

Katrina **Armstrong** (M.D., Medicine, Johns Hopkins, 1991; M.S.C.E., Epidemiology, Penn, 1998) is Associate Professor of Medicine and Associate Professor of Epidemiology in Biostatistics and Epidemiology. She is also Co-Director, Robert Wood Johnson Clinical Scholars Program, Associate Director, Cancer Control and Outcomes Program, Abramson Cancer Center; and Director of Research, Leonard Davis Inst of Health Economics. Armstrong was the recipient of the 2005 Alice Hersh Young Investigator Award from AcademyHealth and was elected to the Am Society of Clinical Investigation in 2006.

Scientific Accomplishment. Armstrong's research program elucidates the relationship among the social environment, health care use, and health outcomes. This program joins two disciplines, social epidemiology and health services research, which have largely existed separately in the past. In the past 36 months she has co-authored (with **Pauly, Polsky**, and **Rosenbaum**, among others) 20 papers, concentrating on several areas of critical policy importance related to cancer control including genetic testing for cancer susceptibility and racial disparities in cancer outcomes and utilization of medical services. For example: Two papers in *Arch Int Med* on racial differences in patterns of health care use: (1) involving a national sample of African-Americans and whites: African Americans were more likely to report low trust in health care providers. While fewer quality interactions with health care providers were associated significantly with low trust in both populations, usual source of medical care was only associated with low trust among African Americans, whereas gender and the number of annual health care visits were associated with low trust among whites. (2) Several fictitious clinical stories illustrate how what appear to be individual or cultural preferences are often substantially shaped by modifiable practices of the health care system. True differences in preference that are worthy of respect surely exist between individuals or demographic groups, but some apparent differences in preference may actually reflect problems with the health care system that are worthy of remediation. Extension to inter-urban variation, in *Am J Pub Health*: (3) An analysis of 11,422 responses from the Community Tracking Study, a population-based survey of health and health care: Race/ethnicity was significantly associated with physician distrust. Racial differences in distrust scores varied according to an individual's educational attainment, insurance coverage, household income and gender. Men had consistently higher distrust scores than women, but this association was greater among blacks than among whites or Hispanics. Higher levels of educational attainment were associated with lower distrust scores among blacks and Hispanics but not among whites. After controlling for individual characteristics, scores varied significantly across US cities.

Present and Future. Her current research projects include an examination of the influence of racial residential segregation on health care quality in cancer treatment and prevention and the influence of neighborhood characteristics on the incidence and stage of prostate cancer among African-American men. Most recently Armstrong has begun to explore the use of biomarkers to investigate pathways linking neighborhood characteristics and cancer incidence, stage and outcomes, particularly through the Center for Population Health and Health Disparities at Penn. This NCI P50 brings together genetic information on a prospective cohort of men with prostate cancer with geographic and sociocultural measures. In addition, Armstrong is conducting several studies examining the dissemination of genetic susceptibility testing, particularly focusing on the role of distrust in racial differences in attitudes towards and uptake of predictive genetic testing. These projects also explore the determinants of health care system distrust, including variations across small areas and the role of community involvement of hospitals and providers.

PSC and Research. Armstrong is PI on an NCI P50 (**Chang**, Co-Investigator) and Project PI on an NCI P50 (Rebeck, PI) both studying racial segregation and disparities in prostate cancer. She is also PI on a grant from the American Cancer Society. In the prior 36 months, she was a PI on an NCI R21, an NCI R01, an NHGRI R01, and a grant from the RWJ Fdn. Armstrong has been a mentor for several Health and Society Scholars and is an active participant in the multidisciplinary environment created by the PSC. As Co-Director of the RWJ Clinical Scholars Program, Armstrong also interacts closely with trainees interested in population health who benefit from the resources available through the PSC and with PSC members (**Mandell, Polsky**), who serve as mentors for Clinical Scholars and as Associate Director of the companion RWJ Health and Society Program (**Schnittker**). Armstrong will be available to serve on the working group of the Best Practices core for integrating research, especially involving biomarkers and cross-disciplinary collaboration.