i.e., income, education, employment), which might not predict amongst Latinos due to unique cultural factors (e.g., education in other countries may be valued differently than education in the US; income impacted by sending money home to family and larger family sizes). As such, alternative indicators might better capture SES in Latino populations. Within a sample of Spanish-speaking Mexican Americans, the current study examined both traditional indicators (i.e., income, education, employment), as well as other objective and subjective markers of SES (i.e., subjective social status, financial strain, insurance

status) as predictors of smoking cessation. Participants included 199 Spanish-speaking Mexican Americans (63.3% male) enrolled in a longitudinal cohort study. All participants received smoking cessation treatment. Generalized estimating equation modeling examined the association of each predictor variable with smoking abstinence (7-day point prevalence) across the 3 and 26-weeks post quit day time points. After controlling for relevant demographic variables (i.e., gender, age, partner status, immigration status), increased financial strain (OR=.94,p=.04) and lack of insurance (OR=1.89,p=.01) predicted decreased likelihood of abstinence. The following variables did not significantly predict cessation: employment, education, income, and subjective social status. Non-traditional markers of SES (i.e., greater financial strain and no insurance) predicted poorer long-term abstinence outcomes among Spanish-speaking Mexican Americans, whereas traditional measures of SES were not associated with abstinence. Future smoking cessation research among Latino populations should consider a broader range of indicators of SES than the traditional markers.

PARENTAL RECALL OF DAUGHTER'S HPV VACCINATION STATUS - Maria Fernandez

HPV vaccination is recommended for children and young adults ages 11-26. Parental reporting of vaccination status among children 11-18 is an important element for ensuring that children receive the required doses. We evaluated the accuracy of parental recall of daughters' HPV vaccination status among parents who reported their daughter had not received any doses of the vaccine. We then examined correlates of correct classification. To assess eligibility for an HPV educational intervention, interviewers asked parents of Hispanic girls, ages 11-17 years, about their daughter's HPV vaccination history. Parents who reported that their daughters had no HPV vaccination were eligible for the study. We reviewed clinic medical records to validate parental reports. We calculated the proportion of parents who accurately reported their daughters' vaccination status and used hierarchical logistic regression modeling to determine socio-demographic characteristics associated with accurate vaccination reporting (AVR). We obtained medical records vaccine verification for 82% of participants. Among daughters whose parents reported they had not received any doses of the HPV vaccine, medical record review indicated that 28% had been vaccinated prior to enrollment in the study thus making the AVR rate only 72%. AVR was less likely among parents of girls 10-11 years relative to 12-14 (OR=0.34, 95% CI=0.19-0.60, p=0.0002), parents of girls with insurance coverage relative to no coverage (OR=0.57, 95% CI=0.36-0.90, p=0.02), and among parents who reported speaking "only English" at home (OR=0.24 (0.070-0.86, p=0.03). Misclassification of vaccine status may be due to patient factors, or provider tendency to vaccinate older, English speaking, insured girls, with less discussion as compared to Spanish-speaking Hispanic parents. More research is needed to determine potential sources of recall accuracy. Parental recall should also be examined in studies that determine baseline vaccination rates to enable comparisons across groups.

PREDICTORS OF PSYCHOLOGICAL DISTRESS AMONG UNDOCUMENTED MEXICAN IMMIGRANTS - Luz Garcini

This study evaluated the prevalence and association of trauma and psychological distress among undocumented Mexican immigrants (UMIs) in a U.S.-Mexico border community. Respondent Driven Sampling (RDS) was used as a sampling and data analysis methodology in this cross-sectional study. Data was obtained from clinical interviews with 248 UMI adults residing in a California-Mexico border community. The majority of the sample reported a trauma history, and about a third reported experiencing at least six or more trauma events in their lives including material deprivation. Significant sex differences by type of trauma were observed. Also, almost

half of the sample met criteria for clinical level of psychological distress with a greater percentage of men and singles meeting criteria when compared to women and those that were married. UMIs in the age range of 18 to 25 met criteria for clinical level of psychological distress significantly more than other age groups. Additionally, material deprivation, bodily injury, and deportation were found to significantly predict psychological distress after controlling for sex, age, marital status, type of work and time in the U.S. The aforementioned results support the need to develop trauma informed systems (TIS) in the organizational and workforce functioning of servicing, healthcare, and enforcement agencies that come into contact with UMIs in Mexico and the U.S. Also, revisiting health and immigration policies to devise solutions grounded in evidence as to increase access to health services and prevention programs are essential to prevent the negative consequences of material deprivation and bodily injuries.

4:30 PM-6:00 PM

SCIENTIFIC SESSION 3

DISSEMINATION AND IMPLEMENTATION SCIENCE

Ignacio D. Acevedo-Polakovich

Two of the areas at the forefront of services research, particularly as concerns the study of service disparities for Latinas/os and other minority populations, involve the overlapping disciplines of dissemination and implementation science. Simply put, without effective dissemination and implementation, the considerable efforts of basic and applied scientists risk having limited public health impact. The proposed panel would present innovative—NIH-funded—dissemination and implementation research that can inform NHSN members' efforts to more successfully leverage the impact of their work on the public health of Latinas/os in the United States and abroad.

IMPLEMENTATION OF EVIDENCE-BASED INTEGRATED CARE MODELS IN SUBSTANCE ABUSE DISORDER TREATMENT - Erick G. Guerrero

Implementation of evidence-based integrated care models have become a chief priority to improve standards of care and reduce cost in a new era of health care. Yet delivery of primary and mental health care in addiction treatment settings remains the exception rather than the rule. Integrated behavioral health and primary care models are gaining much-needed attention in the changing healthcare landscape. Yet there has been limited investigation of the key factors that lead to effective implementation of integrated care that relies on evidence-based addiction treatment. This presentation relies on implementation science and the consolidated framework for implementation research (CFIR; Damschroder et al., 2009) to examine the implementation of integration of mental health and primary care services in addiction treatment in primarily Latino communities in Los Angeles County. The presentation cover the five major domains of the CFIR model to provide an understanding of the inner and outer contextual factors of implementation and the core components that drive implementation across settings. These factors include interventions or policy changes (e.g., Affordable Care Act), outer setting (e.g., funding resources, regulation, professional culture), inner setting (e.g., organizational culture, readiness for change, implementation climate), individuals involved in implementation (e.g., supervisors and staff members), and the implementation strategy (e.g., training and supervision). This symposium will emphasize the role of several of these domains and highlight the role of the health care setting in the implementation process. Overall, the symposium presentations will describe findings with clear and important implications for health care policy, implementation science, and patient-centered outcomes, such as improving standards of care in the delivery of integrated care in specialty health care settings. The presentation seeks to advance understanding of the following three questions: (1) How do findings contribute to the evidence base relevant to the context of implementation

of integrated care models? (2) What are the implications of findings for developing strategies to increase the implementation of integrated care models in specific health care settings? (3) What are the implications of findings for developing policies and organizational strategies to improve treatment outcomes among vulnerable populations in an era of health care reform?

THE USE OF TECHNOLOGY TO TRAIN PROVIDERS IN EVIDENCE BASED PROGRAMS - Ana A. Baumann

Despite the large number of evidence-based programs (EBP) ready to be implemented in usual care, EBP is still the exception in care settings serving children, youth and families, adversely affecting the care received by families. Implementation science has the goal of diminishing the gap between the best available EBPs that could be implemented and the interventions that people actually receive. The field has been extremely active, supporting the movement of EBPs into routine use by developing and testing implementation strategies, measures, and theoretical frameworks. One key aspect behind the successful implementation of EBP in care settings is the training of health professionals. Several barriers, including time, cost, and availability of expertise lead to practicing health professionals seldom being trained in EBP as part of their professional activities. Providing training in EBP during graduate and professional education can help build the pipeline of adequately trained professionals (who may, in turn, be able to disseminate EBP within their future places of employment). Accordingly, research is needed that identifies approaches for effective EBP training among graduate and professional students. This presentation describes findings from a pilot study examining the usefulness of blended learning (i.e., training using in vivo and online components) to teach an EBP in university settings. Study goals were to determine whether graduate students from Psychology, Social Work and Family Therapy programs in five universities could be successfully trained in a specific EBP using Blended Learning. A first specific aim was to examine whether EBP training could be conducted with fidelity using blended learning. A second aim was to assess student's implementation outcomes and fidelity to the EBP. We also examined the acceptability of the training. Results supported the feasibility and utility of blended learning by documenting students' high acquisition of knowledge specific to the EBP, improvement of skills involved in the EBP, and favorable perceptions of this learning approach. Findings directly speak to the benefits of blended learning as a feasible strategy to support training in EBP.

REDUCING MENTAL HEALTH CARE DISPARITIES IN THE LATINO COMMUNITY: CONTRIBUTIONS OF IMPLEMENTATION SCIENCE - Leopoldo J. Cabassa

Bridging the gap between research and practice is critical for reducing mental health care disparities in the Latino community. Implementation science is an emerging field that examines the factors, processes, and strategies that shape the uptake, use, and sustainability of empirically-supported interventions, practice innovations, and social policies in routine practice settings. Dr. Cabassa will present key characteristics of implementation science and the contributions that this field can make to reducing mental health care disparities in the Latino community. He will provide illustrations from two ongoing federally-funded studies that blend intervention research and implementation science to improve the physical health of Latinos with serious mental illness (e.g., schizophrenia, major bipolar disorder).

Friday June 17, 2016

8:30 AM–10:00 AM

SCIENTIFIC SESSION 4

THE IMPORTANCE OF SEX AND GENDER IN SUBSTANCE USE RESEARCH

Angela Bazzi

In line with NIH priorities to “promote the conduct, translation, and dissemination of drug abuse research on sex/gender differences and issues specific to women,” this interdisciplinary panel will explain the importance of investigating sex and gender differences in the antecedents and consequences of substance use. The panel will begin with an overview of NIH priorities and examine the justification for this focus, and then showcase examples of innovative studies from the basic and social sciences that carry implications for the treatment of substance use disorders. By illustrating key conceptual and methodological considerations in exploring sex/gender differences in substance use research, additional aims of this panel are to inspire new lines of investigation and spark interdisciplinary dialogue

BETTER WITH BOTH: STUDYING SEX AND GENDER IS GOOD SCIENCE - Janine A. Clayton

The National Institutes of Health (NIH) funds basic, translational, and clinical research. From basic research to clinical care, studying both sexes is a guiding principle for experimental design, hypothesis-generation and -testing, to expand knowledge toward turning discovery into health for both women and men. Numerous factors prompted the development of new NIH policy, announced in May 2014, to ensure that sex is considered as a basic biological variable in NIH-funded preclinical research. These included scientific progress emerging from NIH-funded laboratories, congressional interest and support, and ongoing NIH efforts to enhance reproducibility of preclinical research through rigor and transparency. NIH grant applications due on or after January 25, 2016, will be evaluated on how they account for sex as a biological variable (SABV) in their research designs, analyses, and reporting in vertebrate animal and human studies. Strong justification from the scientific literature, preliminary data, or other relevant considerations must be provided for applications proposing to study only one sex. Selecting an appropriate preclinical model that considers the role of sex in the context of a specific research question of interest, especially for studies that model human physiology and pathology, is central to the scientific inquiry process. A continual growth in knowledge about the influence of sex in biomedicine is imperative to the NIH mission of turning discovery into health.

SEX DEPENDENT EFFECTS OF TAURINE AS A POTENTIAL TREATMENT FOR COCAINE USE - Kaliris Y. Salas-Ramírez

According to the 2013 National Survey on Drug Use and Health (NSDUH), approximately 4.2 million United States residents are estimated to use cocaine in a year. Females begin using illicit drugs, like cocaine, at younger ages and at lower doses when compared to males; however, their uses escalate very rapidly into addiction. Women tend to also relapse more often and have a tougher time in rehab, therefore, when considering pharmacological interventions for cocaine addiction, one must consider sex and age of exposure. Studies from our laboratory have shown that taurine is effective at inhibiting cocaine reward in both male and female rodents, but these effects are dependent on hormonal status. In adult animals, we observed that taurine was not effective at inhibiting cocaine induced sensitization. Furthermore, we observe that adolescent and adult exposure to taurine have differential patterns. These show a strong implications for the relationship between compounds found in energy drinks and stimulant use and abuse. We will further investigate sex differences within this paradigm to determine whether these effects are sex-specific. Studies are currently looking for novel mechanism of action.

TREATMENT FOR WOMEN WITH SUBSTANCE USE DISORDERS: DO GENDER AND ETHNICITY MATTER? - Christine E. Grella

There has been increased recognition of the influence of both gender and ethnicity on the development of substance use disorders (SUD) and substance abuse treatment participation, along with the concurrent development of a substantial body of research that examines these issues. Considerable research has shown that the course of drug use initiation, the biological effects of alcohol and drugs, and the progression to addiction differ for men and women. This presentation will provide an overview of research on treatment seeking and utilization among women with SUD. Topics to be covered include: (1) prevalence of SUD among women in the general population based on data from national epidemiological surveys; (2) extent to which women with SUD seek and receive treatment for these problems, types of barriers encountered in seeking treatment, settings where treatment is received, and differences by gender and ethnicity; (3) clinical profile of women in treatment for SUD, including gender and ethnicity differences in treatment needs related to mental health status, parenting and family relationships, and trauma exposure; and (4) findings on the influence of gender and ethnicity on treatment outcomes, using data from clinical and longitudinal studies. The implications of this body of research for treatment planning and policy development, and future directions for research in this area, will be discussed.

11:30 AM – 1:00 PM

GRANT WRITING: MOCK REVIEW SESSION

Flavia Souza-Smith

The Grant Writing session this year will host a Mock Study Section, which is designed to simulate an actual NIH study section. Two NIH grant applications (F32-Basic Sciences and K99-Social Sciences) will be reviewed, critiqued, and scored by three reviewers. The goal of this session is to give the opportunity to students, trainees, and young investigators to understand the role of the Scientific Review Officer (SRO), Chair, and members of a study section (Scientific Review Group) as they provide unbiased evaluation and assign overall priority scores to the grant applications based on scientific merit and additional review criteria. Dr. Flavia Souza-Smith, PhD (Instructor at the Department of Physiology at LSUHSC-NO), is the organizer and will moderate the session. Dr. Eduardo Montalvo, Ph.D. (SRO/ AIDS and Related Research (AARR)/ NeuroAIDS and other End-organ Diseases (NAED) NIH/Center for Scientific Review) will give a brief introduction of the grant review process. Dr. Jose Ruiz, Ph.D. (SRO, NIDA) will serve as SRO. Dr. Sulie Chang, Ph.D. (Professor at the Department of Biological Sciences and director of the Institute of Neurolmunne Pharmacology at Seton Hall University) will serve as the Chair. Dr. Patricia Molina, M.D., Ph.D. (Richard Ashman, PhD Professor and Head Department of Physiology and Director Alcohol and Drug Abuse Center of Excellence at LSUHSC-NO, Past-President of the American Physiological Society) will serve as Reviewer 1. Dr. Margarita Alegria, Ph.D. (Professor at the Department of Psychiatry and Director of the Center for Multicultural Mental Health Research at Harvard Medical School) will serve as Reviewer 2. Dr. Craig Field, Ph.D. (Associate Professor at the Department of Psychology and Director of the Latino Alcohol and Health Disparities Research Center at University of Texas, El Paso) will serve as Reviewer 3.

2:30 PM–4:00 PM

BREAKOUT SESSION C

SESSION C1 -RESEARCH COLLABORATION

Angela Bazzi and Cristina Mogro-Wilson

This breakout session will highlight new and ongoing collaborative research partnerships that have resulted from mentorship and networking within the NHSN. Topics discussed will include research supporting the significance of collaboration for productivity and creating an “academic community,” and examples of research collaborations that cross disciplinary,

career-stage, institutional, and geographic (including national) boundaries. Panelists will describe methods for initiating, building, and sustaining collaborations as well as mentoring and training across institutions. We will also summarize recent outcomes from collaborative research and planned next steps. The session will conclude with an interactive discussion about ideas for fostering collaboration.

SESSION C2

DRUG ADDICTION: BEHAVIORAL AND MOLECULAR PLASTICITY ACROSS DEVELOPMENT

Amy M. Gancarz-Kausch

Substance abuse disorder is a psychiatric diagnosis affecting millions worldwide and leading to an enormous societal burden, including financial, social, and health-related costs. Despite countless research efforts, drug addiction remains a serious problem and many aspects remain poorly understood, including open questions concerning the neurobehavioral mechanisms underlying drug abuse and how these processes can be prevented or reversed. This breakout will facilitate the exchange of information among researchers studying drug addiction in preclinical models. The objectives of this symposium are to unite scientists to discuss and present the latest advances in both basic and translational research related to substance abuse. Key areas to be discussed include latest advances in the ontogeny of early adolescent drug exposure for subsequent abuse liability in adulthood, latest findings in the role of drug abstinence and protracted withdrawal in mediating cellular, behavioral, and structural plasticity, and the role of experience in reward learning which may contribute to the transition from recreational to compulsive use. This breakout will focus on highlighting recent advances in molecular, synaptic remodeling, and behavioral processes that are involved in drug addiction.

KETAMINE EXPOSURE DURING PERIADOLESCENCE INCREASES THE REWARDING EFFECTS OF NICOTINE IN ADOLESCENT RATS - Arturo R. Zavala

Nearly 10% of the pediatric population (children and adolescents) are diagnosed with clinical depression and the use of selective serotonin reuptake inhibitors (SSRIs) to manage their symptoms, such as fluoxetine, are often not effective. This has resulted in the search for novel alternative compounds for the treatment of depression in pediatric populations. Recently, low doses of ketamine, a noncompetitive glutamate N-methyl-D-aspartate receptor antagonist, has been shown to produce fast-acting and long-lasting antidepressant effects. However, because ketamine is also an abused drug, albeit at higher doses, it is unclear what the long-term effects of early and extended use of ketamine in pediatric populations may be. Of particular concern is that early exposure to ketamine may increase the abuse potential of other drugs of abuse that are prevalent in adolescents, such as nicotine. Thus, we examined whether early exposure to ketamine increases the rewarding effect of nicotine in adolescent rats using the conditioned place preference (CPP) paradigm, a validated model of drug reward. Male and female Sprague-Dawley rats were treated daily with ketamine from postnatal day (PD) 21-30, a period of rat development comparable to late childhood and the start of adolescence. Rats were then assessed for nicotine-induced CPP beginning on PD 33 using a 10-day CPP procedure. During days 1 and 10 of the CPP procedure, rats were tested for their preconditioning and postconditioning place preference, respectively, in 15-minute sessions. During days 3-8, rats were conditioned 30-minutes a day with either nicotine (0, 0.1, 0.3, or 0.6 mg/kg) or saline on alternating days. Days 2 and 9 were rest days. Results demonstrate that periadolescent exposure to ketamine modulates the rewarding effects of nicotine in adolescence, although the results vary between male and female rats. Specifically, the magnitude of the nicotine-induced CPP is influenced by prior exposure to ketamine. Altogether, these results show that early-life exposure to ketamine early exposure to ketamine alters the rewarding properties of nicotine during adolescence and that the use of ketamine in pediatric populations should be carefully assessed.

ANTIDEPRESSANT EXPOSURE DURING ADOLESCENCE INCREASES PREFERENCE FOR COCAINE IN ADULTHOOD - Sergio D. Iñiguez

Currently, there is a high prevalence of antidepressant prescription rates within juvenile populations, yet little is known about the potential long-lasting consequences of such treatments, particularly on subsequent responses to drugs of abuse. To address this issue at the preclinical level, we examined whether adolescent exposure to fluoxetine (FLX), a selective serotonin reuptake inhibitor, results in changes to the sensitivity of the rewarding properties of cocaine in adulthood. Separate groups of male c57b1/6 mice were exposed to FLX (0 or 20 mg/kg) for 15 consecutive days either during adolescence (postnatal days [PD] 35-49) or adulthood (PD 65-79). Twenty-one days after FLX treatment, behavioral responsiveness to cocaine (0, 2.5, 5, 10, or 20 mg/kg) conditioned place preference was assessed. Our data shows that mice pretreated with FLX during adolescence, but not during adulthood, display an enhanced dose-dependent preference to the environment paired with cocaine (5 or 10 mg/kg) when compared to age-matched saline pretreated controls. Taken together, our findings suggest that adolescent exposure to FLX increases sensitivity to the rewarding properties of cocaine, later in life.

MECHANISMS OF ALTERED REWARD SENSITIVITY IN PSYCHOSTIMULANT WITHDRAWAL - Alicia Izquierdo

What happens to reward sensitivity in prolonged withdrawal? Dominant views of withdrawal include descriptions of increased reward thresholds following chronic use, incentive sensitization of reward systems, and incubation of craving for the drug, which progressively increases in withdrawal. A vast literature has promoted the idea that effective learning about natural and drug rewards is supported by corticostriatal circuitry, which enables appropriate action. Yet current ideas about reward processing in prolonged withdrawal have not adequately considered the context in which it is studied. In this seminar, we present evidence that increased reward sensitivity during withdrawal manifests primarily in the presence of competing options and different-cost alternatives; i.e. in "decision making mode." In support of this, we provide evidence of increased sensitivity to positive reward feedback in rats and monkeys pretreated with methamphetamine and an increased effort to work for larger magnitude rewards in methamphetamine-withdrawn rats. Finally, we show that brain-derived neurotrophic factor (BDNF) signaling through the TrkB receptor and dopamine D2 receptor expression in the striatum are important to the mechanism of this enhanced reward valuation. In male Long-Evans rats, frontal cortex and striatal tissue was collected either immediately after methamphetamine experience or after prolonged withdrawal (six weeks after the last exposure). Phosphorylation of TrkB and D2 receptor expression in the striatum was elevated in the immediate group, but returned to baseline after six weeks. Taken together, the increased expression of these proteins may enhance some facet of learning in withdrawal. Since there is also parallel evidence that opiate withdrawal results in inflated food reward value in rats, such changes in reward valuation could be a general mechanism for the preponderance of overeating and poly-drug use in recovering addicts.

ACTIVIN/SMAD3 INDUCTION IN THE NUCLEUS ACCUMBENS REGULATES COCAINE PLASTICITY - Amy M. Gancarz-Kausch

The addicted phenotype is characterized as a chronically relapsing disorder that persists despite long periods of abstinence, suggesting that the underlying molecular changes are stable and enduring. Many of the long-term effects of cocaine have been shown to be dependent on alterations in gene expression that lead to prolonged adaptations, such as structural changes of medium spiny neurons in the reward circuitry of the brain. We have previously shown that withdrawal from cocaine self-administration (but not non-contingent exposure to cocaine) activates TGF- β signaling in the nucleus accumbens (NAc). Here, we investigate Activin receptor-mediated signaling via downstream Smad3 protein following withdrawal from cocaine self-administration. The Activin type II receptor was increased in the NAc at both the mRNA and protein levels following 7 days of withdrawal from cocaine self-administration. Direct pharmacologic antagonism of the Activin receptor in the NAc resulted in decreased

self-administration and attenuated drug-induced reinstatement/relapse behaviors without affecting locomotor activity or food-maintained responding. Pharmacologic activation of the Activin receptor via microinjections of Activin A into the NAc potentiated cocaine-primed reinstatement, without affecting locomotor activity or food-maintained responding. Withdrawal from cocaine self-administration also increased the expression of phosphorylated-Smad3, the downstream intracellular mediator of Activin signaling. Using viral-mediated gene transfer, we found that overexpression of Smad3 in the NAc potentiated both cocaine-primed reinstatement and cocaine self-administration. Overexpression of Smad3 potentiated the expression of dendritic spine density in medium spiny neurons located in the nucleus accumbens. Importantly, blockade of Smad3 signaling via overexpression of a dominant negative Smad3 (dn-Smad3) attenuated both cocaine-primed reinstatement and cocaine self-administration. Overexpression of dn-Smad3 attenuated the expression of dendritic spine density in medium spiny neurons located in the nucleus accumbens. Taken together, these data indicate that Activin/Smad3 signaling is induced following withdrawal from cocaine self-administration and such regulation may be a key molecular mechanism underlying behavioral and cellular plasticity following cocaine self-administration.

4:15 PM–5:45 PM

SCIENTIFIC SESSION 5

LATINOS, DRUG USE, AND THE CRIMINAL JUSTICE SYSTEM

Kathryn Nowotny

During the past several decades, the size of the prison population in the United States has increased substantially, growing more than sevenfold, so that the U.S. now has the highest rate of imprisonment compared to all other countries. The policies and initiatives enacted by the War on Drugs, including mandatory minimum sentences, truth in sentencing, and three strikes, has led to this unprecedented rate of incarceration. Evidence documents that the unequal enforcement of drug laws has produced social costs of the U.S. War on Drugs that disproportionately affects the poor and people of color. For example, over 80 percent of those incarcerated in state prisons for a drug offense are black or Latino despite the fact that survey data show that whites and people of color use drugs at similar rates. Among Latinos specifically, men are incarcerated at a rate 2.4 times that of white men. This panel will address several aspects of drug use and the criminal justice system among Latinos including the social factors that explain why Latinos are more likely to be arrested, detained, sentenced, and incarcerated and the long-term consequences of these arrests for families and communities; the differential perceptions of Latina juvenile offenders by juvenile probation officers, judges, social workers, psychologists, and other juvenile justice decision-makers and the consequences for criminal justice outcomes including disparate recommendations for substance abuse and mental health treatment; and the role of drug courts and residential treatment provision for drug using Latinos and other adult women.

THE CONSEQUENCES OF DRUG POLICIES ON LATINO OFFENDING AND INCARCERATION - Avelardo Valdez

Latinos are over-represented at every stage of the U.S. criminal justice system – from arrest and detention to incarceration and parole. According to recent reports, Hispanics are incarcerated twice as often as non-Hispanic whites. Latinos accounted for 40% of sentenced offenders in the federal criminal justice system and 31% of those incarcerated, but only represent 13% of the U.S. population. Latinos comprise 19% of those in state prisons and 16% of local jails. This presentation will focus on social factors that explain why Latinos are more likely to be arrested, detained, sentenced, and incarcerated than non-Hispanic Whites for substance-related offenses even though drug prevalence is similar to other U.S. groups. Using data from a longitudinal study of a cohort of 275 adolescent gang members initially interviewed over 15 years ago in San Antonio, Texas, we will illustrate the social and legal mechanisms that explain this phenomenon. Discussed are the long term consequences of these arrests and the impact on their life, family and community.

“YOU CAN’T TREAT THAT”: JUVENILE JUSTICE PROFESSIONALS’ ATTITUDES TOWARD JUSTICE-INVOLVED LATINA GIRLS - Vera Lopez

This study investigates the perceptions of Latina juvenile offenders by juvenile probation officers, judges, social workers, psychologists, and other juvenile justice decision-makers. Drawing upon in-depth semi-structured interviews with 62 juvenile justice professionals and focus groups with eight clinicians who work with drug-involved Latina girls, this study examined how gender and culture are constructed and how such constructions can lead decision-makers to stereotypical and, oftentimes, punitive recommendations and responses. Overall, this study found that 1) the majority of professionals believe Latina offenders are more often engaged in sexual promiscuity, gang membership, and violence than non-Latinas; 2) the majority of professionals felt frustration or antipathy toward working with Latina offenders; and 3) few professionals could articulate an understanding of what gender-specific or culturally responsive programming might entail for Latina girls nor could they identify such options in their districts. Furthermore, juvenile justice professionals often attributed Latina girls’ drug use and delinquency to a “Latino culture” that encourages girls and women to be subservient to men even though this propensity increases their risk of teen pregnancy, gang involvement, and drug use. In contrast, they attributed White girls’ problematic behaviors to histories of abuse, trauma, and exposure to violence. Consistent with these varying perceptions of White and Latina girls, juvenile justice professionals were more likely to advocate for and/or recommend substance abuse and mental health treatment for White girls and incarceration for Latina girls. The study concludes with recommendations for improving juvenile justice services directed at young Latina offenders with a special emphasis on those young women who use drugs.

THE POSITIVE IMPACT OF SUBSTANCE USE TREATMENT PROVISION FOR WOMEN ARRESTED IN DALLAS COUNTY - Jennifer Reingle-Gonzalez

The number of women housed for prostitution and drug offenses in the Dallas County Jail have been increasing annually. To reduce time spent in jail, women arrested for drug offenses are commonly assigned to a drug court to oversee drug treatment and divert women from jail. In Dallas, the demand for drug treatment has been increasing more rapidly than supply, and there is only one treatment provider for indigent women and their children. As a result, many women assigned to the identified drug courts are required to wait in jail until a residential bed is available, which averages 45-60 days but can be 90 days or longer. On any given day, 20-30 women are waiting in jail until a residential treatment bed is available. To compound the problem of limited availability, County funds for residential treatment are fixed at a rate that is 25-30% lower than any other funder, including state rates. As a result, only 5 women per month are placed in residential treatment. According to the Texas Department of State Health Services (TDSHS), “women are more stigmatized than men in recovery...addiction profoundly affects women’s ability to parent, and a woman’s recovery can thereby impact future generations and potential recovery for whole families.” This study aims to demonstrate positive outcomes associated with residential treatment provision to increase availability and funding for substance use treatment among women in the criminal justice system.

Friday 17 June 2016

10:00 AM - 11:15 AM POSTER SESSION

1. THE EFFECTS OF ETHNIC IDENTITY ON THE MENTAL HEALTH OF LATINA/O ADOLESCENTS: A META-ANALYTIC REVIEW. I.D. Acevedo-Polakovich (a), H. Spring (a), J.M. Felber (b), K.V. Clements (a); (a) Michigan State University (b) The Summit Center Inc. (idap@msu.edu)

Although available conceptual models suggest that ethnic identity should be associated with psychological wellbeing among U.S. Latina/o youth, the results of prior studies have varied considerably. In an effort to clarify the inconsistencies in the literature, a meta-analytic approach was used to compare and contrast previously published studies. From an initial pool of 146 published articles identified through a combination of keyword searching and snowball sampling based on works cited, 24 were found to meet the following inclusion criteria: Focused on a population between the ages of 12 and 17; Focused on, or include, Latina/o youth in the study sample; Provide Sufficient Information to calculate an effect size of ethnic identity on mental health. Analyses were conducted using the Hunter and Schmidt (2004) method, as applied in the Meta-Analysis Program version 1.1 (2005). This approach computes the weighted average correlation between two variables, with the weights determined by study sample size. The effects of ethnic identity on specific outcomes varied across specific outcomes and domains of mental health (r ranges from $-.04$ to $.22$). High levels of variability observed in each analysis point to additional sources of variance in the relation between ethnic identity and mental health outcomes. Results help bound the predicted relation between ethnic identity and mental health outcomes, suggesting the direct effects of this variable may be limited to domains of mental health that are conceptually closer to internal self schemas. In addition to these substantive findings, several methodological recommendations arise from this review of the extant literature as findings point clearly to moderators of the relation between ethnic identity and mental health, yet characteristics of currently available studies restrict the ability to gain a clear and accurate understanding of the conditions in which ethnic identity impacts psychological health in U.S. Latina/o youth. As a whole, findings help advance both the conceptual understanding of, and the methodological approaches used to research, the relation between ethnic identity and mental health among U.S. Latina/o youth.

2. INTERACTIONS OF ALCOHOL WITH HDAC INHIBITORS AND THEIR EFFECTS ON ANTIOXIDANT RESPONSES AND ROS PRODUCTION BY MONOCYTE DERIVED DENDRITIC CELLS. M. Agudelo, T. Parira, G. Figueroa, G. Casteleiro, and M.P. Nair Florida International University, Herbert Wertheim College of Medicine. (magudelo@fiu.edu)

Epigenetic mechanisms have been shown to play a role in alcohol use disorders (AUDs) and may prove to be valuable therapeutic targets. In addition, histone deacetylase inhibitors (HDACi) have been shown to have anti-inflammatory and neuroprotective effects and these effects seem to extend to diseases that share mechanisms of oxidative stress and inflammation. However, HDACi have been also known to mediate the induction of apoptosis and autophagy. In an effort to elucidate the oxidative effects of HDACi and their modulation of alcohol-induced effects in the periphery, we proceeded to test whether the interactions of EtOH with HDAC inhibitors, trichostatin A (TSA) and mocetinostat (MGCD0103), are affecting antioxidant responses and ROS production by monocyte derived dendritic cells (MDDCs). Oxidative stress was measured in vitro using oxidative stress PCR array and ROS assay and in silico using GNCPro Gene Network Central research tool. The PCR array results yielded four target genes (CSDE1, CYBA, SGK2, TXNDC2) out of 84 with more than five-fold modulation after treatment with ETOH and/or TSA, and/or MGCD0103. Mocetinostat, in particular, was able to induce a major reversal of the EtOH effects and a dramatic increase

on antioxidant responses and ROS metabolism genes, possibly through the regulation of HDACs. In addition, both HDAC inhibitors were able to modulate ETOH-induced ROS production. In silico analysis revealed new target genes and pathways on the mode of action of alcohol and HDAC inhibitors. Findings elucidating the interaction of HDAC inhibitors with alcohol and their effects on oxidative stress may be useful for the development of novel treatments for alcohol-induced oxidative damage and may delineate new potential immunomodulatory mechanisms. Supported by the National Institute on Alcohol Abuse and Alcoholism, award R00AA021264, and the Institute on NeuroImmune Pharmacology at FIU.

3. INTERACTIONS BETWEEN OBESITY AND ANXIETY IN OBESITY-PRONE MALE AND FEMALE RATS. Y. Alonso-Caraballo (a); P.J. Vollbrecht (b,c); C.R. Ferrario (a,b). (a) Neuroscience Graduate Program, University of Michigan, (b) Department of Pharmacology, University of Michigan, (c) Department of Biology, Hope College. (yanairaa@umich.edu)

Epidemiological data suggest that body mass index and obesity are strong risk factors for anxiety and depression in humans. In rodents, diet-induced obesity (DIO) produces depression-like behaviors in the forced swim and sucrose preference tests, but the mechanism underlying this effect is poorly understood, and relatively few studies have examined anxiety-like behaviors in rodent obesity models. Here we used a selectively bred rat model to examine basal and obesity-induced differences in anxiety-like behaviors in obesity-prone (OP) versus obesity-resistant rats (OR). Anxiety-like behavior was measured in the elevated plus maze (EPM) and in the open field (OF) tests. In males, anxiety-like behaviors were determined prior to and after DIO (60% high fat, 8 weeks). In females, the estrous cycle was monitored daily for 12 days prior to behavioral testing in the EPM without diet manipulation. For all studies food intake and weight were monitored throughout. We found that, as expected, OP rats gained substantially more weight and fat mass than OR rats when maintained on standard lab chow; this was further exacerbated by high fat diet (HF). Anxiety-like behaviors in the EPM and OF tests were enhanced in obese male and female OP rats. Importantly, differences in anxiety were not present prior to obesity in male OP rats, and the magnitude of anxiety-like behavior was positively correlated with weight gain. In males, consumption of a 60% HF produced obesity in both OP and OR rats. However, DIO in OR male rats was not sufficient to enhance anxiety-like behaviors. In ongoing studies we are determining the effect of HF-DIO in anxiety-like behaviors in females and the effect of the estrous cycle in these behaviors in these models. Our studies to date suggest that increases in anxiety emerge along with obesity in OP rats and that interaction between predisposition and weight gain contribute to this behavioral difference.

4. SMOKING AND IMMIGRATION AMONG ASIAN AMERICANS: DOES DISAGGREGATION OF DATA REVEAL ANY NEW PATTERNS? B.J. Becerra (a); M.B. Becerra (b). (a) School of Allied Health Professions, Loma Linda University, Department of Health Science and Human Ecology; (b) California State University, San Bernardino. (bbecerra@llu.edu)

Tobacco use remains prevalent among minority populations, despite national decreasing trends in such behavior in the United States. Much of the literature has demonstrated the potential role of immigration on tobacco use; though such studies among disaggregated Asian Americans remain limited. The purpose of this study was to evaluate if immigration is related to tobacco use behavior among a diverse Asian American population. The California Health Interview Survey (CHIS) 2001-2011/2012 were used with a total sample of 10,658 Asian American adults in California. Tobacco use was defined as current cigarette smoking and immigration was defined as English language proficiency and country of birth. All statistical analyses were survey weighted. Smoking prevalence was

highest among Vietnamese males at 31.34% while lowest among South Asian males at nearly 12%. Among females, Vietnamese had the lowest percent at 1.60% while Koreans reported the highest at 11.83%. Among Chinese, high English proficiency was associated with 57% lower odds of being a current smoker while a 44% lower odds of such behavior was noted among U.S. born Chinese population as well. Similarly, 44% and 52% lower odds of being a current smoker was noted for English proficient Korean and Vietnamese populations, respectively. Disaggregated data among Asian American is critical to evaluating the true burden of negative health behavior in the population. In this study, being English proficient and being born in the U.S. was substantially associated with low smoking; thus demonstrating the burden of such a behavior being higher among immigrant populations.

5. INTRACULTURAL MARGINALIZATION AND ALCOHOL USE SEVERITY AMONG HISPANIC EMERGING ADULTS: MODERATING EFFECTS OF ACCULTURATION, ENCULTURATION AND GENDER. M.A. Cano, Florida International University (mcanojr@fiu.edu)

Emerging adulthood (spanning ages 18-25) is a period when people tend to drink the heaviest, including Hispanics. Research has suggested that intercultural stressors such as ethnic discrimination may increase levels of alcohol use among Hispanics. However, relationships between intracultural stressors (e.g., stressful interactions with other Hispanics) and alcohol use behavior have been examined to a lesser extent. Accordingly, the present study aimed to (a) examine the association between an intracultural stressor (e.g., intracultural marginalization the perceived interpersonal distancing exhibited by members of the heritage [Hispanic] culture when an individual acculturates and develops characteristics of the receiving [U.S.] culture) and alcohol use severity; and (b) examine if acculturation domains, enculturation domains, and gender moderated that association. Hierarchical multiple regression and moderation analyses were conducted on a cross-sectional sample with 180 Hispanic emerging adults. Findings indicated that higher intracultural marginalization was associated with higher levels of alcohol use severity ($\beta = .15, p < .05$); and all variables entered in the model accounted for $\Delta R^2 = 19.2\%$ of the variance of alcohol use severity. A moderation analysis indicated that higher intracultural marginalization was associated with higher alcohol use severity among men, but not women. Of four acculturation/enculturation domains, none had a moderation effect. However, there was a statistically significant three-way interaction between intracultural marginalization, gender, affective enculturation. This three-way interaction indicated that among men, higher intracultural marginalization was associated with higher alcohol use severity at lower levels of affective enculturation. Among women, intracultural marginalization was not associated with alcohol use severity at any level of affective enculturation. This study addressed a literature gap on intracultural stress and alcohol use behavior among Hispanics. Findings may have the potential to inform the design of future prevention interventions; however, more research is needed.

6. WOMENS' HIV CONCERN IN A TRAUMA CENTER LIVING IN THE US/MEXICO BORDER REGION: AN INITIAL ASSESSMENT OF THE SEXUAL HEALTH MODEL.

J. D. Cardoso; R.G. Gonzales; C.A. Field; R. Woolard. The University of Texas at El Paso, Department of Psychology, Latino Alcohol & Health Disparities Center. (jdcardoso@miners.utep.edu; rgonzales6@miners.utep.edu)

The purpose of this secondary analysis study was to investigate how components of the Sexual Health Model (SHM) (Robinson, Bocktin, Rosser, Miner and Coleman, 2002) relate to reported Human Immunodeficiency Virus (HIV) concern in predominantly Hispanic female patients in a Level 1 Trauma Center. The holistic model emphasizes aspects such as sexual health knowledge, acceptance, effective communication and culture

targeted towards long term HIV prevention. SHM is based on 10 components that are posited to be essential to healthy human sexuality and may influence an individual's ability to effectively reduce HIV risk. The present study investigated 7 of the 10 components: talking about sex, culture and sexual identity, sexual anatomy and functioning, body image, sexual health care and safer sex, challenges to sexual health, and intimacy and relationships. Admitted patients receiving medical treatment in a Level 1 Trauma Center located in the Mexico/U.S. border region were screened by trained medical students for inclusion criteria (English speaking female patients, aged 18 or older, reporting at least one sexual encounter in the past 10 years and able to provide informed consent). Participants ($n = 88$) were between the ages of 18 to 61 ($M = 33.67, SD = 11.38$). Participants (78% Hispanic) completed a survey during their hospital admission. A logistic regression was conducted and was not found to be significant. A post hoc independent sample t-test was conducted to compare HIV concern for each of the seven components in the SHM. There was a significant difference in the scores who were in a relationship ($M = .3462, SD = .39419$) and who were not in a relationship ($M = .5403, SD = .44628$); $t(52.842) = 2.026, p = .048$. These results suggest that relationship status does have an effect on HIV concern for female patients admitted to a Trauma Center. The findings for this study have relevant implications for females who may be at risk for contracting HIV and do not report HIV concern in clinical settings, where HIV testing is offered, hence underutilizing the test. To our knowledge, no previous study has examined the components posited by the Sexual Health Model in a trauma setting. Future research may benefit from refining the Sexual Health Model to medical settings.

7. HIV AND STI RISK PROFILE OF CRACK USERS: PRELIMINARY DATA FROM A PROJECTION MAPPING INTERVENTION IN MEXICO CITY. J.Frankeberger; J. Bailey; A. Cepeda; A. Valdez, University of Southern California (alicecep@usc.edu)

Mexico's emergent crack cocaine epidemic contributes to a rapid transmission of HIV and STIs, leaving Mexico City on the verge of a substantial outbreak. However, little is known about this marginalized crack using population's HIV and STI knowledge or sexual risk behaviors while no effective prevention/treatment options exist. The current study reports findings from Tirando Esquina – Interviniendo Muros de Salud (TE – IMS), an intervention program aimed at promoting HIV health seeking behaviors among crack smoking adults living in hard to access contexts in Mexico City. The report presents an STI and HIV risk profile of adult crack users in Mexico City in which high risk drug and sexual behaviors are of particular concern. A sample of 58 adult crack users in the Iztapalapa neighborhood of Mexico City participated in a harm reduction and HIV education intervention using projection mapping techniques. Subjects participated in a pre/post-test survey in order to evaluate the intervention. Information on drug patterns and behavior, HIV and STI knowledge, and sexual risk behaviors were assessed and analyzed. Due to the ongoing nature of this project, only pre-test data was analyzed to evaluate HIV and STI risk. Results from pre-intervention assessments indicate that 70% of the sample were polydrug users in the past month. Thirty-three percent of participants reported daily crack use and 41% reported weekly use. Participants reported an average of 2.1 sexual partners in the last month while 73% reported never using condoms during sex. HIV and STI knowledge among participants was overall low, with an average score of 35% and 47% correct on the STI Knowledge Questionnaire (STI-KQ-27) and HIV Knowledge Questionnaire (HIV-KQ-18), respectively. Risky drug and sexual behaviors are prevalent among this population. Low knowledge and protective behaviors are common and present concern for STI and HIV transmission. Further research and health promoting interventions with this population are needed to adequately respond and prevent a STI or HIV epidemic.

8. THE SOCIAL RESPONSE TO CRACK USERS SEEKING TREATMENT. R.G. Natera (a); P.F. Callejas (a); G.M. Domínguez (a); E. Zafra (a); J. Ramírez (a); T.A. Jiménez (a); A. Valdéz (b); A. Cepeda (b). (a) Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz; (b) University of Southern California (naterar@imp.edu.mx)

The purpose of this paper is to determine the support required by crack users and the social response they receive in a region in Mexico City. An ethnographic method was used. Semi-structured interviews were conducted with crack users in three areas of Mexico City that record a high rate of use. The “snowball” strategy was used to identify “gatekeepers,” who facilitated contact with crack users. The sample comprises people over 18 who had used crack in the past 30 days (42 women and 114 men) and had not sought treatment during this period. A total of 156 interviews were conducted, which were transcribed and analyzed through NVivo. The analysis was undertaken by sub-groups depending on the length of time they had been using substances. Respondents had a mean age of 32. Their history of use varied, from those who had started in the past 6 months, to those who had spent more than 15 years with different patterns of use ranging from experimental to regular. Main sources of support: a) formal (private professionals and public and private specialized institutions) perceived as comprehensive services. Respondents reported that they helped them but not enough since they lack in-patient services. Since these institutions charge for their services, they are not easy for the respondents to afford; b) semi-formal spaces, generally not regulated by the health sector, based on the concept of AA (Annexes), described by many as inhumane places, c) informal (family, friends, traditional medicine, church) identified as accessible and less invasive forms of support. The family constitutes an important but ambiguous form of support, “They are always there when you need them.” d) Self-regulation through will-power is cited as the only way for them to stop using crack on their own. A percentage has been in prison, where they are given treatment. Social responses to the problem of crack use have not been effective or sufficient. Institutions are unable to meet their needs. Although respondents say that, “Their greatest desire is to stop using and to recover what they have lost (family, work, school)” they have not managed to do this. They do not recognize crack dependence as a disease that affects them at the neurophysiological level and instead, place all their hopes on will power. The study analyzes the need for forms of support and prevention such as harm reduction, and the consequences associated with the paraphernalia of crack use and violence.

9. METAPHORS OF CRACK USE IN MEXICO CITY USERS AND NEIGHBORHOODS. M.J. Dominguez(a); G. Natera (b); A. Cepeda (c); A. Valdez (c); (a) Instituto Nacional de Psiquiatría RFM, (b) National Institute of Psychiatry RFM, (c) University of Southern California. (mariodom@imp.edu.mx)

The social space of drug use is comprised, among other things, of contained expressions of emotions and affections, in other words, of an affective dimension. (Calderon, 2012), observable in the relations maintained by users with the substance they use, each other and other social factors. These expressions are often verbalized through metaphors that reflect moods, such as fear, sadness, happiness, pain, anger, etc., that are rarely considered in studies seeking to describe the social phenomenon of drug use. Understanding the language is therefore important and desirable, because it is through language that we can record users’ emotions and affects, which in turn permeate their forms of engaging in, perceiving, interrupting or stopping drug use. The objective is to analyze the affective dimension by interpreting the metaphorical expression employed by crack users in Mexico City, to understand their experience of drug use through feelings and affects. The overall sample was composed of 150 participants (114 men and 36 women) from three areas of Mexico City

(east, center and south). A semi-structured interview guide was used while the “Nvivo” program was used to analyze the transcriptions. Contact with the informants was achieved through immersion, social mapping and direct experience. The selected metaphorical expressions were grouped into three categories that refer to: the substance; the subjects and the contexts, some of the most significant of which in each group are: 1) “crack is selfish”, “those who buy crack, buy fear”, “you laugh when you ask for it and pay for it with tears”; 2) “I’m the black sheep in the family”, “eres la bandota” (you’re my buddy), “sin yolanda maricarmen” (without crying like a fag); 3) “al topon” (next time I see you, I’ll hit you), “lo bajaron” (they kill him) and “haz paro, tira esquina” (help me out). The most frequent emotions are: fear, guilt, desire, pleasure, anger, joy, shame and sadness, although crack users show solidarity, selfishness and distrust.

10. TIRANDO ESQUINA: METHODOLOGICAL CONSIDERATIONS IN THE IMPLEMENTATION OF A PROJECTION MAPPING INTERVENTION FOR CRACK USERS IN MEXICO CITY. E. Zafra, SEISYC AC; A. Valdez; A. Cepeda, University of Southern California (eduardozafra@gmail.com)

Recent evidence has identified an increased prevalence of crack use and sexual risk practices among poor urban populations in Mexico City. The largest increases are occurring in neighborhoods characterized by high population density, poverty, unemployment and criminal activities. Although HIV testing and treatment services are available at government-funded facilities, those most at-risk for infection are blocked from seeking diagnosis and treatment services by a range of barriers. Tirando Esquina – Interviniendo Muros de Salud (TE – IMS) is a bi-national effort between the U.S. and Mexico aimed to promote HIV health seeking behaviors among active crack smoking men and women living in hard to access contexts. The present study reports on the design, implementation and methodological consideration of the intervention program. Using projection mapping technology, TE–IMS intervention was designed to provide a “behavioral nudge” by implementing a public health education campaign to promote healthful behavior, combined with the distribution of related materials focused on education, awareness and harm reduction to facilitate the adoption and maintenance of health promoting behaviors. Projection mapping is a form of technology that connects with audiences on the street by using any structure or object in the location as a canvas to project desired content. During the course of one year, staff gained access, trust and rapport with crack users in three colonias, established linkages with key community members and recruited a sample of 58 current users for a repeated measure, one group pretest-posttest design. Results indicate key methodological considerations for the successful design and implementation of an intervention of this nature in a highly urbanized and marginalized context including: 1) challenges in producing 8 tailored messages that mimic street based crack street subculture; 2) selective characteristics of field team; 3) specialized field training and 4) building social cohesion in the field.

11. OPPORTUNITIES AND CHALLENGES FOR THE WORKFORCE SERVING THE LATINO POPULATION WITH SUBSTANCE USE DISORDERS IN THE AFFORDABLE CARE ACT ERA. M.A. Cruz-Feliciano; D. Alicea; I. Carrión. Universidad Central del Caribe, National Hispanic and Latino ATTC (miguel.cruz@ucaribe.edu)

Since inception of the Affordable Care Act (ACA) 16.4 million uninsured individuals in the US population have gained health coverage. Latinos in the United States are also reporting improvements in obtaining health insurance and accessibility of services. The increase in accessibility demands healthcare professionals to be knowledgeable and apply skills of cultural fluency for providing quality services. The aim of the study was

to identify and understand the challenges and opportunities the providers serving Latinos face in the ACA changing environment. Researchers for this study use a qualitative approach. Three questions were considered each addressing the issues faced in services, influence of new requirements, and elements required after ACA implementation in the provision of effective substance abuse treatment services for Latinos. Five round table discussions were conducted, each representing five states within the 10 HHS regions where Treatment Episode Data Set for 2012 indicated high proportion of Latinos receiving substance use disorders treatment services. A total of 56 participants engaged in the conversation using a structured questionnaire guide. Rapid Assessment Process was utilized for the analysis. Major issues faced by providers while working with Latino clients were availability of services, lack of competencies, characteristics of the population served, and policies.

How the health care reform affected or influenced the way providers are delivering services were identified by the way of doing business, rigor in requirements, and client services. The last factor, what elements are necessary to work effectively with Latino clients was represented by the need of adequate preservice education, training, motivation, cultural understanding, available resources, and organizational support. Results of the study indicated that providers serving Latinos face challenges at the time of service provision. This workforce needs support while being compliant with the requirements under ACA. Specialized training centers are key players for building capacity of the workforce. Assessment of needs among behavioral health services especially on substance use is an ongoing process. Information obtained from this study helps define the minimum elements required to carry out further quantitative studies for accounting challenges and opportunities among larger sample of service providers.

12. PERCEPTIONS OF THE HPV VACCINE AMONG U.S. HISPANIC FEMALES: A THEORY-GUIDED SYSTEMATIC REVIEW. M. Fernandez. *University of Miami, School of Nursing and Health Studies.* (m.fernandez59@umiami.edu)

This systematic review aimed to synthesize findings relevant to HPV vaccine beliefs and perceptions among Hispanic females residing in the U.S. Hispanic women in the U.S., have the highest incidence rate and second highest death rate related to cervical cancer. Hispanic females also have the highest HPV vaccine initiation rates but the lowest completion rates. Studies included were those which were conducted after the vaccine was approved in June 2006 by the FDA. The constructs of the Health Belief Model (HBM) were used to abstract and organize the results for each of the 16 articles that met inclusion criteria. The studies were listed in order based on the evidence hierarchy chart. The two most commonly cited modifying factors were participant's level of knowledge/awareness on HPV and the HPV vaccine and daughter's age. Participant's perceived susceptibility to HPV was wide-ranging, from perceived risk to no perceived risk of contracting HPV. The main benefit perceived by participants was the vaccine's ability to prevent cervical cancer. The most commonly cited barrier was fear that the vaccine would lead to an increase in sexual behaviors among young girls. Results indicate physician recommendation as the most effective cue to action, followed by perceived social support, for the uptake of the HPV vaccine among participants. However, since the majority of participants were females who identified with the Mexican culture/nationality, these results may not be representative of other Hispanic female subgroups. These articles provided good quality information, however more research is needed to advance culturally tailored education and interventions that will lead to an increase in administration of the complete course of the vaccine among Hispanic females.

13. ASSOCIATIONS OF MULTIPLE ACCULTURATION DOMAINS WITH SMOKING STATUS AMONG LATINO ADULTS. R.T. Flores, M.A. Cano, V. Correa-Fernández, C.A. Field, W.L. Heppner, L.L. Strong, & Y. Castro.; *School of Social Work, The University of Texas at Austin* (ramonflores1180@gmail.com)

Tobacco is linked to 18 types of cancer, the leading cause of death among Latinos in the U.S. Few efficacious interventions for tobacco use exist for Latinos. Identification of cultural factors relevant to smoking among Latinos, such as acculturation, can inform the development of efficacious interventions to positively impact burden of tobacco. Acculturation is associated with smoking, especially among Latinas, but extant research is limited by operationalization of acculturation with unidirectional, single-domain proxies. Thus, we examined synergistic associations of multiple domains and directions of acculturation with gender and smoking status (non-smoker vs. current smoker) among Latino adults. Method: Cross-sectional data from 140 bilingual Latino adults was utilized. Acculturation was measured with the four subscales of the Multidimensional Acculturation Scale II (MAS-II). Logistic regression analyses tested interaction effects between MAS-II American and Mexican Cultural Identification subscales, English and Spanish Proficiency subscales, and their interactions with gender, on smoking status. The interaction effect of the cultural identity subscales was not significant, but the interaction effect of English and Spanish Proficiency was significant. Specifically, higher English Proficiency was associated with greater odds of being a smoker at Spanish Proficiency scores 0.5 or more standard deviations above the mean. Higher Latino Cultural Identification was associated with lower odds of being a smoker among women, but not men. Acculturation toward U.S. culture, per se, may not be a risk factor for smoking; rather, its influence depends on heritage culture maintenance. Unlike other areas of mental/behavioral health among Latinos, biculturalism may not be protective against smoking. The association between acculturation and smoking among Latinas may be a function of loss of heritage culture identification. Intervention programs should consider targeting these at-risk individuals. Longitudinal work that corroborates current findings and identifies mechanisms underlying these associations is needed.

14. GRIT: A PROTECTIVE FACTOR IN LATINO ADOLESCENTS AGAINST SUBSTANCE USE AND OTHER RISK BEHAVIORS. L.R. Guerrero; M.D. Wong. *David Geffen School of Medicine at UCLA* (lguerrero@mednet.ucla.edu)

Grit is strongly associated with academic achievement and life success and may also be associated with health outcomes and behaviors. We examined predictors of grit and the association between grit and health behaviors among at-risk adolescents. We analyzed baseline survey data collected in 2013-2014 from a sample of 1270 matriculating 9th graders in low-income neighborhoods of Los Angeles. We examined factors associated with grit and whether grit is associated with substance use and other delinquent behaviors, controlling for adolescent and parent socio-demographic factors. In a sample of mostly Latino adolescents (89.5%), compared to those with low grit, those with high grit had significantly lower odds of alcohol use in the last 30 days (OR=0.30, p<0.001), marijuana use (OR=0.21, p<0.001), fighting (OR=0.60, p<0.01), involvement in delinquent behavior (OR=0.45, p<.001). Factors associated with grit included authoritative parenting style and higher self-efficacy scores. Grit may be an important candidate protective factor against substance use, other risky behaviors among Latino adolescents

15. CONTEXTUALIZING RISK FOR UNDOCUMENTED MEXICAN IMMIGRANTS: IS THE UNITED STATES SAFE HAVEN? L.M. Garcini; J. Peña; A. Gutierrez; E. A. Klonoff. SDSU/UCSD Joint Doctoral Program in Clinical Psychology; San Diego State University (lgarcini@mail.sdsu.edu)

This study aimed to identify the prevalence of traumatic events among undocumented Mexican immigrants living in a high-risk community near the U.S-Mexico border, including prevalence of event by place of occurrence and its association to clinical levels of psychological distress. This cross-sectional study used Respondent Driven Sampling (RDS) as sampling and data analysis methodology. Data was obtained from clinical interviews with 248 UMI adults. Primary outcome measures included the Harvard Trauma Questionnaire (HTQ) and the Brief Symptom Inventory (BSI). Weighted analyses were used to calculate population estimates for the target community. Overall, a high prevalence of traumatic events was reported (82%; M= 4; SD=4.0), and about a third of the sample reported experiencing at least six or more traumatic events in their lives (Range= 6-19). No significant differences in traumatic events history was found across demographic and immigration characteristics. Type of traumatic events and prevalence rates vary extensively by place of occurrence. Overall, a higher prevalence of traumatic events related to material deprivation, bodily injury, extortion/robbery, and forced confinement were experienced by UMIs while living in the U.S. when compared to Mexico. Most prevalent traumatic events experienced in Mexico included rape, exposure to combat-like situations and kidnapping. Imprisonment and destruction of property were most prevalent during a deportation. Significantly higher levels of psychological distress were reported among UMIs who experienced specific traumatic events while living in the U.S. (i.e., combat-like exposure, murder or death of a loved one due to violence) when compared to those experiencing the same event in Mexico. UMIs represent a marginalized group at-risk for traumatic events and psychological distress, for whom access to physical and mental health services is limited. It is clear, that neither Mexico, nor the U.S. provide safe environments for this immigrant population; thus, the need for revisiting bi-national health and immigration policies to devise solutions grounded in evidence about the vulnerability of this immigrant group and the need for access to prevention and intervention programs on both sides of the border.

16. FRUCTOSE EFFECTS ON BODY WEIGHT, FOOD CONSUMPTION, AND STRIATAL DOPAMINE D2 (Drd2) GENE EXPRESSION. M. Garcia, Y. Zoken, T. Truong, E. Hart, A. Stolyarova, A.B. Thompson, Z. Ying, F. Gomez-Pinilla, A. Izquierdo; UCLA Brain Research Institute, (mgarcia95@ucla.edu)

Fructose is a dietary compound that may play an active role in the development of cardiovascular disease, obesity, and metabolic irregularities. Sweeter than both glucose and sucrose, fructose is utilized as an added sweetener and is consumed in large quantities in the U.S. By one estimation fructose accounts for approximately 10% of Americans' daily calories, with consumption highest in adolescents (Vos et al. 2008). In experimental animals, there is an emerging connection between fructose and cognition. For example, there is now evidence of decreased hippocampal plasticity and reduced hippocampal neurogenesis after long-term consumption of fructose. These neural adaptations co-occur with deficits in spatial learning and episodic memory (Cisternas et al., 2015). Since fructose is hedonically rewarding it likely works on mesolimbic dopamine signaling, yet its effects in that regard have not been systematically studied. Of particular interest may be its effect on dopamine D2 receptors in the striatum: their downregulation has been linked to addiction vulnerability. In the present investigation, the effects of 3-week fructose consumption on body weight, food consumption, and Drd2 was assessed in male Long-Evans rats. Rats were randomly assigned to receive either 15% fructose in their water

(as the only source of liquid) or plain water in their home cage. The two groups did not differ significantly in their body weights. Fructose rats, however, exhibited consistently lower levels of food consumption than their water-drinking counterparts, consumed more liquid overall, resulting in equivalent caloric intake. Following the 3-week consumption period, rats were euthanized 24 h following removal of fructose and their brains examined for striatal Drd2. We found that fructose animals expressed significantly greater Drd2 compared to water-drinking animals (+63%). This finding suggests that learning and behavior dependent on the striatum and modulated by dopamine D2 may be impacted after fructose, including but not limited to, control over consumption.

17. AN EXAMINATION OF SUBGROUP DIFFERENCES ON STRESS: THE EFFECT OF COUNTRY/REGION OF ORIGIN ON THE HISPANIC STRESS INVENTORY VERSION 2. R.C. Cervantes (a); K.A. Gattamorta (b); J. Berger-Cardoso (c); (a) Behavioral Assessment Inc., (b) University of Miami, School of Nursing and Health Studies, (c) University of Houston, Graduate College of Social Work. (kgattamorta@miami.edu)

While it is widely acknowledged that Hispanics are a heterogeneous subgroup, few studies are able to examine subgroup differences in meaningful ways. This study examines data on the Immigrant Version of the Hispanic Stress Inventory Version 2 (HSI2) collected across four study sites (Los Angeles, El Paso, Miami, and Boston). This data allows for a comparison of responses on a variety of stress scales by country/region of origin in order to highlight similarities and/or differences across Hispanic subgroups on stress appraisal. Mexican (N = 212), Puerto Rican (N = 19), Cuban (N = 111), Central American (N = 40), South American (N = 45) and Dominican (N = 104) subgroups were compared to determine whether responses to the HSI2 were impacted by country/region of origin. Specifically, we examined responses on the total HSI2 as well as Parental Stress, Occupational/Economic Stress, Marital Stress, Discrimination Stress, Immigration-Related Stress, Marital Acculturation Gap Stress, Health Stress, Language-Related Stress, Pre-Migration Stress, and Family-Related Stress. Results found that overall, Mexicans reported higher levels of overall stress than Cubans and Dominicans after controlling for age, years in the US and gender. These findings were consistent across total HSI score, Parental Stress, Marital Stress, and Family Stress. Age was found to be significantly related to occupational/economic stress, but country/region of origin was not found to differ on this subscale. Mexicans reported experiencing higher levels of Discrimination Stress compared to Cubans; higher levels of Immigration stress compared to Cubans, Dominicans, and Central Americans; higher levels of Health Stress compared to Cubans, Dominicans, and Central Americans; higher levels of Pre-Migration Stress compared to Cubans and South Americans, and higher levels of Marital Acculturation Gap stress compared to Cubans, Central Americans, and Dominicans. South Americans reported higher levels of Health Stress compared to Central Americans and Dominicans; Dominicans reported higher levels of Language Stress compared to Puerto Ricans, Cubans, and South Americans, and Females reported higher levels of Family Stress compared to males. The results of this study help to shed light on differences in stress experience across Hispanic subgroups.

18. MEASUREMENT DIFFERENCES IN BULLY VICTIMIZATION REPORTING PRACTICES AMONG HISPANIC CHILDREN. K.K. Jetelina; J.M. Reingle Gonzalez. University of Texas, School of Public Health (katelyn.kassarjian@UTSouthwestern.edu)

Previous research has shown increased rates of bullying victimization among Hispanic compared to non-Hispanic children, which may be due to stresses associated with acculturation and discrimination. In this study, we evaluate whether the prevalence or types of bullying vary by ethnicity,

describe the types of bullying Hispanic children experience, and discuss victimization reporting practices among Hispanic children. Data were obtained from Healthy Passages, a cohort of children and their primary caregivers (n=5,147; Hispanic n=1,813) followed from 5th-10th grade. Measures of bullying victimization in the past 12 months were self-reported in two ways: 1) validated Peer Victimization Questionnaire (PVQ; Felix et al., 2011) that included measures of physical, relational, and verbal bullying victimization; and, 2) self-reported recall (number of times [the participant] has been bullied). Sensitivity and specificity analyses were conducted to compare the single recall bullying victimization item to the PVQ (gold standard). Using the PVQ, there were no significant ethnic differences in the prevalence of bullying victimization (Whites 19%; Hispanics 21%; p=0.36). Among Hispanic victims, 27% were bullied physically, 62% bullied verbally, and 64% bullied relationally. There were substantial differences in the prevalence of bullying attributable to measurement variation. Using the single recall item, 9% of Hispanic children were classified as bullying victims; however, PVQ measures resulted in a 21% prevalence rate. Fourteen percent of PVQ-identified victims were misclassified as non-victims using the single recall item (sensitivity=34%). Among misclassified children, 19% were bullied physically, 53% bullied verbally, and 63% bullied relationally. Hispanic children who were not bullied accurately identified themselves as non-victims (specificity=97%). A substantial discrepancy was observed between the PVQ and single-item recall measures of bullying victimization. This indicates that children perceived physical victimization as bullying, but far fewer Hispanic children perceived relational or verbal victimization to constitute bullying. In light of the low sensitivity of the single item measure, specific behavioral items should be used to assess bully victimization. Further, public health outreach efforts should focus on educating children to identify forms of bullying to enhance identification and reporting.

19. INTERVENTIONS TO IMPROVE INCONSISTENT HIV CARE AMONG LATINO IMMIGRANTS. J.H. Levison (a); L.M. Bogart (b); I.F. Khan (a); D. Mejia (a); H. Amaro (c); M. Alegria (a); S. Safren (d). (a) Massachusetts General Hospital, (b) RAND Corporation, (c) University of Southern California, (d) University of Miami (jlevison@partners.org)

Interventions to improve retention (consistent attendance) in primary HIV care have not been adequately studied in Latino immigrants. Our objective was to identify strategies to improve retention in HIV care for Latino immigrants. Bilingual Spanish-speaking staff conducted qualitative semi-structured interviews with 51 individuals, including 37 HIV-infected Latinos (aged ≥ 18 years and born in Puerto Rico or a Latin American Spanish-speaking country) and 14 HIV care providers in a metropolitan area. We explored participants' views on barriers to retention in HIV care and suggestions for improving clinic attendance. Interviews were recorded, transcribed, and translated. We developed and applied a coding scheme based on barriers and facilitators from the Andersen Model of Health Care Utilization. Data were analyzed using thematic analysis. Patients suggested three major themes to improve retention in HIV care: 1) interpersonal skills for patients to manage HIV disclosure and stigma; 2) self-care through linguistically and culturally acceptable HIV education that emphasizes HIV disease trajectory, medication side effects, and prevention of HIV transmission; and 3) referrals to community services (transportation, housing, immigration assistance). Younger patients (≤25 years old) reported less familiar with community programming and lower perceived need for attendance in HIV care. Providers uniformly highlighted the need for a multi-disciplinary healthcare team, including HIV physician/provider, case manager, mental health and substance abuse providers, and Spanish-speaking community health workers. Patients, more so than providers, were able to detail the complexity of barriers to care and the cultural elements that could be

integrated to improve retention in care (e.g. family-oriented themes and cultivation of patient trust). Interventions to improve inconsistent attendance in primary HIV care in Latino immigrants should emphasize an individualized assessment to appropriately address variable barriers to HIV care. Patient input will be a critical component to assure relevance and acceptability of these interventions.

20. USING SINGLE CELL REVERSE TRANSCRIPTION-POLYMERASE CHAIN REACTION TO DISTINGUISH DIRECT- AND INDIRECT-PATHWAY PROJECTION NEURONS OF RAT STRIATUM. S.A. Lopez (a); M.F. Oginsky (b); C.R. Ferrario (a,b). University of Michigan, (a) Neuroscience Program & (b)Department of Pharmacology (sofielop@umich.edu)

The striatum integrates signals from numerous brain regions in order to influence a wide range of behavioral responses including decision-making and motivation. In addition, alterations in the function of striatal neurons play key roles in a number of diseases including drug addiction and obesity. The striatum itself is comprised predominantly of GABAergic medium spiny neurons (MSNs) that receive convergent dopamine and glutamate inputs. MSNs can be divided into two primary output pathways: MSNs containing D1 receptors and the neuropeptides prodynorphin and substance P that project directly to the basal ganglia (dMSNs), and MSNs containing D2 receptors and the neuropeptide proenkephalin that reach the basal ganglia indirectly via the globus pallidus external and subthalamic nucleus (iMSNs; see Yager et al., 2015 for review). It is generally accepted that these two pathways have opposing effects, with the dMSNs acting as a "go" signal to initiate behavior and iMSNs acting as a "brake" to inhibit behavior. Further, potentially addictive drugs and diet-induced obesity alter the function of MSNs, but relatively little is known about how these changes may differ in dMSN vs iMSNs. While dMSNs and iMSNs can be identified in reporter or transgenic mice, similar approaches are not available in rats. This is particularly problematic for whole-cell patch clamping, where traditional labeling/staining methods are difficult to use. Therefore, we have optimized a reverse transcription polymerase chain reaction (RT-PCR) protocol to identify dMSNs and iMSNs from single cells in rat striatum. After completion of whole-cell patch clamp recording experiments in adult striatum, the cell body contents were harvested into the recording pipette and this starting material was amplified using standard approaches. We designed primers targeted at rat cDNA for the D1R, D2R, prodynorphin, and proenkephalin genes for use with RT-PCR. As expected, we found that prodynorphin and proenkephalin were completely segregated in the majority of MSNs (~90%) and that MSNs expressing D1 also express prodynorphin. Thus, this procedure enables us to determine whether changes in MSN function identified with electrophysiological approaches occur to different degrees or preferentially in dMSNs vs iMSNs. This approach can be applied broadly, and is a useful tool for furthering our understanding of how alterations in these pathways contribute to addiction and motivation.

21. FAMILY COHESION AND FAMILY TRADITIONALISM IN LATINO FAMILIES: THE IMPACT OF FAMILISMO ON PARENT INVOLVEMENT AND ADOLESCENT SUBSTANCE USE. *M.J. Martinez (a); E. Kawam (a); F.F. Marsiglia (b); S. Kulis (b); E. Anthony (b); M.A. Cano (a); (a) Florida International University; (b) Arizona State University (marcmart@fiu.edu)*

This study examined the direct and indirect effects of familismo, operationalized as family traditionalism and family cohesion, on parent involvement and subsequent substance use in a sample of pre-adolescent Latino youth (N = 635) and their parents (N = 462). The moderating effect of acculturation on familismo was also explored. Using structural equation modeling, a consistent significant association was found between family cohesion and parent involvement across alcohol, cigarette, and marijuana use outcomes. As well, family cohesion was significantly and inversely associated with past 30-day alcohol use amount ($\beta = -.21, p < 0.05$), lifetime alcohol use ($\beta = -.19, p < 0.05$), and lifetime marijuana use ($\beta = -.31, p < 0.001$). Higher acculturated youth had greater past 30-day alcohol and cigarette use compared to low acculturated youth; as family cohesion increased, alcohol and cigarette use for both low and high-acculturated youth decreased. This study has important implications for future research and programmatic efforts specific to Latino populations. This study provides further understanding regarding the impact of culture and family on youth substance use and may assist direct practitioners, school personnel, and other professionals that work with Latino youth and families in the tailoring of services and programming that are culturally sensitive and specific to this population.

22. ACCULTURATION, PERCEIVED DISCRIMINATION, AND ETHNIC IDENTITY AMONG MEXICAN HERITAGE YOUTH: A MODERATION MODEL. *F. F. Marsiglia; E. Kiehne; A. Baldwin-White. Arizona State University, School of Social Work, Southwest Interdisciplinary Research Center (elizabeth.kiehne@asu.edu)*

Prior literature supports a negative relationship between unidimensional acculturation and Mexican Ethnic Identity (MEI). In addition, the rejection-identification model contends that perceived discrimination leads to greater MEI. However, it remains unclear if perceived discrimination and acculturation interact to influence MEI. The data for this study came from Wave 1 of a randomized control trial of a parent-youth substance use prevention intervention (N = 846). Adolescents in 7th grade (age: M = 12) were recruited from nine middle schools in a major metropolitan region of the southwest US. Hierarchical multiple regression analyses tested whether linguistic acculturation ($\alpha = .74$) and perceived discrimination ($\alpha = .84$) had a significant relationship with both ethnic identity exploration ($\alpha = .64$) and ethnic identity commitment ($\alpha = .77$). A moderation analysis explored whether acculturation moderated by perceived discrimination had a significant relationship with ethnic identity. Results indicated that greater acculturation (i.e., Anglo orientation) was inversely related to ethnic identity exploration ($\beta = -.15, p < .001$) and commitment ($\beta = -.13, p < .001$). Perceived discrimination was related to an increase in ethnic identity commitment ($\beta = .16, p < .001$), but not exploration. For both ethnic identity exploration and commitment, the moderation analyses revealed that respondents who reported higher discrimination and more Anglo orientation reported higher levels of exploration ($\beta = .49, p < .05$) and commitment ($\beta = .44, p < .05$). The findings suggest that more Anglo oriented participants were less likely to pursue heritage cultural experiences and have strong attachment to their Mexican heritage. However, among those with high Anglo orientation, perceived discrimination appeared to enhance personal investment in MEI. That is, the findings are congruent with the hypothesis that experiencing discrimination generally enhances MEI and even buffers the decline in MEI that is observed in more Anglo oriented Mexican heritage youth.

23. RACIAL/ETHNIC DIFFERENCES IN CIGARETTE, MARIJUANA, AND ALCOHOL RISK PERCEPTION AND PAST-MONTH USE AMONG U.S. YOUTH. *P.M. Mauro (a); L.R. Pacek (b); S.S. Martins (a). (a) Columbia University Mailman School of Public Health; (b) Duke University. (pm2838@cumc.columbia.edu)*

We sought to describe racial/ethnic differences in the risk perception associated with regular cigarette, marijuana, and alcohol use over time among youth in the United States. We also estimated racial/ethnic differences in past month substance use accounting for risk perception. Data were obtained from the 2002-2013 National Survey on Drug Use and Health. Participants included 212,314 community-based youth ages 12-17 across the 50 states and the District of Columbia answering substance use and risk perception questions. We estimated the proportion of youth who perceived great risk associated with: 1) smoking 1+ packs of cigarettes a day (heavy cigarette use); 2) using marijuana 1-2 times per week (regular marijuana use); and 3) having 5+ alcoholic drinks 1-2 times per week (regular binge drinking). We compared Latinos, non-Latino Blacks, and youth reporting "Other" race/ethnicity to non-Latino Whites. Weighted logistic regressions estimated the odds of great risk perception by racial/ethnic group, adjusting for gender, age, survey year, and accounting for the complex sampling. Adjusted logistic regressions estimated the odds of each substance used in the past month by racial/ethnic group, controlling for risk perception for that substance. Comparable proportions youth reported great risk of heavy cigarette use (i.e., 66% of Latinos, 66% of Blacks, 67% of non-Latino Whites and 68% Other youth). Fewer Latinos (47%) and non-Latino Blacks (42%) reported great risk of regular marijuana use than non-Latino Whites (53%) and Other (53%) youth. In contrast, 41% of Latinos, 50% of non-Latino Blacks, 35.4% of non-Latino Whites, and 45% of Other youth reported great perceived great risk of regular binge drinking. Relative to non-Latino Whites, Latinos had lower adjusted odds of reporting great risk of heavy cigarette use (adjusted odds ratio (aOR)=0.94, p=0.004) or regular marijuana use (aOR=0.77, p<0.001), but higher adjusted odds of reporting great risk of regular binge drinking (aOR=1.26, p<0.001). The same pattern was observed for non-Latino Blacks; temporal trends varied by substance across groups. Non-Latino Whites had the highest adjusted odds of past month use for all three substances before and after accounting for differences in risk perception. Future studies should explore factors associated with lower cigarette or marijuana use risk perception among Latino and non-Latino Black youth.

24. ENHANCED CRF1 SIGNALING DYSREGULATES ANANDAMIDE SIGNALING IN THE CENTRAL AMYGDALA OF MSP RATS: INFLUENCE ON EXCITATORY SIGNALING AND ANXIETY. *L. A. Natividad, M. W. Buczynski, M. A. Herman, D. Kirson, R. Ciccocioppo, M. Roberto, L. H. Parsons Committee on the Neurobiology of Addictive Disorders, The Scripps Research Institute, La Jolla, CA, 92037 (lnativ@scripps.edu)*

Affective disorders are often co-morbid with alcoholism. In this regard Marchigian Sardinian alcohol-preferring (msP) rats display innate negative affect that is ameliorated by alcohol exposure. The anxiogenic phenotype in msPs is attributed to hyperfunctional corticotropin-releasing factor (CRF) systems, although the role of stress-constraining mechanisms like the endogenous cannabinoids (eCBs) remains to be elucidated. We examined whether anxiety-like predisposition in msPs reflects a chronic state of eCB dysregulation that influences amygdalar activation. To this end, we used behavioral, pharmacological, and biochemical techniques to characterize anxiety-like behaviors and eCB function in the central amygdala (CeA) of msP versus non-selected Wistar rats. Ensuing electrophysiological work utilized whole-cell patch clamp and sharp electrode techniques to examine the interaction of CRF and the eCB clearance enzyme fatty acid amide hydrolase

(FAAH) in modulating excitatory glutamate (GLU) signaling in the CeA. msPs display innate anxiety-like behaviors in elevated plus maze and novelty-induced hypophagia designs. In-vivo microdialysis and enzyme activity assays showed that msPs were characterized by decrements in basal levels of the eCB anandamide (AEA), and an upregulation in amygdalar FAAH activity. The anxiogenic phenotype was attenuated with acute administration of the selective FAAH inhibitor PF-3845 (10 mg/kg; ip). AEA deficiencies in msPs were associated with CRF signaling since sub-chronic treatment with the selective CRF-1 receptor antagonist MPZP (10 mg/kg; sc) reduced FAAH activity in msPs, whereas CRF administration (1 microg/2 microL; icv) enhanced this measure in Wistars. msPs display elevated GLU transmission in the CeA that is uniquely sensitive to stress-inducing procedures. CRF (100 nM) causes divergent GLU responses in Wistars, whereas in msPs, conserves elevated GLU tone in spontaneous and basolateral amygdala-evoked transmission. PF-3845 (1 microM) attenuates the CRF-induced changes generally across strains, but selectively reduces evoked GLU responses in msPs. Anxiety-like phenotypes are modulated in part by innate deficiencies in amygdalar AEA signaling that normally constrain GLU transmission. We are grateful for NIAAA support through the following mechanisms: RO1 AA020404, RO1 AA017447, P60 AA006420 and a Research Supplement to Promote Diversity.

25. THE ASSOCIATION BETWEEN MASCULINITY, MALE SEX, AND HEAVY EPISODIC DRINKING AMONG COLLEGE STUDENTS. R.L. Peralta, *The University of Akron (rp32@uakron.edu)*

Research indicates heavy episodic drinking (HED) is a public health concern for college students: one in five college students report binge drinking. It is the goal of this research to examine the intersection of sex, gender identity, and HED to determine if gender orientation, alone and/or in conjunction with sex, play a role in influencing binge drinking behavior in the college population. Participants were undergraduate students enrolled in introductory sociology courses. Our sample, controlling for missing data, resulted in 790 total respondents between 18-25 years of age (75% White). We utilized cross-tabulation and Multiple Imputation Logistic Step Regression to investigate the association between gender and heavy episodic drinking (HED) among college students. Measures in the survey included standardized questions measuring HED (four or more drinks in a row, past two weeks for females, 5 or more for males) and the BEM Sex Role inventory (a scale used to estimate masculine and feminine traits). Cross-tabulation results indicated that regardless of gender identity, males reported HED in the last two weeks more frequently than females. When measures of gender identity were included in regression analysis, sex was no longer significant. HED became significantly and positively associated with those identified as masculine via the BEM; those found to have feminine characteristics appeared to be protected against HED. Results of our study indicate that sex and gender orientation should be taken into account in prevention and intervention protocols at colleges and universities. Future work should examine the role of gender identity among Hispanic and other ethno-racial minority populations.

26. SYSTEMATIC REVIEW OF PHYSICAL, PSYCHOSOCIAL, AND SOCIAL HEALTH OF MEN WHO IDENTIFY AS BEARS, A GAY SUBCULTURE. N. Quidley-Rodriguez; J.P. De Santis. *University of Miami School of Nursing and Health Studies (NRodriguezJr@miami.edu)*

This abstract examines the existing qualitative and quantitative research on physical, psychosocial, and social health of men who identify as Bears, a subcultural group in the gay community. During the 1980's, the Bear community emerged in San Francisco and has since expanded with organizations and events found globally and online. To identify articles addressing the health outcomes of men who identify as

Bears, the researchers systematically reviewed articles indexed through CINAHL, PsycINFO, Humanities International Index, Cochrane Library, Medline, and LGBT Life. The major findings across the 11 articles were systematically grouped into physical, psychosocial, and social health categories. Men identifying as Bears were more likely to have a higher BMI, engage in risky sexual behaviors, and have a lower self-esteem than other gay men. Future implications for research and practice with the Bear community regarding the health of men who identify as Bears are addressed. Research with men who identify as Bears is still in the early stages and more research needs to be conducted to understand the role that subcultural identifications play in health. While some health issues men who identify as Bears is similar to other gay men, men who identify as Bears have unique health care needs and respond to health care providers who are sensitive towards their needs. Health care providers should understand and acknowledge this community's culture to better care for these men.

27. CLINICAL PREDICTORS OF SMOKING RELAPSE AMONG SMOKERS. I. Pericot-Valverde; S. Weidberg; C. López-Núñez; A. González-Roz; J. R. Fernández-Hermida; R. Secades-Villa. *University of Oviedo, Spain. (pericotirene@uniovi.es)*

Despite extensive research has focused to identify factors associated with smoking relapse, previous studies have been mostly restricted to general population, limiting the interpretation of the results to clinical samples. The aim of the present study was to identify predictors of smoking relapse among Spanish individuals who successfully quit after receiving a treatment for smoking cessation. This study involves a secondary data analysis of a combined dataset data from two clinical trials for smoking cessation. These studies involved cognitive-behavioral treatment for smoking cessation alone or combined with either contingency management (CBT + CM) or cue exposure treatment (CBT+CET). From an initial sample of 261 smokers who received treatment, only participants that both finished the entire treatment and were abstinent at the end of the treatment were included in this study. Participants were followed up for 6 months post-cessation to measure their smoking status. Three set of variables were examined as possible predictors of smoking relapse: sociodemographic characteristics (gender, age, marital status, education level and employment status), smoking-related characteristics (duration of daily smoking, cigarettes per day, previous quit attempts and severity of nicotine dependence), psychological characteristics (depressive symptoms, impulsivity and anxiety). A multiple logistic regression analysis with stepwise method and best subset variable selection was conducted aimed to detect predictors of relapse at 6-month follow-up. The likelihood of smoking relapse increased at younger age (odds ratio (OR): 0.96; 95% confidence interval (CI): 0.94-0.99), higher scores on FTND (OR: 3.32; 95% CI: 1.59-6.90) ($p = .001$), more previous quit attempts (OR: 5.18; 95% CI: 1.15-23.41) ($p = 0.03$) and greater impulsivity (OR: 0.15; 95% CI: 0.30-0.78) ($p = .025$). Successfully treated smokers with specific characteristics including younger age, more previous quit attempts, higher nicotine dependence and greater impulsivity are in higher risk of relapse. These findings suggest that more targeted cessation interventions should be implemented in certain smokers in order to reduce relapse rates.

28. DIFFERENCES BETWEEN VOLUNTARY AND INVOLUNTARY DRUG TREATMENT EXPERIENCES AMONG PEOPLE WHO INJECT DRUGS IN TIJUANA, MEXICO. C. Rafful (a,b); P. Gonzalez-Zúñiga (a); G. Rangel (c,d); P. Davidson (a); J.H. Jenkins (a); M.E. Medina-Mora (e); S.A. Strathdee (a); (a)University of California, San Diego; (b) San Diego State University; (c) Secretariat of Health, Mexico; (d) Mexico-US Border Health Commission, Mexico; (e) National Institute of Psychiatry, Mexico (craffull@ucsd.edu)

The Mexican General Health Law's broad powers mandate drug treatment to individuals who come in contact with the judicial system three times through drug possession arrests. The aim of this study is to identify factors associated with most recent experience of involuntary residential drug treatment. In 2010, we recruited 750 people who inject drugs (PWID) in Tijuana, Mexico who were ≥18-years old and reported injecting drugs in the prior month. All completed semi-annual interviewer-administered surveys and HIV testing. We used logistic regression to study the prevalence and characteristics associated with voluntary and involuntary drug treatment among PWID in baseline. Of 750 PWID, 50% (n= 375) reported having been enrolled in a rehabilitation center in their lifetime, of whom 21% (n= 77) reported involuntarily treatment initiated by parents (40%) other relatives/friends (40%), or judicial court-order (20%). Compared to PWID who entered treatment voluntarily the last time they went to treatment, those who had entered treatment involuntarily were more likely to be female (58.4% female vs. 29.3% male; $p<0.0001$) or to have experienced mistreatment from program staff (20.9% vs. 7.7%, respectively; $p<0.001$). Other factors associated with involuntary treatment include having shared their syringe after using it (i.e., distributive sharing; 10.7% vs. 27.5%, respectively; $p<0.02$), sharing drugs in a syringe (10.8% vs. 30.4%, respectively; $p<0.02$), having been in treatment for methamphetamine or methamphetamine/heroin (8.8% vs. 21.9%, respectively; $p<0.01$), and having witnessed mistreatment to others also undergoing drug rehabilitation (4.3% vs. 6.2%, respectively; $p<0.001$). In preliminary multivariate analysis, being female (AOR: 3.1; CI: 1.8-5.3) and having been mistreated by staff (AOR: 2.2; CI: 1.1-4.7) were independently associated with involuntary treatment. One fifth of PWID undergoing drug rehabilitation in Tijuana report having been taken to treatment involuntarily. Given that those who receive treatment involuntarily are more likely to be women and more likely to be abused and/or witness abuse while in treatment, future research should be focused on prospectively investigating the intended and unintended consequences of involuntary treatment and possible mistreatment at these establishments, especially among women. Findings have implications for drug policy reform in Mexico.

29. AGING AGGRAVATES ALCOHOLIC LIVER INJURY AND FIBROSIS IN MICE BY DOWN-REGULATING SIRT-1 EXPRESSION IN HEPATOCYTE CELLS. T. Ramirez, Y.M. Li, S. Yin, D. Feng, M.J. Xu, M.W. Zang, W.X. Ding, P. Pacher, B. Gao, and H. Wang. NIAAA/NIH (ramirezte@mail.nih.gov)

Alcoholic liver disease (ALD), one of the most prevalent forms of liver disease worldwide and is often caused by excessive alcohol consumption. This contributes to oxidative stress, inflammation and down-regulation of enzymes that are necessary for cell survival. The spectrum of ALD includes fatty liver, steatohepatitis, fibrosis/cirrhosis and hepatocellular carcinoma. Our studies focuses on studying how aging plus excessive alcohol consumption can induce the down-regulation of Sirtuin 1 (SIRT 1), which is a protein that is essential for cellular metabolism and cell survival. The mechanisms by which chronic ethanol consumption and aging play a role in ALD still remain unclear. We hypothesized that aging may have an interaction effect with ethanol exposure that may play a role in down-regulating hepatic SIRT1 protein expression, inducing liver injury and fibrosis. For our studies, female and male C57BL/6 mice age 2, 4, 12 or 16-19-months were used.

These mice were first acclimatized to control Lieber DeCarli liquid diets for 5 days. Once acclimatized, mice were chronically fed with control or Lieber DeCarli liquid diets containing 5% (vol/vol) ethanol for 10 days, followed by a single ethanol binge (5g/kg body weight [b.w.]) or fed up to 8 weeks, which included multiple binges of ethanol (5g/kg [b.w.]). Liver injury and fibrosis were measured using histology, protein and gene-expression levels. The results from liver histological analysis from a single binge revealed that there was a greater degree of steatosis (fatty deposits) and fibrosis in the livers from ethanol-fed old mice when compared to young mice. Results showed that the chronic binge ethanol fed mice showed reduced hepatic protein levels of SIRT1 in old mice. Chronic multiple binge ethanol exposed old mice demonstrated more steatosis, neutrophil infiltration and fibrosis when compared to young mice, correlating to the characteristics of ALD. The current results suggest that aging plays a role in down-regulating hepatic SIRT1 protein expression in hepatocytes in old mice, consequently inducing alcoholic liver injury and fibrosis. These novel findings will help us to better understand the importance of how aging and alcohol induced liver injury greatly affects the elderly population, and develop ways to help prevent further injury.

30. QUIT: A MULTI-COMPONENT BRIEF INTERVENTION (BI) FOR RISKY DRUG USE (RDU) AMONG LATINO FQHCs IN EAST LOS ANGELES (ELA): A RANDOMIZED CONTROLLED TRIAL. M.W. Rico; L. Gelberg; R.M. Andersen; M. Vahidi; S. Baumeister; B. Leake. University of California, Los Angeles (mgironrico@mednet.ucla.edu)

One efficacy RCT of a primary care (PC)-based BI found effects among RDU in the US, the QUIT intervention. In this study we tested the QUIT BI among Latino PC patients, the majority ethnic group of ELA and its FQHCs. Multicenter single-blind two-arm RCT of patients enrolled in PC waiting rooms of 2 FQHCs in ELA from March-October 2013 with 3-month follow-up. 88 adult PC patients (41 intervention; 47 control) with RDU (range 4-26 on the WHO Alcohol, Smoking and Substance Involvement Screening Test) self-administered on tablet computers; 70 (80%) completed follow-up. Mean age was 32.3 years; 59% male; 90% Latino. Intervention patients received: 1) brief (typically 3-4 minutes) clinician advice to quit/reduce their RDU 2) a video doctor message reinforcing the clinician's advice 3) health education booklet, and 4) up to two 20-30 minute follow-up telephone drug use reduction coaching sessions. Control patients received usual care and cancer screening information. Primary outcome was the number of highest scoring drug use days (HSD) over the past 30 days at 3-month follow-up. Intervention and control patients reported equivalent baseline characteristics. At 3-months, an intervention clinic effect was found in an adjusted linear regression model. Accordingly, analyses were stratified by clinic. Intervention patients in the largest clinic used their HSD on 5.22 fewer days in the previous 30 days relative to controls (N=51, $p<.03$), and there was no significant difference in HSD in the smaller clinic (n=19). In the two study clinics of this study and the previous original QUIT study (5 clinics), QUIT was efficacious in reducing RDU in 6/7 of the clinics despite differing drug use and patient and clinic characteristics. The QUIT BI assisted patients to reduce RDU in a variety of FQHC. An implementation study of QUIT is needed to confirm its general applicability. SUPPORTED BY: NIDA DA 022445, NIDA 3P30DA027828-02S1 and -02S2

31. REPEATED BINGE-LIKE ALCOHOL INTOXICATION-INDUCED METABOLIC DYSREGULATION IS ADIPOSE DEPOT-SPECIFIC. F.M. Souza-Smith, P. Molina. Department of Physiology, Alcohol and Drug Abuse Center of Excellence, Louisiana State University Health Science Center (fsouz1@lsuhsc.edu)

Repeated binge-like alcohol intoxication (RBAI) induces mesenteric lymphatic hyperpermeability, mesenteric

perilymphatic adipose tissue (PLAT) inflammatory milieu and impaired insulin signaling. Whether these alterations are adipose depot-specific is unknown. Visceral and subcutaneous adipose tissues differ in their metabolic phenotype, with visceral but not subcutaneous fat being linked to metabolic disorders. We hypothesize that RBAI may produce distinct depot-specific inflammatory and metabolic alterations. To test this hypothesis, male Sprague-Dawley rats received 3 daily intragastric boluses of 2.5 g/kg/day of alcohol (RBAI; 12.5% alcohol w/v) or isocaloric dextrose (controls) in Vanilla Ensure (116 kcal/kg/day). Epididymal and subcutaneous inflammatory milieu and insulin (0.25 U/kg)-stimulated AKT phosphorylation were determined 30 min after the final alcohol/dextrose bolus administration. Overall cytokine expression was higher in epididymal than subcutaneous fat. RBAI did not result in significant differences in epididymal or subcutaneous cytokine expression compared to controls. RBAI did not alter insulin-stimulated AKT (Ser473) phosphorylation in subcutaneous fat, but significantly increased that of epididymal fat compared to that of controls. These results contrast with our previous findings in PLAT, suggesting that RBAI produces adipose tissue depot-specific inflammatory and metabolic dysregulation. Because mesenteric PLAT drains directly to the portal circulation, we predict that the deleterious effects of RBAI on this specific depot may have greater hepatic consequences. We speculate that RBAI-induced gut and lymphatic leak leads to mesenteric fat inflammatory and metabolic dysregulation, an initiating event that may precede whole body metabolic dysregulation over time. Supported by LSUHSC Department of Physiology.

32. PATTERNS OF UNHEALTHY ALCOHOL USE AMONG LATINO DAY LABORERS. V.N. Torres, S.E. Serrano, I.J. Ornelas; University of Washington, School of Public Health (torresvn@uw.edu)

Research indicates that Latino immigrant day laborers are at increased risk for unhealthy alcohol use and its consequences. Many Latino day laborers are single men, and represent one of the poorest segments of the Latino population due to their labor conditions and undocumented immigration status. Despite what is known about Latino day laborers' increased risk for unhealthy drinking and the challenging social context of their daily lives, few studies have documented patterns of alcohol use in this population. The purpose of this study is to describe patterns of unhealthy alcohol use among Latino day laborers and identify correlates of these behaviors. We recruited 104 Latino immigrant men from a day labor worker center in Seattle, WA to complete interviewer-administered surveys. Surveys included measures of alcohol, tobacco and drug use, alcohol-related problems, mental health and demographics. We assessed four indicators of unhealthy alcohol use based on AUDIT scores, NIAAA guidelines, heavy episodic drinking, and alcohol related problems. We assessed differences in alcohol use by participant characteristic and mental health using chi-square tests of independence and two-sample tests of proportions. We found that 65% of the men had a positive AUDIT score of eight or more indicating a hazardous level of alcohol use. The mean AUDIT score was 13.1. Men reported consuming a mean of 1.6 drinks per day and 11.5 drinks per week. On average, men drank 1.4 days per week and 7.4 drinks on days that they drank. Although 18% of the sample reported never drinking and 34% had no drinks in the past two weeks, 54% exceeded the NIAAA guidelines of four or more drinks per day or 14 or more drinks per week. Almost half of the men (49%) reported heavy episodic drinking at least monthly over the last year and 27% reported heavy episodic drinking weekly or more. Men reported an average of seven of 15 alcohol-related problems overall. Living situation and income were significantly associated with higher AUDIT scores, unhealthy alcohol use, and alcohol-related problems. Higher levels of depression and anxiety were also associated with higher AUDIT scores and increased alcohol-related problems. More research is needed to identify factors that increase risk

for unhealthy alcohol use. Interventions to prevent and reduce unhealthy alcohol use should consider the role of stable housing, income and mental health.

33. PAREJAS EN SALUD: THE DEVELOPMENT OF A HIV/STI PREVENTION INTERVENTION FOR FEMALE SEX WORKERS AND THEIR NON-COMMERCIAL, MALE PARTNERS IN MEXICO M.D. Ulibarri; A. Vera; M.L. Rolon; G. Rangel; N. El-Bassel; T.L. Patterson; S.A. Strathdee. Alliant International University, California School of Professional Psychology (Monica.Ulibarri@alliant.edu)

The purpose of this study was to adapt an existing HIV prevention intervention previously conducted in Kazakhstan with drug-using couples to the needs of female sex workers (FSWs) and their non-commercial, male partners in Mexico. A significant proportion of HIV/STI cases among FSWs in Mexico appear to be linked to their non-commercial partners. However, brief, theory-based interventions that address safer sex, injection behaviors, and relationship dynamics at the couple-level are lacking. We conducted this formative research in three phases: phase 1 consisted of three focus groups (Group 1: n = 5 FSWs; Group 2: n = 5 male partners; Group 3: n = 10, 5 couples); phase 2 consisted of piloting study materials to further refine intervention content; phase 3 was a pilot study of the intervention with 10 couples (n = 5 experimental group; n = 5 control group). Eligibility criteria for participants were: age ≥ 18 years; self-identify as FSW (for FSWs); report hard drug use in past 30 days (for FSWs); and report being in a relationship with the corresponding partner for ≥ 6 months. The main focus of the data analysis was not hypothesis testing. Rather, estimates for the main parameters will be used to calculate effect sizes to inform power calculations for a larger, future efficacy trial. Participants' mean age was 38.4 yrs.; mean relationship length was 5.8 yrs. Focus group results indicated that participants wanted information about HIV/STIs and drug overdose prevention. FSWs said they would prefer to talk about client-related HIV/STI risk behaviors separately from their partners. Men said they would like to learn from other men about how to deal with jealousy and intimate partner violence in the relationship. Intervention results: at baseline, 2/10 women tested positive for chlamydia, 4/10 women tested positive for trichomonas, 3/10 women and 2/10 men tested positive for syphilis (titers: 1:1-1:8), none tested positive for HIV and HSV-2. At 3-months follow-up, there was one incident case of syphilis (male). Participants expressed enthusiasm for a couples-based HIV/STI prevention intervention with suggestions for some gender specific content. The pilot study demonstrated feasibility. To our knowledge, this is the first couples-based HIV/STI prevention intervention for drug-using FSWs and their non-commercial partners. This represents a substantive departure from the status quo of individual-based interventions for FSWs.

34. INCREASED MARIJUANA EXPERIMENTATION AMONG HISPANIC MIDDLE SCHOOLERS RAISES HEALTH CONCERNS. M.E. Vargas-Rivera; M.J. Miguez; *School of Integrated Science and Humanity, Florida International University (mvargasr@fiu.edu)*

Although the use of marijuana remained stable in 2014, concerns about cannabis use by adolescents has increased, especially due to recent changes in marijuana policies. Despite the decline in the prevalence of cigarette and alcohol use, marijuana use continues to increase and is the primary substance use problem among adolescents in the clinical setting. While recent studies show that nonwhite marijuana users are growing quickly in the United States, little research has been conducted on the trajectory of substance use of minority populations during adolescence. Analyses included 432 Hispanic Adolescents between the ages of 11-18 years living in South Florida that have enrolled in the ROBIM study to date. Visits consist of a brief medical exam, blood and urine samples to assess health, and structured survey questionnaires including questions on frequency of drug use. Participants were selected to represent Hispanic adolescents currently living in South Florida. While 6% of adolescents in 8th grade or less admitted to current use of marijuana and 66% had never used it, a striking 24% reported having experimented with cannabis during the months after the baseline visit. Among high school or college students (9th grade or higher), 23% were current marijuana users, with 14% reporting trying marijuana after the baseline visit. Being in middle school or lower grade levels was associated with higher rates of cannabis experimentation by teens when compared to those in high school or college (OR: 1.4; CI: 0.86-2.42, p=0.00). Data analyses indicated that although the current use of marijuana by South Florida Hispanic middle schoolers is similar to the national average (6%), they are at an increased risk of experimenting with the drug when compared to their high school counterparts (24% vs. 14%). Older Floridian adolescents' (9th grade and higher) prevalence of cannabis use was 23%, somewhat higher than the national average (10th graders: 17%; 12th graders: 21%). Possible reasons for the increased use are the higher availability of cannabis in the region when compared to other U.S. states, and the perception that occasional marijuana smoking is not harmful. These findings highlight the urgency of additional studies to better evaluate the trajectory of marijuana use among minority adolescents by geographic region.

Conference Planning Subcommittee

Karina Gattamorta, Ph.D.

*University of Miami School of Nursing and Health Studies
2016 NHSN Scientific Conference Co-Chair*

Craig Field, Ph.D.

*The University of Texas at El Paso
2016 NHSN Scientific Conference Co-Chair*

Ignacio Acevedo-Polakovich, Ph.D.

Central Michigan University

Marisela Agudelo, Ph.D.

Florida International University

Angela Bazzi, Ph.D., MPH

Boston University School of Public Health

Antonio Cepeda-Benito, Ph.D.

University of Vermont

Sulie L. Chang, M.D., Ph.D.

Seton Hall University, Institute of Neuroimmune Pharmacology

Glorisa Canino, Ph.D.

University of Puerto Rico

Jennifer Reingle Gonzalez, Ph.D.

University of Texas School of Public Health

Christopher Salas-Wright, Ph.D.

Boston University

Sergio Iñiguez, Ph.D.

The University of Texas at El Paso

Flavia Souza-Smith, Ph.D.

Louisiana State University Health Sciences Center

**POSTER SESSION &
NEW INVESTIGATORS PANEL COMMITTEE**

Marisela Agudelo, Ph.D.

Florida International University

Christopher Salas-Wright, Ph.D.

Boston University

Special Thanks

National Institute on Drug Abuse, National Institutes of Health

National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health

National Eye Institute, National Institutes of Health

Seton Hall University, Institute of Neuroimmune Pharmacology

Louisiana State University Health Sciences Center

School of Medicine and the Comprehensive Alcohol Research Center of Excellence

Alcohol and Drug Abuse Center of Excellence

The University of Texas at El Paso The University of Miami School of Nursing and Health Studies

Center of Excellence for Health Disparities Research: El Centro

STAFF

Betsy Giaimo, 2015 Conference Coordinator, Louisiana State University Health Sciences Center



Federal Liaisons

National Institute on Drug Abuse (NIDA)

Kevin Conway, Ph.D.

Deputy Director, Division of Epidemiology
Services and Prevention Research

Albert Avila, Ph.D.

Director, Office of Diversity and Health Disparities

Jean Lud Cadet, M.D.

Chief, Molecular Neuropsychiatry Branch

Marta De Santis, Ph.D.

Regulatory Affairs Specialist
Division of Pharmacotherapies and Medical
Consequences of Drug Abuse

Joseph Frascella, Ph.D.

Director, Division of Clinical Neurosciences &
Behavioural Research

Raul Mandler, M.D.

Senior Medical Officer
Center for Clinical Trials Network

Iván Montoya, M.D., M.P.H.

Deputy Director, Division of Pharmacotherapies
and Medical Consequences of Drug Abuse

Jacques Normand, Ph.D.

Director, AIDS Research Program

Elizabeth Robertson

Senior Advisor for Prevention, Division of Epidemiology
Services and Prevention Research

Carmen Rosa, M.S.

Regulatory Affairs Specialist

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)

Mario Cerritelli, Ph.D.

Chief, Career Development and Outreach Branch

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

Rebecca Clark, Ph.D.

Chief, Demographic and Behavioral Sciences Branch

National Institute of Neurological Disorders and Stroke (NINDS)

Courtney Ferrell Aclin, Ph.D.

Program Director, Office of Special Programs in Diversity

National Eye Institute (NEI)

Nora Salgado

Organizational & Workforce Development Manager

National Institute of Mental Health (NIMH)

LeShawndra Price, Ph.D.

Office for Research on Disparities and Global
Mental Health

National Institute of General Medical Sciences (NIGMS)

Hinda Zlotnik, Ph.D.

Chief, MBRS Branch, Division of Minority
Opportunities in Research (MORE)

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Judith Arroyo, Ph.D.

NIH Minority Health Disparities Coordinator

Abraham P. Bautista, Ph.D.

Director, Office of Extramural Activities
Executive Secretary, National Advisory Council

Dionne C. Godette, Ph.D.

Health Scientist Administrator,
Division of Epidemiology and Prevention Research

Philippe Marmillot

Scientific Review Officer,
Office Of Extramural Activities / Review Branch

Ranga V. Srinivas, Ph.D.

Chief, Extramural Projects Review Branch,
Office of Extramural Activities

National Cancer Institute (NCI)

Pebbles Fagan, Ph.D., M.P.H.

Health Scientist, Tobacco Control Research Branch

Ofelia Olivero, Ph.D.

Director, Laboratory of Cancer Biology and Genetics

National Institute on Aging (NIA)

Alfonso R. Latoni, Ph.D.

Deputy Chief, Scientific Review Branch

Registered Attendees

Acevedo-Polakovich, Ignacio, Ph.D. (idap@msu.edu)
Michigan State University Ecological-Community Psychology

Agudelo, Marisela, Ph.D. (magudelo@fiu.edu)
Florida International University Herbert Wertheim College of Medicine

Alegria, Margarita, Ph.D. (MALEGRIA@mgh.harvard.edu)
Harvard Medical School, Center for Multicultural Mental Health Research

Alonso-Caraballo, Yanaira (yanairaa@umich.edu)
University of Michigan, Neuroscience Graduate Program

Anthony, James, Ph.D. (janthony@msu.edu)
Michigan State University Department of Epidemiology & Biostatistics

Arroyo, Judith, Ph.D. (jarroyo@mail.nih.gov)
National Institute on Alcohol Abuse and Alcoholism /NIH

Baumann, Ana, Ph.D. (abaumann@gwbmail.wustl.edu)
Washington University in St. Louis, George Warren Brown School of Social Work

Bazzi, Angela, Ph.D. (abazzi@bu.edu)
Boston University School of Public Health Department of Community Health Sciences

Becerra, Benjamin, DrPH, MPH, MS (bbecerra@llu.edu)
Loma Linda University, School of Allied Health Professions

Becerra, Monideepa, DrPH, MPH (mbecerra@csusb.edu)
California State University, San Bernardino, Health Science and Human Ecology

Cabassa, Leopoldo, Ph.D. (cabassa@nyspi.columbia.edu)
Columbia University, School of Social Work

Cano, Miguel Angel, Ph.D., MPH (mcanojr@fiu.edu)
Florida International University Epidemiology

Cardoso Smith, Juliana (jdcardoso@miners.utep.edu)
The University of Texas at El Paso, Department of Psychology

Casto, Yessenia, Ph.D. (ycastro@austin.utexas.edu)
The University of Texas at Austin Health Behavior Research and Training Institute

Cepeda, Alice, Ph.D. (alicecep@usc.edu)
School of Social Work

Cepeda-Benito, Antonio, Ph.D. (acepeda@uvm.edu)
University of Vermont, Department of Psychology

Chang, Sulie L., Ph.D. (sulie.chang@shu.edu)
Seton Hall University, Institute of NeuroImmune Pharmacology

Clayton, Janine, M.D. (janine.clayton@nih.gov)
Office of Research on Women's Health/NIH

Correa-Fernandez, Virmarie, Ph.D. (vcorreaf@Central.UH.EDU)
University of Houston, Department of Psychological, Health and Learning Sciences College of Education

Cruz, Bryan (bcruz2@miners.utep.edu)
The University of Texas at El Paso, Department of Psychology

Cruz-Feliciano, Miguel, Ph.D. (miguel.cruz@ucicaribe.edu)
Universidad Central del Caribe

Dominguez, Mario (mariodom@imp.edu.mx)
Instituto Nacional de Psiquiatria Ramon de la Fuente Muñiz

Ehlers, Cindy, Ph.D. (cindye@scripps.edu)
The Scripps Research Institute, Molecular and Cellular Neuroscience

Fenwick, Karissa, MSW (kfenwick@usc.edu)
University of Southern California, School of Social Work

Fernandez, Madeline, RN (m.fernandez59@umiami.edu)
University of Miami, School of Nursing and Health Studies

Fernandez, Maria, Ph.D. (maria.e.fernandez@uth.tmc.edu)
The University of Texas Health Science Center, School of Public Health

Ferrario, Carrie, Ph.D. (Ferrario@umich.edu)
University of Michigan Department of Pharmacology

Field, Craig, Ph.D., MPH (cfield@utep.edu)
The University of Texas El Paso, Department of Psychology

Fores, Ramon (ramonflores1180@gmail.com)
Los Angeles Homeless Services Authority

Gancarz- Kausch, Amy, Ph.D. (agancarz@csu.edu)
California State University Bakersfield, Department of Psychology

Garcia, Marisella (mgarcia95@ucla.edu)
UCLA Brain Research Institute, Department of Psychology

Garcini, Luz, MS., MPH (lgarcini@mail.sdsu.edu)
San Diego State University/University of San Diego, Department of Clinical Psychology

Gattamorta, Karina, Ph.D. (kgattamorta@miami.edu)
University of Miami School of Nursing and Health Studies

Gaiamo, Betsy (mgaiam@lsuhsc.edu)
Louisiana State University Health Sciences Center

Gorbett, Dessarey (dcgorbett@miners.utep.edu)
The University of Texas El Paso, Department of Psychology

Grella, Christine, Ph.D. (grella@ucla.edu)
University of California, Los Angeles, Departments of Psychiatry and Biobehavioral Sciences

Guerrero, Erick, Ph.D. (erickgue@usc.edu)
University of Southern California, School of Social Work

Guerrero, Lourdes, Ph.D. (LGuerrero@mednet.ucla.edu)
University of California, Los Angeles, General Internal Medicine/Health Services Research



Gurrola, Maria, Ph.D. (gurrola@nmsu.edu)
New Mexico University, School of Social Work

Hernandez-Robles, Eden, Ph.D., MSW (erobles9@utep.edu)
The University of Texas El Paso, Department of Psychology

Heydarian, Nazanin (nmheydarian@miners.utep.edu)
The University of Texas El Paso, Department of Psychology

Hoover, Diana, Ph.D. (DSHoover@mdanderson.org)
University of Texas MD Anderson Cancer Center, Department of Health Disparities Research

Hughes, Allyson (asrockhold@miners.utep.edu)
The University of Texas El Paso, Department of Psychology

Iñiguez, Sergio, Ph.D. (sdiniguez@utep.edu)
The University of Texas El Paso, Department of Psychology

Izquierdo, Alicia, Ph.D. (aizquie@psych.ucla.edu)
University of California, Los Angeles, Department of Psychology

Kaplan, Charles, Ph.D. (cdkaplan@usc.edu)
University of Southern California, School of Social Work

Kassarjian Jetelina, Katelyn, MPH (katelyn.kassarjian@UTSouthwestern.edu)
University of Texas School of Public Health, Department of Epidemiology

Khalili, Kamel, Ph.D. (kamel.khalili@temple.edu)
Lewis Katz School of Medicine at Temple University, Department of Neuroscience

Levison, Julie, M.D. (jlevison@partners.org)
Harvard Medical School Internal Medicine, Massachusetts General Hospital, Infectious Diseases

Lopez, Sofia (sofialop@umich.edu)
University of Michigan, Neuroscience Graduate Program

Lopez, Vera, Ph.D. (vera.lopez@asu.edu)
Arizona State University, School of Social Transformation

Loza, Oralia, Ph.D. (oloza@utep.edu)
University of Texas at El Paso, Department of Public Health Sciences

Marsiglia, Flavio, Ph.D. (marsiglia@asu.edu)
Arizona State University, School of Social Work

Mauro, Pia, Ph.D. (pm2838@cumc.columbia.edu)
Columbia University, Department of Epidemiology

Mendez, Ian, Ph.D. (imendez@ucla.edu)
University of California, Los Angeles

Molina, Patricia, M.D., Ph.D. (pmolin@lsuhsc.edu)
Louisiana State University Health Sciences Center

Montalvo, Eduardo, Ph.D. (montalve@csr.nih.gov)
NIH/Center for Scientific Review

Montgomery, Angelique (ajmontgo@usc.edu)
University of Southern California, School of Social Work

Moore, Roland, Ph.D. (roland@prev.org)
Prevention Research Center

Morin, Lynn (lynn.morin@nih.gov)
Health Equity, Inclusion & Diversity, NIAAA/NIH

Muñoz, Ricardo, Ph.D. (rmunoz@paloalto.edu)
Palo Alto University, Department of Clinical Psychology

Natera, Guillermina, M.S. (naterar@imp.edu.mx)
Instituto Nacional de Psiquiatría Ramon de la Fuente Muñiz

Natividad, Luis, Ph.D. (lnativi@scripps.edu)
The Scripps Research Institute, Committee on the Neurobiology of Addictive Disorders

Negi, Nalini, Ph.D. (nnegi@ssw.umaryland.edu)
University of Maryland, School of Social Work

Nonnemacher, Michael, Ph.D. (Michael.Nonnemacher@DrexelMed.edu)
Drexel University, Department of Microbiology, Immunology and Parasitology

Nowotny, Kathryn, Ph.D. (kathryn.nowotny@colorado.edu)
University of Colorado Boulder Department of Sociology & Population Program

O'Dell, Laura, Ph.D. (lodell@utep.edu)
University of Texas at El Paso Department of Psychology

Page, Bryan, Ph.D. (bryan.page@miami.edu)
University of Miami Anthropology

Pantin, Hilda, Ph.D. (HPantin@med.miami.edu)
University of Miami Miller School of Medicine Epidemiology

Parra-Cardona, Jose Ruben, Ph.D. (parracar@msu.edu)
Michigan State University, Human Development and Family Studies

Peralta, Robert, Ph.D. (rp32@uakron.edu)
The University of Akron Department of Sociology

Perez, Giovanna (gmperez@miners.utep.edu)
University of Texas at El Paso Department of Psychology

Pericot-Valverde, Irene (ipericotvalverde@gmail.com)
University of Oviedo, Spain Department of Psychology

Perkins, Tara (tgperkins@miners.utep.edu)
The University of Texas at El Paso Department of Psychology

Quidley-Rodriguez, Narciso (NRodriguezJr@miami.edu)
University of Miami, School of Nursing and Health Studies

Rafful, Claudia (craffull@ucsd.edu)
University of California, San Diego, Division of Global Public Health

Ramirez, Teresa, Ph.D. (ramirezte@mail.nih.gov)
National Institute on Alcohol Abuse and Alcoholism Laboratory of Liver Diseases

Rasmus, Stacy, Ph.D. (smasmus@alaska.edu)
University of Alaska Fairbanks, Center for Alaska Native Health Research

Reingle, Jennifer, Ph.D. (Jennifer.Reingle@UTSouthwestern.edu)
University of Texas School of Public Health, Dallas Department of Epidemiology, Human Genetics, and Environmental Sciences

Rico, Melvin (mgironico@mednet.ucla.edu)
University of California, Los Angeles

Ruiz, Jose, Ph.D. (ruizjf@mail.nih.gov)
NIDA/NIH Office of Extramural Policy and Review

Salas-Ramirez, Kaliris, Ph.D. (ksalasram@med.cuny.edu)
CUNY Medical School The Sophie Davis School of Biomedical Education

Smith, Erika (erikague@usc.edu)
University of Southern California

Souza-Smith, Flavia, Ph.D. (fsouz1@lsuhsc.edu)
Louisiana State University Health Sciences Center Department of Physiology

Torres, Vanessa (torresvn@uw.edu)
University of Washington, Department of Public Health, Health Services

Ulibarri, Monica, Ph.D. (mulibbari.phd@gmail.com)
Alliant International University, California School of Professional Psychology

Valdez, Avelardo, Ph.D. (avelardv@usc.edu)
University of Southern California School of Social Work

Vargas-Rivera, Mayra, M.D. (mvargasr@fiu.edu)
Florida International University School of Integrated Science and Humanity

Vinci, Christine, Ph.D. (christine.vinci@rice.edu)
Rice University, Department of Psychology

Weidberg, Sara, Ph.D. (weidbergsara.uo@uniovi.es)
University of Oviedo, Spain

Wetter, David, Ph.D. (david.wetter@rice.edu)
Rice University, Department of Psychology

Wilson, Cristina, Ph.D. (cristina.wilson@uconn.edu)
University of Connecticut School of Social Work

Zafra, Eduardo (eduardozafra@gmail.com)
Instituto Nacional de Psiquiatría Ramon de la Fuente Muñiz

Zavala, Arturo, Ph.D. (arturo.zavala@csulb.edu)
California State University Long Beach, Department of Psychology

Zorrilla, Carmen, M.D. (carmen.zorrilla@upr.edu)
University of Puerto Rico, School of Medicine



