I realized early in my undergraduate studies that I wanted to work with people with mental disabilities and their families. My father’s mental illness and the cognitive impairments in my mother’s siblings acquainted me with the realities of lifelong care for people with disabilities. When I was 18, I became involved with families doing behaviorally-based early intensive intervention for their children with Autism Spectrum Disorders (ASD). I was amazed by the incredible gains made by some children, and inspired to understand why others fail to progress.

Observing how families’ economic status and education level affected their children’s access to services, I became interested in the socio-cultural factors that influence interactions between families and the health care system. While doing my honors thesis research in Benin, West Africa, I noted that many of the children with developmental delay I encountered had acquired cognitive impairment as a result of diseases which are readily preventable or treatable in the United States. This experience was a crucial factor in my decision to pursue public health. Witnessing the dramatic health disparity between the US and West Africa forced me to confront the ethical issues inherent in working with seriously underprivileged populations. There, the need for holistic health care that is responsive to the needs of the population is readily apparent. Through my experience at the University of Michigan Autism and Communication Disorders Center (UMACC), I came to appreciate how this was also true in the United States, as disability communities are often lacking advocates who understand their needs across the lifespan, in research and clinical contexts. This lack of representation is a result of the institutional discrimination and social exclusion that plague disability communities, and I am excited to learn more about potential applications of Dr. Geronimus’s work on the weathering framework to these communities.

While working at UMACC, I observed the need for increased awareness about developmental disabilities among physicians, and in community outreach programs. I realized a PhD in Public Health will empower me to accomplish the kind of research, education, and advocacy work I envision doing throughout my career. Utilizing the non-profit organization I have founded, Engaging Abilities, I anticipate working in patient advocacy, community outreach, research, and physician and community education to benefit disability communities. I believe research and evaluation is essential to effective practice, and I hope that by completing a PhD in Health Behavior and Health Education I will become skilled at integrating research into community outreach and health education, and in the application of the principles of Community Based Participatory Research.

Another factor that has been critical in my decision to pursue PhD training in Health Behavior and Health Education is the strong emphasis on interdisciplinary research and training. Throughout my education I have enthusiastically pursued opportunities to develop interdisciplinary research skills by completing an original research-based interdisciplinary honors thesis in clinical and community psychology and cultural anthropology, working on research projects in women’s and gender studies and sociology, and completing an Interdepartmental Concentration in Public Health Genetics. I believe an interdisciplinary perspective can illuminate the weave of the social fabric of health in unique and important ways.
My developmental perspective on the management of chronic illness over the lifespan, as well as my focus on understanding and improving the caregiver experience, is congruent with Dr. Connell’s work on these issues. Additionally, the salient socio-cultural and psychosocial issues she has studied regarding chronic illness are the same ones I have come to focus on in my own work with ASD populations.

As a Developmental/Behavioral Intervention Consultant over the past 9 years, I’ve had direct long term contact with many families that have children with ASD. These experiences have inspired me to organize the Autlook Project as part of my Master in Public Health. The Autlook Project is a research and outreach initiative to connect people affected by ASD to each other, and to student and community members who are interested in learning more about ASD, or volunteering.

By helping students make a personal connection to the disability community, the Autlook Project will enable students to develop a richer and more nuanced understanding of the lived experience of ASD, and related conditions. My aim is to broaden their social perspectives and impart them with something applicable in their studies and future careers. Participants who are affected by ASD directly, or through caregiving, will be able to build stronger social networks. These interactions will mitigate real and perceived isolation and the resultant stress which is common in the community. I hope my PhD studies will refine my research skills so that I can effectively develop and carry out large scale health research through an outreach program such as the Autlook Project.

My unusual upbringing and educational career have inspired me to dedicate myself to improving the effectiveness of health care for underserved populations through community-based research and research-based practice. I believe the health care system must respond to ethical and social issues by actively integrating interdisciplinary research, and I look forward to helping shape this response through teaching and publication. My personal convictions combined with my diverse experiences will promise my success in accomplishing these career goals, and I am eager to continue developing my research skills in the School of Public Health.