

Justin T. Denney

Research Interests

I focus on the social determinants of health disparities, health behaviors, and mortality with a particular emphasis in quantitative methods. My research has been influenced and enriched through multiple experiences including an entry-level questionnaire designer for a regional environmental health survey, a supervisory survey statistician for the U.S. government—responsible for the implementation of national surveys of health status and economic vitality—, and a research assistant for numerous social demographic projects at the Institute of Behavioral Science at the University of Colorado. These opportunities have shaped my interests and have led to my decision to focus my career on sound research that highlights the social mechanisms that contribute to inequalities in health and mortality.

My research has three goals: (1) to conduct high quality research on the social, economic, and cultural contributors of health behaviors and health outcomes; (2) to gain insight into the underlying mechanisms and potential solutions for health and mortality disparities; and (3) to continuously learn and employ the latest techniques and methodologies that most effectively assist in discovering solutions for better health. My publication record and future research plans reflect these goals and emphasize the greater objective of improving population health and reducing inequalities in the length of life.

To date, my work has emphasized the convergent roles of micro-level social support systems, meso-level social context, and broad macro-level systems of social stratification as determinants of health and well being.

Social Support and Health: I draw on classical and contemporary theorists to conceptualize the effects of social and family support systems on the health and mortality prospects of adults. My analysis of national health data from the U.S. linked to prospective mortality revealed the important impacts of social support and socioeconomic disparities on the risk of suicide mortality (published in 2009 in *Social Science Quarterly* with Rogers, Krueger, and Wadsworth), as well as important differences in the risks by gender.

My undergraduate and masters training in criminology coupled with my interests in the cross over between crime, health, and mortality has led to collaborations with criminologists here at the University of Colorado. Using detailed interview data from women in intimate partner abuse legal proceedings, I found that women's mental health during and following court proceedings was greatly affected by the amount of social support received from family and friends (published in 2009 in *Feminist Criminology* with Belknap et al.). Another manuscript (in progress with Belknap) investigates the distinct effects of physical violence and emotional abuse on these women's mental health.

In addition, my dissertation focuses on the effects of family and household living arrangements and resources on individual risk of suicide mortality. I first recognize that both aggregate and individual indicators of social integration and social support have strong relationships to suicide. I then build upon existing sociological research on suicide by demonstrating that particular household formations, socioeconomic conditions, and health statuses impact members' propensities toward suicide. This research in progress has already revealed that living in family arrangements characterized by arguably stronger sources of social support and integration lowers the individual risk of suicide mortality even after accounting for individual characteristics associated with suicide risk (forthcoming in the *Journal of Marriage and Family*).

Contextual Effects: The effect of community, neighborhood, and national context on health outcomes is another important area of research. My work recognizes that, not only are health outcomes differentiated by traits such as age, gender, race, and socioeconomic status, but the decisions surrounding healthy or unhealthy behavior are often influenced by structural forces. My coauthors and I applied multilevel regression techniques to data from the National Health Interview Survey to examine how neighborhood context affects adult risk of obesity, and found that individual risk of being obese is related to neighborhood poverty and neighborhood prevalence of obesity (published in 2005 in the *Journal of Health and Social Behavior* with Boardman, Saint Onge, and Rogers). This work also reveals that race differentials in obesity are both an individual and neighborhood level phenomena. Underlying inequalities in resources impacting health and health lifestyles are systemic inequities by characteristics such as race or ethnicity.

Another research project uses World Health Survey data and multilevel modeling to examine tobacco use in developing nations and finds that a nation's economic situation and diffusion of cigarette use relates closely to the alarming disparities in cigarette smoking for the most socioeconomically disadvantaged persons (forthcoming in *Demography* with Pampel). This work reveals that the social and economic patterns of cigarette adoption foretell continuing and perhaps widening inequality in mortality worldwide.

Stratification of Health and Mortality: In order to understand health and mortality disparities and institute effective health policy to targeted groups, we must first understand how health is distributed across groups. Using multivariate regression techniques and national U.S. data, I identified how obesity is uniquely distributed across racial and ethnic groups and how those distributions differ for males and females (published in 2004 in *Ethnicity & Disease* with Krueger, Rogers, and Boardman). In another manuscript (under review at *Social Science Research* with Rogers, Hummer, and Pampel) I find that the social patterns associated with the adoption of cigarette smoking contribute to age and gender specific inequalities in mortality by education. Indeed, understanding health disparities involves understanding inequalities in resource acquisition and opportunities.

Ongoing and Future Research: I will continue to focus on the individual and contextual social determinants of health and mortality with an emphasis on the following questions

in health disparities research: First, why do certain groups behave in ways that harm their health more frequently? And second, what are the long-term consequences of poor health decisions? To begin to address these issues an invited article explores the theoretical reasons why disadvantaged persons more often smoke cigarettes, lead sedentary lifestyles, and are more prone to being obese (forthcoming in the 2010 *Annual Review of Sociology* with Pampel and Krueger). Another manuscript in progress (revise and resubmit at *Population Research and Policy Review* with Rogers and McNown) reveals that continued tobacco use and increasing obesity in the U.S. contribute greatly to stagnate life expectancies forecasted to the year 2055.

I have authored or co-authored seven peer-reviewed articles, three of which I am the first or sole author. These articles generally reflect my interests in the social determinants of ill health and mortality, and examine the roles of social and family support systems and inequality on health outcomes and health behaviors. One of these is featured in a special issue on health and health policy in a recent issue of *Social Science Quarterly*. Two other papers appear in leading sociological journals, the *Journal of Health and Social Behavior*, aimed at understanding health and illness, and the *Journal of Marriage and Family*, a primary journal in the family field. Two other manuscripts are forthcoming in leading journals, including a paper forthcoming in the *Annual Review of Sociology* and a forthcoming manuscript in the journal *Demography*.

Working in collaborative settings with sociologists, criminologists, demographers, and economists has been a rewarding experience and a crucial component in my training. In future work, I will continue to approach research questions from an interdisciplinary perspective. I am the graduate research assistant on a proposal sent to The Eunice Kennedy Shriver National Institute of Child Health and Human Development in June, 2009 and plan to actively seek grant support to allow me to attend workshops and learn new skills and to examine relationships between household, family and neighborhood processes and their impact on ill health and premature mortality, including suicidal death. I aim to continue to address socioeconomic, racial, and other inequalities in health and mortality with the intent of informing health policy and ultimately leading to healthier populations.