Photography by Mike Dickens

Interview by Sangeetha Shivaji, with Hope Voorhees

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collaborators; strong, interdisciplinary teams of colleagues and students; and an emphasis on community engagement.

A NONTRADITIONAL PATH

“As a teenager, I witnessed how educational opportunities closed to young women who were pregnant. That inspired me to volunteer with a nonprofit bringing sex education to teenagers, and, after college, to join an international women’s health care organizations. I loved the work and decided to get a master’s in public health to move forward with that career. Then, in grad school, I got involved in research and found my passion.

“My background keeps my feet on the ground. I’m committed to collaborating with communities and community-based organizations to ensure that my research is relevant to the populations I work with and can be implemented at an organizational and clinical level. I don’t want to work in an ivory tower, so UNCG’s dedication to community-engaged scholarship has been a great fit for me. We’re at the forefront of that type of work.

“Seeing my scholarship’s impact on interventions and policies and creating sustainable change — that’s what excites me.”

REFRAMING THE ISSUES

“While many of my projects focus on understanding and preventing HIV and STD transmission, more broadly my research is about promoting sexual and reproductive health — normal aspects of development. In my primary prevention work, we try to keep youth healthy and HIV-free. We don’t say, ‘Don’t have sex.’ We approach health from a risk reduction paradigm. We say, ‘Here are ways to be safe and healthy: use condoms, talk to your partner, get tested. Know your options.’

I also do secondary prevention work with youth living with HIV. Thanks to biomedical advances, HIV is not the death sentence it used to be, and people who are infected can lead healthy, happy lives. Many people don’t know that once someone is virally suppressed with medication, their ability to transmit HIV becomes very, very small. It’s called ‘treatment as prevention.’ To realize the benefits, we must ensure that people diagnosed with HIV are linked to care quickly and that they stay engaged in care.

“A STRONGER WHOLE

“I want to build stronger, healthier communities, and reducing health disparities according to age, gender, sexual orientation, and race and ethnicity is part of that. When we have people, especially young people, who are unhealthy, that affects all of us.

“So when we invest in HIV prevention, treatment, and care, we don’t just affect individuals. We also see community- and population-level benefits. When we commit to making everyone as healthy as they can be, we make our world a better place.”

COMMUNICATION AND CARE

“There are so many great new ways to share information. Technology is key to maximizing our resources and reach and developing cost-effective interventions.

“I’m currently working with a Wake Forest School of Medicine team on a project using social media to help young people living with HIV adhere to care and medication. That project, funded by the U.S. Health Resources Service Administration, focuses on young African American and Latino men who have sex with men and transgender woman — populations often needing extra social support. We’re connecting them to health care, education, who send reminders, answer questions, and check in with them, using texts and apps like Facebook and Grindr.

“We also have primary prevention projects using social media to spread information about health and HIV testing.

“Today, in my NIH-funded research, I’m doing an online intervention for first-year college students, focused on alcohol use and sex, and a second one using social media to help young people living with HIV adhere to care and medication.

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