

Diana Lemos, MPH, PhD Candidate
2004 HSHPS/CDC Fellow



Diana Lemos, M.P.H., is a Ph.D. Candidate in community psychology at DePaul University in Chicago. She was an HSHPS/CDC Fellow in 2004 and today juggles multiple roles as student, senior project director in the psychiatry department of the John H. Stroger Hospital of Cook County, and lecturer at the University of Illinois Chicago. For her dissertation, entitled “Provider’s Socioecological Perspectives on the Supports for and Challenges to Engagement in Care for Latino Youth Living with HIV,” she interviewed providers from four geographic areas who work directly with Latino youth living with HIV to better understand the barriers and challenges to engagement in HIV care. Given the dearth of literature on Latino youth living with HIV, through her dissertation, she aims to inform practitioners and researchers to be better able to address the needs of these youth and to then build supportive practices to promote engagement opportunities for these youth and their significant others. Since July 2013, Diana has been serving as a planning committee member of the HSHPS Professional Development and Data Systems Workshop.

How did you become interested in public health?

I became interested in public health after my senior year of college. I always knew I wanted to do something related to clinical studies – or something clinical like psychology. I wanted to make a difference. In my last year of undergrad, I became part of a program for students of color to get exposure to public health, and in that program I was placed in the Chicago Department of Public Health. I thought it was amazing. At the time, there was a big push to raise health awareness in primarily Latino and African American communities in the West and South side of Chicago. I thought, Wow this is a really good way to give back.

What draws you to working with underserved communities?

Personal exposure and experience. Growing up, it was interesting, because my parents both had the luxury of having private health insurance through their jobs. That, for me, I never thought of that as a luxury. My friends and other people in the community were struggling with getting adequate healthcare and medication to cover chronic illnesses. I became even more aware of that in college when I noticed certain patterns seemed to be affecting certain communities where I thought, “There’s something wrong here. What can I do to help minimize that disparity?”

You’ve done so much work in HIV. How did you get into HIV research?

That is actually a result of HSHPS! I was placed in the HIV surveillance unit at the CDC in 2004. I grew very interested in HIV from there and it eventually became my thesis topic. From there, my interest in HIV evolved and, now, most of my work is developing programs that either address HIV disparities such as HIV prevention and education, for example educating young people on what HIV even means to working with young people living with HIV. We show them you can live a fulfilling life while you have HIV.

What does a typical day look like for you?

I'm a project director for clinical trials. I check in with the sites to determine whether there have been any challenges or places for improvement. The other part is grant generation - trying to obtain funding or working on a grant that is going to be submitted in the next NIH cycle. That entails conducting academic literature searches or talking to people to get a sense of what will work and what will not work perhaps through formal interviews, informal check-ins or conducting focus groups. I keep in touch with our community partners through Facebook or phone calls where we're just talking and throwing out research or project ideas. The *other* part I do is teach. So, I will go away for a couple of hours and teach at UIC (University of Illinois at Chicago). Then, I come back to the office for more general meetings. A big part of my job is writing, whether writing for a grant we have identified or a developing a publication for a journal to share our findings from our research studies.

Where do you see yourself going from here?

I'm trying not to have an anxiety attack! I'm just kidding. I will be graduating in January, and one of the things I realize is that I've come to appreciate research although I don't see myself doing research in the long term. What I would really like to do is use that approach from community psychology and be that kind of person that works closely with community-based organizations. I can see myself being a consultant, helping with community projects, helping communities arrive to resolutions, and implementing best practices. I can also see myself working at a national level and bringing attention to disparities in terms of what Latinos or other minorities are facing. Hopefully, I will get to work with Foundations. I think Foundations are key to fostering the type of relationship where you – the consultant – are the mediator. I don't know if there is a job description where I can say this is exactly what I want to do but I would like to have a diversity of roles.

What advice would you give to someone who's interested in the health professions?

Sometimes students tell me they want to be a doctor because they want to be *called* a doctor. But that's not a reason to be a doctor. Once you're a doctor, you're probably going to tell people not to call you a doctor anymore! You have to find what it is that drives you. For me social justice drives me and so in the work that I do I try to implement that in the decisions I make. Also, develop that self-awareness and be open. Be open to new experiences – volunteering, learning something new. Try and understand where you fit.