News and Notes
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Personnel

The William Monroe Trotter Institute and the Department of Black Studies welcome the arrival of three new members: Dr. Simon E. Gikandi, Dr. Yvonne Captain-Hidalgo and Dr. Dolores Alleyne Goode.

Dr. Simon E. Gikandi assumes the post of assistant professor in the Department of Black Studies, University of Massachusetts—Harbor Campus. Dr. Gikandi received his undergraduate degree from the University of Nairobi, Kenya, his M.A. from the University of Edinburgh, Scotland, and his Ph.D. in English literature from Northwestern University. He is a specialist in Caribbean and African literature and comparative third-world studies. Dr. Gikandi is currently working on a book-length study entitled, “Poetics of Cultural Production.” He describes his book as an examination of the intricate relationship between texts and history in Caribbean narratives. Dr. Gikandi’s publications in literary criticism and theory include: Reading the African Novel; A Companion to V. S. Naipaul’s “A House for Mr. Biswas”; A Companion to Wole Soyinka’s “The Road”; A Companion to George Lamming’s “In the Castle of My Skin”; and “The Growth of the East African Novel,” in The Writings of East and Central Africa, edited by G. D. Killam. Dr. Gikandi’s work also includes creative writing. The Gentleman and the General and Waiting for A Song, both radio dramas, have been produced by the British Broadcasting Corporation (BBC). Dr. Gikandi has taught at California State College in Bakersfield and at Northwestern University. In the Black Studies Department at UMass he will teach a range of courses in Caribbean and black literature and criticism.

Dr. Yvonne Captain-Hidalgo is the Trotter Institute 1987/88 post-doctoral fellow in the humanities. She is assistant professor at Washington University in St. Louis, Missouri. She received her Ph.D. in Education from Stanford University, her M.A. degree from UCLA, and completed her undergraduate work at Pitzer College, Claremont, CA. Dr. Captain-Hidalgo will spend the fellowship year completing her book on the Afro-Colombian writer, Manuel Zapata Olivella, and the Spanish-American new narrative. Dr. Captain-Hidalgo states that her work will aid in providing global recognition for the writer and will place Afro-Hispanic literature in general within the context of black diaspora literature. She adds that it will also expand existing notions of what constitute key texts and ideas in the study of Spanish-American letters. Dr. Captain-Hidalgo has published articles in Cuadernos Americanos, Afro-Hispanic Review, Mawazo, Hispamerica, Ensayos de literatura colombiana; and she will have an article on Nancy Morejon in Fifty Spanish Women Writers, scheduled for publication in 1988.

Dr. Dolores Alleyne Goode is the post-doctoral fellow in the social and behavioral sciences. Dr. Goode received her Ph.D. in Social Policy from Brandeis University. During the 1987/88 fellowship year, Dr. Goode will research infant mortality and adolescent pregnancy and parenting in Boston’s black population. Dr. Goode states that the ultimate purpose of her research is to contribute sound thinking about what kinds of policies and programs are needed to enhance the social, economic, and health conditions of black families in Boston. Dr. Goode’s extensive professional and research experience includes health management consulting, feasibility studies on primary health care services, professional service at the Harvard Street Neighborhood Health Center, the Massachusetts Department of Mental Health, and Boston University School of Medicine, Division of Psychiatry. Dr. Goode’s research on school desegregation crisis intervention programs, intra-urban migration patterns in Boston, and black community life in Boston has resulted in published reports on these topics.

Research

Dr. Wornie L. Reed, Director of the William Monroe Trotter Institute, is Co-Principal Investigator with Dr. John McKinlay, Research Director of the New England Research Institute (NERI), of a recently funded four-year project that will examine medical care-seeking by blacks for coronary heart disease (CHD). This $933,000 project, funded by the National Heart, Lung, and Blood Institute and housed at NERI, will be conducted with the Trotter Institute collaborating with NERI through subcontracts.

This study will identify and describe the role of socio-demographic characteristics, general health status and perceived needs, health insurance/access, social support networks and general (non-CHD) utilization behavior on health care-seeking by blacks (compared with whites) for coronary heart disease (CHD). Such knowledge will elucidate some of the reasons for the lower morbidity but higher case fatality for CHD among blacks compared with other population categories. The following specific research questions will be addressed:

1) What are the range and types of health care-seeking among blacks for CHD (frequency and distribution)? What pathways are followed for what conditions/problems and how often? Are there any differences between blacks and whites in these patterns?

2) Who engages in health care-seeking for CHD (socio-demographics)? How do characteristics such as age, gender, SES, employment status, health insurance coverage, access to care, social support networks, general health status and utilization behavior affect such health care-seeking for CHD? Are there differences between blacks and whites in the impact of these characteristics?

3) How is health care-seeking for CHD undertaken (process)? At what point (when) during the course of CHD are services utilized? Does informal care (lay referral/self-medication provided by network members) delay or hasten health care-seeking for CHD? Is there a “typical” pathway for CHD health care-seeking; what is its usual order and are there identifiable points in the process for potential in-
What "triggers" CHD health care-seeking among blacks? Are there illness-specific help-seeking careers (e.g., CHD or arthritis)? Are there differences between blacks and whites in this process of health care-seeking?

(4) Why do some blacks seek help for CHD, while others do not (reasons)? Is CHD help-seeking related to utilization for other co-existing health problems? What are the perceived barriers to CHD help-seeking? For blacks populations at risk, what are the perceived benefits and costs of seeking care for CHD? Compared with whites, how would blacks most likely respond if certain hypothetical coronary symptoms occurred and why?