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## BIOGRAPHICAL SKETCH

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NAME: **MAY, FOLASADE POPOOLA**

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eRA COMMONS USER NAME: Folamay

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POSITION TITLE: Assistant Professor

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### EDUCATION/TRAINING

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INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date YYYY	FIELD OF STUDY
Yale University, New Haven, CT	B.A.	2002	Molecular, Cellular, & Developmental Biology
University of Cambridge, Cambridge, England	M.Phil.	2003	Epidemiology
Harvard Medical School, Boston, MA	M.D.	2007	Medicine
Massachusetts General Hospital	Residency	2010	Internal Medicine
UCLA Division of Digestive Diseases	Fellowship	2015	Gastroenterology
Fielding School of Public Health, Los Angeles, CA	Ph.D.	2015	Health Policy and Management

### A. Personal Statement

As an African-American physician with a longstanding interest in global and domestic health disparities, my research focus is in health equity, with an emphasis on reducing colorectal cancer (CRC) disparities. My early research centered on nutrition and obesity. Completing a master's of epidemiology thesis in this area and working with health services researchers at Harvard Medical School were my first experiences in study design and data analysis and confirmed for me a passion for investigational inquiry and population science. At the same time, I gained exposure to both global and domestic disparities in health and healthcare and became intrigued by efforts to improve access to care and resources in underserved populations. I was able to foster these dual interests through my medical training, participating in several medical clinics in resource-limited regions of the world while also contributing to research domestically.

When I began specialty training in gastroenterology, my interests in healthcare disparities and public health naturally drew me to one of the most important public health problems in the field—disparities in CRC screening and outcomes. Beginning in the VA, where minimal literature existed about CRC disparities, I designed studies to examine the impact of patient, provider, and system factors on screening uptake in African-Americans. I was able to supplement this research by investigating the impact of race on CRC outcomes and screening in existing large national- and state-level databases. These research successes were made possible by the rigorous training in study design and data analysis provided in my doctoral program at UCLA.

1. **May FP**, Bromley EG, Baek M, Yoon J, Cohen E, Lee A, Reid MW, van Oijen MG, Spiegel BM. Low Uptake of Colorectal Cancer Screening Among African-Americans in an Integrated Veterans Affairs Healthcare Network. *Gastrointest Endosc.* 2015 Aug; 291-8. PMID: PMC4104145
2. **May FP\***, Bromley EG\*, Federer L, Spiegel BM, van Oijen MG. Explaining persistent under-use of colonoscopic cancer screening in African Americans: A systematic review. *Prev Med.* 2015 Feb;71:40-8. PMID: PMC4329030 \*co-first authorship
3. **May FP**, Whitman CB, Varlyguina K, Bromlwy EG, Spiegel BM. Addressing Low Colorectal Cancer Screening In African Americans: Focus Groups Reveal A Framework For Developing An Effective Intervention. *J Ca Educ.* 2015 May
4. **May FP**, Almario C, Ponce N, Spiegel BM. Racial Minorities are More Likely than Whites to Fault Providers for Colorectal Cancer Screening Non-Adherence. *Am J Gastro.* 2015 Oct;110(10):1388-94

## B. Positions and Honors

### Positions and Employment

2007-2008	Intern, Department of Medicine, Massachusetts General Hospital, Boston, Massachusetts
2008-2010	Resident, Department of Medicine, Massachusetts General Hospital, Boston, Massachusetts
2010-2011	Academic Hospitalist Service Attending Physician, Massachusetts General Hospital, Boston, Massachusetts
2010-2011	Manager of Trainee Affairs, Massachusetts General Hospital Multicultural Affairs Office, Massachusetts General Hospital, Boston, Massachusetts
2011-2015	Gastroenterology Fellow, UCLA Digestive Diseases Training Program UCLA Specialty Training and Advanced Research (STAR) Program
2012-	Director of Partnerships, Seed Global Health, Boston, MA
2012-2015	Graduate Researcher, UCLA/VA Center for Outcomes Research & Education, Los Angeles, CA
2014-2015	Graduate Researcher, UCLA Center for Cancer Prevention Control Research, Los Angeles, CA
2015-	Assistant Professor-in-Residence of Medicine, UCLA Division of Digestive Diseases, Jonsson Comprehensive Cancer Center, West Los Angeles Veterans Affairs Healthcare Network

### Honors

2002	Magna Cum Laude, Yale University
2004	First Place Award for Student Research in Social Science, Student National Medical Association
2006	First Place Award for Student Research in Public Health, Student National Medical Association
2010	Excellence in Community Service Award, Massachusetts General Hospital
2010	Center of Expertise in Global Health Grant, Massachusetts General Hospital
2014	Appointed to American Gastroenterological Association Government Affairs Committee
2014	Appointed to American Gastroenterological Association Trainee and Young GI Committee
2014	Fellowship 2 Leadership Salix Fellow Grant, Salix Pharmaceuticals

## C. Contribution to Science

### 1. Impact of obesity and lifestyle characteristics on health and healthcare utilization

My early experiences in research were in nutrition and obesity. While studying epidemiology at the University of Cambridge, I explored the impact of the obesity epidemic on healthcare utilization and costs in the National Health Services (NHS) for my master's thesis. I identified a positive association between obese status and higher use of outpatient services and greater than two medical prescriptions. This study was one of the first to examine the relationship between obesity and healthcare utilization in the NHS. Upon returning to the States to start medical school, I received a Harvard Medical School Soma Weiss Research Grant to continue my studies in obesity at the Harvard Pilgrim Healthcare Institute. As a student researcher, I co-authored a publication that explored the relationship between physical activity and diet on postpartum weight retention. In multivariate logistic regression models, the odds of retaining at least 5 kilograms postpartum was significantly higher among women who watched more television postpartum, walked fewer minutes per day, and consumed more trans fat. These studies were my first experiences in research and played a major role in my desire to pursue a research career.

- Popoola, FA.** The Association Between Obesity and Healthcare Utilization in the United Kingdom. Masters thesis, University of Cambridge, Masters of Philosophy in Epidemiology (M.Phil). 2003.
- Popoola, FA.** Increase in obesity and health-care use, from the Health Survey for England, ages 50 to 69. *Obesity Surgery*-2004 Oct;14(9):1258-62. PMID: 15527645
- Oken E, Taveras EM, **Popoola FA**, Rich-Edwards JW, Gillman MW. Television, walking, and diet: Associations with postpartum weight retention, *Am J Prev Med.* 2007 Apr;32(4):305-11. PMID: PMC1880891

### 2. Black-white disparities in colorectal cancer screening in the Veterans Affairs (VA) Network

With support from a UCLA T32 NIH/NIDDK training grant, I performed three studies focused on CRC screening disparities among veterans. While screening disparities have been documented nationally in non-VA settings, the literature was scarce on whether the same disparities existed in settings where

variation in insurance and access to care are minimized. To inform our research, I first systematically reviewed the literature identifying barriers and facilitators to CRC screening among African-Americans. Patient-level barriers included poor knowledge about screening and low perceived benefit of colonoscopy while provider-level barriers included failure to recommend screening, and system barriers included lack of access to care and infrequent primary care visits. We next created a database of veterans eligible for screening in the West Los Angeles Veterans Affairs Network (WLAVA) to determine how patient-level and provider-level factors impact CRC screening when system-level variability is minimized. We found that 42% of African-American veterans and 58% of non-African-American veterans were up-to-date with CRC screening. In multivariate analyses, African-American veterans were less likely to undergo CRC screening when compared to white veterans despite similar access to care (OR 0.49; 95% CI 0.31 – 0.77). In addition to race, homelessness, lower service connectedness, taking more prescription drugs, and not seeing a primary care provider within two years of screening eligibility predicted lower uptake of screening. In a third study at the VA, we conducted focus groups with screened and unscreened African-American men and women. Participants were not aware of an increased risk of CRC and reported that barriers to screening included lack of information about screening and difficulty scheduling screening procedures. Suggestions for interventions to improve CRC screening uptake in African-Americans included recommendations for culturally specific information emphasizing CRC as a preventable disease. As a result of these three studies, we are currently developing a patient education to improve patient knowledge about CRC risk and screening at the WLAVA.

- a. **May FP\***, Bromley EG\*, Federer L, Spiegel BM, van Oijen MG. Explaining persistent under-use of colonoscopic cancer screening in African Americans: A systematic review. *Prev Med.* 2015 Feb;71:40-8. PMID: PMC4329030 \*co-first authorship
- b. **May FP**, Bromley EG, Baek M, Yoon J, Cohen E, Lee A, Reid MW, van Oijen MG, Spiegel BM. Low Uptake of Colorectal Cancer Screening Among African-Americans in an Integrated Veterans Affairs Healthcare Network. *Gastrointest Endosc.* 2014 Aug;80(2):291-8. PMID: PMC4104145
- c. **May FP**, Whitman CB, Varlyguina K, Bromlwy EG, Spiegel BM. Addressing Low Colorectal Cancer Screening In African Americans: Focus Groups Reveal A Framework For Developing An Effective Intervention. *J Ca Educ.* 2015 May 13. PMID: 25963898

### 3. Analyses of large of publicly available databases to investigate CRC disparities

In addition to research in the VA, I have performed studies using publicly available data to study disparities in CRC. In a cross-sectional analysis using the Surveillance, Epidemiology, & End Results (SEER) national cancer registry data, I evaluated trends in disparities between African-Americans and whites in CRC incidence and stage at diagnosis from 1975 to 2011. The analysis demonstrated that disparities in CRC incidence improved significantly from 2004 to 2011. In addition, while there was a large disparity in late presenting tumors in the 1970s, this difference had resolved by 2011. I am currently preparing a manuscript based on these results. I also performed an analysis using the California Health Interview Survey (CHIS) to examine the role of provider recommendation in CRC screening. In this study, African-Americans were significantly more likely than white participants to report that the primary reason CRC screening was not pursued was lack of a provider recommendation for screening (OR 1.46; 95% CI 1.03-2.05). Lastly, I co-authored a paper investigating CRC screening in CHIS participants with a family history of screening. Compared to whites with a first-degree relative with CRC, Latinos (OR 0.69; 95% CI 0.45 - 0.93) and African Americans (OR 0.29; 95% CI 0.04 - 0.87) were less likely to have undergone colonoscopy. All three studies have helped me to strengthen my skills in study design and data analysis (STATA, SAS, joinpoint, logistic regression, survey weights), and add to the portfolio of research on disparities in CRC screening and outcomes.

- a. **May FP**, Almario C, Ponce N, Spiegel BM. Racial Minorities are More Likely than Whites to Fault Providers for Colorectal Cancer Screening Non-Adherence. *Am J Gastro.* 2015 Oct;110(10):1388-94.
- b. Almario CV, **May FP**, Ponce NA, Spiegel BM. Racial and Ethnic Disparities in Colonoscopic Examination of Individuals with a Family history of Colorectal Cancer. *Clin Gastroenterol Hepatol.* 2015 Aug; 1487-95. PMID: PMC4509986
- c. **May, FP**. Black-white disparities in colorectal cancer incidence, screening, and outcomes. University of California Los Angeles. Ph.D Dissertation. UMI: 3704091. June, 2015.

### 4. Addressing global health disparities

I was an internist for the Operation Heal Africa Bombo Medical Clinic in Uganda for eight years and medical director for the clinic for 3 years, providing clinical care at the clinic for two weeks per year and administrative support throughout the year. In addition to this clinic, I have worked with the Institute of Central American Development Studies, Operation Heal Africa, the Association of Nigerian Physicians in the Americas, and Seed Global Health to provide medical care in Costa Rica, Nicaragua, Nigeria, South Africa, Uganda, and Malawi. Over the past three years, I have been the Director of Partnerships for Seed Global Health, a U.S.-based organization that partners with the Peace Corps to send U.S.-trained physicians and nurses to medical schools in Malawi, Uganda, and Tanzania for one year to teach and train medical students. Currently, I am co-Director of the Global Health Education Program at the UCLA Center for World Health where I teach a global health elective for UCLA medical students and provide mentorship for students interested in a global health careers. My early involvement in global health inspired me to formally study healthcare disparities and implementation science. I am now interested in applying that knowledge to the development of innovations that address both global and domestic health inequities.

- a. **May FP**, Ries D, Ries M. Partnering to Build Healthcare Capacity in Uganda, Tanzania and Malawi. University of California Global Health Day. Poster Presentation. Los Angeles, CA. April 18, 2015.
- b. **May, FP**. Establishing a Faith-based Medical Clinic in Central Uganda. Report to Massachusetts General Hospital Center for Global Health. June 2010.
- c. Careers in Global Health and Social Entrepreneurship, Panelist. Webinar series: Unite for Sight, January, 2015.
- d. **May, FP**. Developing Sustainable Public-Private Partnerships in Global Health. Seed Global Health Conference. Presentation. Johannesburg, South Africa. June, 2015.

**Complete List of Published Work in MyBibliography:**

[http://www.ncbi.nlm.nih.gov/sites/myncbi/1Vy\\_v9PeIG1ka/bibliography/42820244/public/?sort=date&direction=ascending](http://www.ncbi.nlm.nih.gov/sites/myncbi/1Vy_v9PeIG1ka/bibliography/42820244/public/?sort=date&direction=ascending)

**D. Research Support**

**Completed Research Support**

T32DK07180-40 (D.Jensen PI)  
NIH/NKDD

10/1/12 - 6/30/15  
Role: Fellow

Training Grant: NIH T32 Training grant for gastroenterology at UCLA  
Fellow Project: Investigating Ethnic Disparities in Colorectal Cancer Screening  
Quantitative and qualitative studies to investigate the role of patient, provider, and system-level barriers to colorectal cancer screening among African-Americans.

Harvard Division of Nutrition Research Grant  
Harvard Medical School  
Predictors of Peri-partum Weight Retention

9/1/04 – 6/30/05  
Role: Student PI

A large database study to evaluate the role of lifestyles factors and physical activity on weight retention in postpartum women.

Harvard Medical School Soma Weiss Research Grant  
Harvard Medical School

9/1/05 – 6/30/06  
Role: Student PI

The Role of Television, Walking, and Diet on Postpartum Weight Retention  
Prospective cohort study examining associations of postpartum television viewing, walking, and trans fat intake with weight retention at 12 months postpartum.

**Active Research Support**

UCLA Jonsson Comprehensive Cancer Center Seed Grant  
A Community-Academic Partnership to Improve Colorectal  
Cancer Screening in South Los Angeles

12/30/2015 – 12/30/2016  
Role: PI: \$50,000