Summaries of UW ICTR AHEAD Pilot Grants, 2018 (2 awards)

- **Effects of Stress on Racial/Ethnic Disparities in Hypertension and Pregnancy Outcomes**
  
  Linnea Evans, PhD, MPH, UW School of Medicine & Public Health, Department of Obstetrics and Gynecology, Health Disparities Research Scholars Program, Postdoctoral Fellow

Evidence suggests hypertension can begin earlier in the life-course than previously thought, with race differentials already evident by young adulthood and the largest gap occurring among women. Several studies have documented a steep trajectory of incidence for racial/ethnic minority women occurs over the childbearing years, and hypertension is known to complicate pregnancy and is associated with adverse maternal and fetal outcomes. As such, gaining a better understanding of what is causing early onset of hypertension in racial/ethnic minority women in their reproductive ages has the potential to influence both excess morbidity and mortality, and our ability to address racial disparities in pregnancy outcomes. Drawing upon the Weathering Hypothesis, the proposed study aims to understand the role of stress via socioeconomic position (SEP) and experiences of discrimination (EOD), on hypertension trajectories and adverse pregnancy outcomes among non-Latina White, non-Latina Black, and Latina women (disaggregated by ancestry when possible). Using data from waves 1 to 5 of the National Longitudinal Study of Adolescent to Adult Health and multivariate regression, we will: 1) examine the joint effects of SEP and EOD on chronic stress and blood pressure trajectories for women by race/ethnicity, 2) examine the joint effects of SEP and EOD on adverse pregnancy outcomes (e.g., maternal birth complications, pre-term birth, low birthweight) for women in 1st and subsequent pregnancies, and 3) examine the mediating role of chronic stress and hypertension on adverse pregnancy outcomes.

- **Understanding Implementation of Prenatal Care Coordination in Wisconsin Counties**
  
  Madelyne Greene, PhD, UW School of Medicine & Public Health, Department of Obstetrics and Gynecology, Health Disparities Research Scholars Program, Postdoctoral Fellow

Wide racial and ethnic disparities in pregnancy and birth-related outcomes exist across the US. African American women in Wisconsin, for example, have approximately 3 times the risk of infant mortality as do white women. Prenatal care coordination (PNCC) is a unique fee for service Medicaid benefit that aims to improve birth outcomes among high risk women by facilitating access to medical, social, educational, and other pregnancy-related services. PNCC’s effectiveness is dependent on successful implementation of the benefit. However, previous research and an ongoing study from our research group has revealed stark variation in PNCC implementation, which may undermine its potential to improve birth outcomes and mitigate disparities. The proposed study will fill gaps in existing research by examining potential sources of variation in PNCC implementation in three counties in Wisconsin. Analyzing variation in PNCC implementation will reveal challenges and strategies for addressing those challenges that are transferrable across Wisconsin counties and throughout the US.
Summaries of UW ICTR AHEAD Pilot Grants, 2017 (4 awards)

- The Effect of Medicaid Expansions on Prenatal Care and Birth Outcomes Among Foreign-Born Women in the United States
  Chenoa Allen, PhD, MS, UW School of Medicine & Public Health, Department of Obstetrics and Gynecology, Health Disparities Research Scholars Program, Postdoctoral Fellow

Over one in five US births occur to foreign-born women, who experience significant disparities in access to prenatal care. Between 1996 and 2014, 30 states expanded Medicaid and the Children’s Health Insurance Program (CHIP) to cover prenatal care for recently-arrived and/or undocumented immigrant women. These expansions have the potential to address immigrant mothers’ disparities in prenatal care access; however, their impact has not yet been demonstrated. The proposed study will be the first to systematically evaluate whether expanding Medicaid/CHIP coverage to recently-arrived documented immigrants and/or undocumented immigrants achieves the goal of improving prenatal care utilization and birth outcomes among foreign-born women. We hypothesize that these expansions increase the proportion of foreign-born women who receive adequate prenatal care and decrease the proportion of foreign-born women who have a low birth weight or preterm infant. The proposed study will use 25 years of birth record data and rigorous quasi-experimental methods to estimate the impact of these expansions on prenatal care utilization, low birth weight, and preterm birth for foreign-born mothers states to continue covering immigrants even as federal funding for Medicaid and CHIP becomes more uncertain.

- Psychotherapy Minority Stress Interventions for Transgender Patients: A Pilot Randomized Controlled Trial
  Stephanie Budge, PhD, UW School of Education, Department of Counseling Psychology, Assistant Professor

Transgender and gender diverse (TGD) individuals are at an increased risk for mental health concerns, including anxiety, trauma-based distress, depression, self-harm, and suicidality. Quantitative and qualitative studies have shown that support appears to mediate mental health concerns, but to date, there have been zero psychotherapy studies focusing on transgender and gender diverse patients. The NIH has noted that TGD patients are considered to be a “health disparities population,” indicating that there is considerable research to support prevention and reduction in mental health disparities for this population. This study aims to investigate the feasibility of conducting a psychotherapy randomized controlled trial for transgender and gender diverse populations, and longitudinally investigate the impact of minority stress interventions on well-being for transgender and gender diverse patients. No known published studies have focused on minority stress psychotherapy interventions for transgender and gender diverse populations. The findings from the proposed study will provide a multitude of information regarding longitudinal psychotherapy interventions focusing on minority stress that will inform future treatment manuals and larger, multi-site studies.

- Pilot Study of Ketogenic Dietary Therapy for Adults with Severe Developmental Disabilities and Intractable Epilepsy
  Elizabeth Felton, MD, PhD, UW School of Medicine and Public Health, Department of Neurology, Assistant Professor

Epilepsy occurs at substantially higher rates in people with intellectual and developmental disabilities (IDD), with a prevalence of about 25% in individuals with IDD compared to 1% in those without. Furthermore, over 50% of people with epilepsy and severe IDD have intractable epilepsy, meaning seizures continue despite trials of ≥2 anti-seizure medications. Despite this there has been little attention to the evaluation of non-pharmacologic interventions for adults with IDD and epilepsy. Ketogenic diets (KD) are very low carbohydrate, high fat diets which have been shown to
reduce seizures with ≥50% seizure reduction in ~50% of patients, though they have not been studied in adults with IDD. This is a pilot of a prospective randomized controlled trial which will lay the foundation for a larger clinical trial to evaluate efficacy and tolerability of the ketogenic diet in people with IDD and intractable epilepsy. It is hypothesized that the addition of the ketogenic diet to usual care (i.e. medications) will lead to a significantly higher response rate (defined as seizure frequency reduced by ≥50%) compared to usual care alone in adults with IDD and intractable epilepsy. Furthermore, the ketogenic diet is hypothesized to be safe and tolerable in this population. The proposed pilot involves a partnership with a state-run facility residential facility for adults with IDD. The main aim of the pilot is to determine if a larger (and adequately powered) randomized control trial of the ketogenic diet at the facility can be successfully implemented. Pilot study results will provide preliminary data for the larger clinical trial as well as a grant proposal.

- Motivation-Based Intervention to Reduce Health Risks in Urban Black Primary Care Patients with a History of Childhood Adversity
  Ellen Goldstein, PhD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health, Primary Care Research Fellowship, Postdoctoral Fellow

African Americans face copious health disparities associated with poverty, discrimination, higher than average trauma exposures and health risk behaviors. Urban Blacks are disproportionately exposed to traumatic events and, therefore, are at a greater risk for Post-Traumatic Stress Disorder (PTSD) than the general population. Experts have recommended routine screening for Adverse Childhood Experiences (ACEs) in primary care settings, yet there is little research on how to respond to patients with ACEs. This pilot study will help fill that important knowledge gap by testing a 2-session intervention to reduce perceived stress and frequency of at least one health-risk behavior in Black primary care patients with ACEs and PTSD symptoms. This study will determine whether a brief intervention holds promise in reducing health disparities that may arise from ACE exposure and PTSD symptoms among Black primary care patients and inform whether screening for ACEs and PTSD is warranted in primary care settings.
Summaries of UW ICTR AHEAD Pilot Grants, 2016 (4 awards)

- **Cultural and economic Influences on child weight-related communication in clinic**
  Gwendolyn Jacobsohn, PhD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health, Primary Care Research Fellow

  Childhood obesity disproportionately affects African-American, Latino, and lower-income families, compared to Caucasian and higher income families. Many pediatric health care providers address obesity prevention and treatment with parents and children using recommended care practices. If information is not communicated in a culturally appropriate manner, however, it can be of little value and even perpetuate existing health disparities. Research indicates that parents view pediatric health care providers as valued sources of information about child weight and want to be given useful information about weight-related topics. How they perceive, assess the value of, and use the information is still unknown, as is the influence of racial/ethnic culture and socioeconomics. This qualitative study explores parents and adolescents experiences and perceptions of weight-related discussions with health care providers—including what messages they have heard, what information was and was not useful (and why), the impact these interactions had on weight-related behaviors, and how cultural and economic factors shaped the way they dealt with weight-related issues.

- **Association between objectively measured physical activity, sleep, and obesity in urban American Indian children**
  Vernon Grant, PhD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health, Primary Care Research Fellow

  Obesity is a major public health concern in American Indian (AI) children. In addition to physical inactivity, sleep disorders are a risk factor for obesity. Understanding how physical activity (PA) and sleep impact obesity risk is critical for research conducted in Indian country. The Specific Aim of this study is to assess the association between sleep, PA, and obesity in urban American Indian children. We expect children who engage in ≤ 60 minutes of moderate-to-vigorous PA per day and get ≤ 9 hours of sleep per night will have greater rates of overweight and obesity. The public health impact of this study is to gain better understanding of the relationship of sleep with obesity in middle-school age AI children will assist with intervention efforts in the future.

- **Wisconsin Survey of Trans Youth: An Assessment of Resources and Needs**
  Jennifer Rehm, MD, Assistant Professor of Pediatrics, School of Medicine and Public Health, Building Interdisciplinary Research Careers in Women’s Health (BIRCWH) Scholar

  Transgender and gender nonconforming youth (TGNC) are at increased risk for mental health problems, including depression, anxiety, and suicidality. Though medical support and interventions have been shown to decrease these disparities, barriers to accessing support services, including mental and medical health services, have not been well characterized in this population. Effective advocacy depends on community engagement to create successful interventions. We hypothesize that transgender and gender nonconforming (TGNC) youth will identify community needs and barriers to accessing resources that will serve as an effective platform for future advocacy and resource development. We aim to accomplish this by collecting surveys from TGNC youth and conducting groups. When our data analysis is complete, this needs assessment will be presented to community organizations to inform their work with TGNC youth and will serve as a platform for the Transgender Youth Resource Network to develop specific interventions to address needs and barriers experienced by TGNC youth. To our knowledge, our project is the first statewide assessment of TGNC youth’s perceptions of community needs and barriers to resources. Our study
specifically aims to understand barriers in access to care for TGNC youth in order to develop community-informed strategies to address the disparities they experience.

- **Socio-Political Context and the Health of Latina/o Populations**
  
  [Edward Vargas, PhD, UW School of Medicine & Public Health, Department of Obstetrics and Gynecology, Health Disparities Research Scholars Program, Postdoctoral Fellow]

This project will analyze data from the Latino National Health and Immigration Survey, State Legislative Data, and data from U.S. Immigration and Customs and Enforcement. The study aims to examine the association between personally knowing a deportee on the physical and mental health of Latino immigrant and non-immigrant Latino adults and their children. This aim will examine the spillover effects immigration policy might have on the Latino community; to examine the interrelationship between state immigration laws and respondents’ perceptions of their environment on self-reported health status; and to examine the link between the risks of deportation and immigration laws, on program use. This final aim will offer implications for social determinants of health and disparities. The long term goals of my research are to integrate socio-political realities of the Latino experience into the social determinants of health literature by also capturing the spillover effects for Latina/o non-immigrant populations and their children.
Summaries of UW ICTR AHEAD Pilot Grants, 2015 (5 awards)

- **Assessment of Maternal Care Services in Dane County**
  
  **Sheryl Coley, PhD**, UW School of Medicine & Public Health, Department of Obstetrics and Gynecology, Health Disparities Research Scholars Program, Postdoctoral Fellow

  This project will investigate concepts of maternal care quality, with predominant focus on prenatal care, from the perspectives of African American and Caucasian mothers and providers of prenatal care, labor and delivery services, and postpartum care in Dane County. Perceptions in quality maternal care may differ by race and between patients and providers, but sparse literature exists that investigates these comparisons. Given these literature gaps and the continued racial disparities in health care utilization between African American and Caucasian mothers, more studies are needed to identify inequities in maternal care quality in order to improve utilization in services for African-American mothers.

- **Health Disparities: A Virtual, Experimental Model of Neighborhood Disadvantage**
  
  **Daniel Hackman, PhD**, Department of Population Health Sciences, Robert Wood Johnson Foundation Health & Society Scholar

  Neighborhood disadvantage is an important, independent predictor of health and development. However, the breadth of causal inferences that can be drawn regarding how neighborhood characteristics “get under the skin” to affect health is limited, due to conceptual and methodological challenges. It has been hypothesized that one of the ways that neighborhoods influence health is through how social and physical environments impact emotion, health behavior, and stress reactivity. Nevertheless, support for this hypothesis is limited, as no study has directly examined whether acute exposure to different neighborhood conditions elicits differential emotional and stress responses. In order to address these issues, we are developing an experimental model of neighborhood disadvantage that can be deployed to investigate the causal effects of neighborhood conditions on cognition, emotion, behavior, and physiology. This project capitalizes on the increasing sophistication and accessibility of virtual reality (VR) technologies that allow for an immersive experience that approximates the experience of being in different neighborhoods in collaboration with researchers at ETH Zurich in Zurich, Switzerland. We will conduct a preliminary pilot study of this adapted protocol at the University of Wisconsin-Madison. Once this basic experimental protocol is developed and validated for use across multiple national contexts, we will be able to address a range of questions concerning some of the causal mechanisms by which neighborhoods may influence health and how this may vary across developmental stages and populations.

- **Gender Differences in Early Life Adversities and Adult Obesity: An Examination of Psychosocial Pathways**
  
  **Chioun Lee, PhD**, UW School of Medicine & Public Health, Department of Obstetrics and Gynecology, Health Disparities Research Scholars Program, Postdoctoral Fellow

  The obesity epidemic is a major health concern in the U.S. Although individual factors are known determinants of body weight (e.g., genetic predisposition and behavior), persistent socioeconomic disparities exist in the risk of being obese. Furthermore, research has indicated that the social determinants of obesity originate early in life. Children from disadvantaged backgrounds are more likely than those from advantaged backgrounds to gain more weight and be obese, not only in childhood but also in adulthood. Importantly, stronger adverse effects are often observed among girls than boys. Men and women differ in their vulnerability to poor family and social environments, their emotional and behavioral strategies for coping with stressors, and their psychosocial resources. Few studies, however, have investigated whether such gender differences are core mechanisms that explain differences in obesity. The overall goal of the proposed research is to pursue an interdisciplinary approach to identify gender-specific pathways from early life
adversity to risk of obesity throughout adulthood. Key hypotheses are that 1) experiencing greater adversities in early life increases risk of obesity in young adulthood and throughout the life course, 2) such associations are greater for women than men, 3) psychosocial factors mediate or buffer the associations, and 4) there are gender differences in those mechanisms. Data come from Midlife in the U.S. (MIDUS I, II, III). To explicitly investigate diverse types of early life adversities, three different forms of social and family backgrounds are examined: low socioeconomic status, harsh family environments, and poor mental/physical health in childhood.

- **The Survey of the Health of the Wausau Area Hmong Population (SHWAHP)**
  Kevin Thao, MD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health, [Primary Care Research Fellow](#)

The Survey of the Health of the Wausau Area Hmong Population (SHWAHP) project will be a first of its kind study to obtain important health information about the Hmong community of Wausau. Randomly sampled Hmong community members participating in the project will answer questions about health history, health habits, and health perceptions. Using the data from this project the Hmong Health Coalition will be able to start to build a picture of the health of the Hmong community. This project is the base of the Hmong community health needs assessment. We will be able to identify health disparities in the rates of many disease such as hypertension, heart disease, and diabetes between the Hmong and general Wisconsin population. Furthermore the study will identify the possible associations between social-demographic characteristics and Hmong adults’ chronic diseases. To prepare for this larger project that could encompass surveys of 500-1000 Hmong individuals the **SHWAHP pilot project** aims to 1) pilot the adaption of the Survey of the Health of Wisconsin (SHOW) project into a tool that can be utilized to obtain health information from the Hmong community of Wausau WI and 2) pilot the utilization of statistical methodology to potentially identify the prevalence of chronic diseases among a small sample and identify the possible associations between social-demographic characteristics and Hmong adults’ chronic diseases.

- **What Shapes the Health of UW Women Veterans?**
  Tova Walsh, PhD, [Robert Wood Johnson Foundation Health & Society Scholar](#)

Women comprise an increasing proportion of the US veteran population, and while the male veteran population decreases, the population of women veterans is projected to steadily increase over the next 30 years. There is growing evidence of gendered health disparities among the veteran population, but little understanding of the mechanisms underlying these disparities. The body of research addressing the health of women veterans has grown significantly in recent years, but women veterans remain a relatively understudied population and prominent gaps in knowledge persist. The proposed research aims to: (1) describe women veterans’ perceptions of the stressors and supports that shape their health, their care needs and how they can be better served; (2) characterize the post-deployment physical and mental health of a sample of women veterans of Operations Enduring Freedom and Iraqi Freedom (OEF / OIF), and the post-deployment readjustment experiences of the women and their families, and evaluate how women veterans’ health correlates with family adjustment; and (3) identify risk and protective factors associated with women veterans’ health. These aims will be accomplished through a survey of women veterans (N=240) who have served in OEF / OIF and returned from a deployment within the last 3 years, recruited through collaboration with veterans’ organization Team Red White & Blue.
• Pregnancy Ambivalence: A Pathway between Social Disadvantage and Unintended Pregnancy
  Jenny Higgins, PhD, MPH, Assistant Professor, Gender & Women’s Studies

Unintended pregnancy (UP) remains a major health disparity, with half of all U.S. pregnancies either mistimed or unwanted, and with rates worsening among the most socially disadvantaged. The phenomenon of pregnancy ambivalence, or unresolved fertility intentions, has recently emerged as a strong correlate of contraceptive practices. The proposed research uses the National Survey of Family Growth to first assess the prevalence of various dimensions of pregnancy ambivalence among multiple socio-demographic groups (including comparisons by gender), and next, to document associations between these dimensions of pregnancy ambivalence and contraceptive non-use at last sex. Findings will be used to develop a larger grant proposal that aims to build and validate a scale of pregnancy ambivalence to be used in clinical and intervention settings.

• Creating Barriers or Raising Opportunities? Race and the Changing Effects of ADHD Diagnosis for Early Literacy
  Jayanti Owens, PhD, Robert Wood Johnson Foundation Health & Society Scholar

Black children diagnosed with ADHD face more adverse political, family, and school environments relative to white children. Black children may also have poorer access to medical treatment and less psychological support. These differences have led to a persistent gap in kindergarten literacy between black and white children diagnosed with ADHD. Using two large national data sets, this work will explore four key factors that may play a role in influencing early achievement. These factors include: politics; school based special education; home environment; and insurance/treatment. Findings will be used to develop targeted policy interventions.

• Exploring the Feasibility and Acceptability of a Condensed Mindfulness Curriculum for African American Women: A Pilot Study
  Angela Rose Black, PhD, UW School of Medicine and Public Health, Department of Family Medicine and Community Health, Complementary and Alternative Medicine Fellow

African American women experience a disproportionate burden of stress-related morbidity and mortality in the United States. Mindfulness-based stress reduction (MBSR) has a positive mental and physical health impact for the general population, but has not been adequately assessed for racially diverse groups and families. The proposed study is designed to explore the feasibility and acceptability of a condensed 4-week mindfulness curriculum implemented among a community-based sample of African American women living in Madison. The insights gathered will aid future development and pilot testing of a culturally-adapted mindfulness intervention designed to interrupt behavioral and physiological stress reactions that negatively impact African American women’s health.

• Understanding Disparities in Patient Education about Gestational Weight Gain
  Sara Lindberg, PhD, MPH, UW School of Medicine and Public Health, Assistant Scientist

Inappropriate gestational weight gain (GWG) increases risk for adverse maternal and neonatal outcomes and is especially common among minority and low-income women. The PI and colleagues previously showed that implementing a “best practice alert” in the UW Health electronic health record was an effective way to improve GWG patient education. Preliminary data from that pilot study suggest greater rates of GWG patient education for White patients than for Black and Hispanic patients, but that study was not powered to test racial disparities and
did not collect data about socioeconomic status. The proposed study addresses these gaps. Findings will also inform intervention strategies to promote healthy GWG across diverse populations, thereby reducing disparities in maternal and child health.

Summaries of UW ICTR AHEAD Pilot Grants, 2013 (2 awards)

- **Enhancing Patient-Provider Communication Among Diverse Groups of Depressed Women**
  Abiola Keller, PA-C, MPH, PhD, UW School of Medicine and Public Health, [Center for Women’s Health and Health Disparities Research](mailto:), T32 Postdoctoral Health Disparities Research Scholar

Despite the availability of effective treatments, women are often undertreated for depression. Furthermore, there are disparities in the receipt of adequate treatment. Research has shown that provider characteristics and communication style can affect treatment outcomes as well as a patient’s willingness to engage in or adhere to treatment. However, little evidence exists that identifies effective approaches for clinicians to interact with women needing depression care or how the effect of such approaches may be influenced by race/ethnicity. The overall goal of this project is to better understand the clinician characteristics and communication factors that contribute to disparities in receipt of adequate treatment for depression among women. Specifically, we will use qualitative methods to meet three specific aims: (1) to identify women’s preferences for provider characteristics that influence the decision to seek care for depression and analyze how these preferences might vary across racial/ethnic groups (2) to identify women’s preferences for provider characteristics that influence willingness to use depression treatments and analyze how these preferences might vary across racial/ethnic groups (3) to identify patient-provider communication factors that are associated with increased patient satisfaction of clinical encounters addressing depression. To accomplish these aims we will conduct focus groups among adult women who were recently diagnosed with depression. Participants will be asked to provide information about the providers and communication styles they encountered during their depression treatment seeking experiences. They will also be asked to provide input on how their experiences might have been improved. In order to compare emerging themes across racial and ethnic groups, we will conduct 3 focus groups among African-American women, 3 among Hispanic women (1 in Spanish, 2 in English), and 3 among non-Hispanic White women. All focus groups will be audio-recorded, translated into English by professional interpreters, as needed, and transcribed. Coding will be guided by grounded theory in order to glean information from the participants’ perspectives rather than testing empirical assumptions or hypotheses.

- **Exploration of Culturally-Relevant Components of Personal Capital**
  Fathima Wakeel, PhD, MPH, UW School of Medicine and Public Health, [Center for Women’s Health and Health Disparities Research](mailto:), T32 Postdoctoral Health Disparities Research Scholar

Despite the extensive research, clinical, and public health efforts dedicated to assessing the differential risks (e.g. maternal stress) contributing to racial and ethnic disparities in adverse maternal and child health (MCH) outcomes, these disparities still persist in the US. However, insufficient focus has been placed on exploring personal capital, or the protective internal and social resources that may help women cope with or reduce their exposure to stress. As personal capital has been under-explored in the literature, little is known about how its conceptualization may differ across racial and ethnic groups or how it develops over the lifecourse among various groups. Therefore, in order to inform interventions that build resources among minority and low-SES women during critical periods of the lifecourse to ultimately reduce disparities in adverse MCH outcomes, there is a need to explore culturally-relevant, lifecourse measures of personal capital. The aims of this study are to: 1) Examine cultural differences and similarities in the conceptualization of personal capital among women from various racial and ethnic groups and socioeconomic levels;
2) Explore the salient components of personal capital that women garner at different stages of the lifecourse, including early childhood, adolescence, and the preconception and prenatal periods.

**Summaries of UW ICTR AHEAD Pilot Grants, 2012 (1 award)**

- **Health Trajectories of Black and White College Students**  
  Tom Fuller-Rowell, PhD, [Robert Wood Johnson Foundation Health & Society Scholar](#)

Black students in predominantly White college settings experience significant levels of race-related stress. However, despite the known impact of chronic stress exposure on physiological dysregulation, research to date has not addressed the impact of minority-student stresses on health disparities. This study will evaluate race differences in allostatic load, a measure of physiologic “wear and tear” on the body (Aim 1), and consider college stress and physiological reactivity to academic evaluation as mechanisms for these effects (Aim 2). Lastly, we will consider the role of four protective factors (psychological well-being, mindfulness, sense of belonging at college, and racial identity) as potential moderators of these effects (Aim 3).