

BIOGRAPHICAL SKETCH

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NAME: Perez, Lilian G.

eRA COMMONS USER NAME (credential, e.g., agency login): lgperez

POSITION TITLE: Full Policy Researcher

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE (if applicable)	Start Date MM/YYYY	Completion Date MM/YYYY	FIELD OF STUDY
Wellesley College, Wellesley, MA	BA	09/2003	05/2007	Neuroscience
Emory University, Atlanta, GA	MPH	09/2008	05/2010	Global Health, Public Nutrition concentration
University of California, San Diego and San Diego State University Joint Doctoral Program, San Diego, CA	PhD	09/2012	05/2017	Public Health, Global Health track
National Cancer Institute, National Institutes of Health, Rockville, MD	Postdoctoral	06/2017	09/2019	Cancer Prevention and Physical Activity

A. Personal Statement

I am an early career public health researcher at the RAND Corporation and my research focuses on understanding the multilevel factors (e.g., individual, social, environmental, policy) that contribute to disparities in health behaviors such as physical activity and substance use. Much of my work has investigated how neighborhood environment conditions (built, social, economic) are associated with physical activity among Latinos. I have also led research analyzing data from a 14-year longitudinal cohort study of emerging adults predominantly residing in southern California (CHOICE/STRATA) to understand how neighborhood and social determinants of health affect substance use (cannabis and alcohol use). In addition to the epidemiological research, I have led evaluations of interventions for physical activity and obesity, with a focus on underserved populations, and more recently, I am leading implementation science equity research. When I joined RAND, I received an NCI investigator-level diversity supplement to conduct an implementation science study of a church- and park-based multilevel intervention to promote physical activity among Latino men and women in Los Angeles, CA [*Parishes & Parks*, R01CA218188]. Specifically, I am investigating the intervention's reach, effectiveness, adoption, implementation, and maintenance (RE-AIM framework). I am also leading the environmental advocacy component of the intervention, involving training community members (Peer Leaders) in advocacy skills and park audits to identify park environmental targets for change and connecting with local decision-makers to facilitate those changes. Specifically, I am mentoring a doctoral student (as her dissertation chair) in designing and implementing the training and evaluating participants' perspectives on advocacy and neighborhood change. Overall, my research aligns well with the mission of APS by addressing socio-ecological determinants of health and health disparities, such as individual, behavioral, social, and environmental factors. I do this by working at the intersection of community-based interventions, epidemiology, and implementation science. As a Scholar of the APS I2EyE Program, I look forward to strengthening my research expertise, network, skillsets, and leadership capacity in the field of biopsychosocial health, as well as giving back to the program as a future mentor and collaborator in future APS conferences.

B. Positions, Scientific Appointments and Honors

Positions and Employment

2023 – Present	Full Policy Researcher, RAND Corporation, Santa Monica, CA
2022 – Present	Human Subjects Protection Committee member, RAND Corporation, Santa Monica, CA
2021 – Present	Professor of Policy Analysis, RAND Corporation, Santa Monica, CA
2019 – 2023	Associate Policy Researcher, RAND Corporation, Santa Monica, CA
2017 – 2019	Cancer Prevention Fellow, National Cancer Institute, NIH, Rockville, MD
2012 – 2017	Data Manager, Institute for Behavioral and Community Health, San Diego, CA
2010 – 2012	Association of Schools of Public Health Fellow, Centers for Disease Control and Prevention,
2008 – 2010	Research Assistant, Rollins School of Public Health, Emory University, Atlanta, GA Atlanta, GA

Other Experience and Professional Memberships

2023 – Present	Editorial Board Member, Journal of Physical Activity and Health
2023 – Present	Behavioral and Policy Sciences Department New Hire Coordinator, RAND Corporation, Santa Monica, CA
2022 – Present	Latinx y Más Employee Resource Group Co-chair, RAND Corporation, Santa Monica, CA
2022	Faculty Leaders Program Mentor, RAND Corporation, Santa Monica, CA
2015/16/19/21	Professional Development Workshop, Center to Reduce Cancer Health Disparities, National Cancer Institute
2019 – 2020	Executive Program Committee Member, Community and Health Equity Subcommittee, Active Living Conference
2018	Grants Writing Course, Cancer Prevention Fellowship Program, National Cancer Institute
2017 – 2018	Leadership Series, Cancer Prevention Fellowship Program, National Cancer Institute
2014 – 2016	Transdisciplinary Research on Energetics and Cancer Scholar, UCSD
2013 – 2014	Hispanic Center of Excellence Scholar, UCSD

Honors

2024	American Psychosomatic Society (APS) Inclusivity for Impact, Equity, and Engagement (I2EyE) Scholar Cohort Program, APS
2023	Spotlight Award for Service, RAND Corporation
2020 – 2024	Investigator-level Research Supplement to Promote Diversity in Health-Related Research (Diversity Supplement), National Cancer Institute (NCI)
2016 – 2017	Ruth L. Kirschstein NRSA for Individual Predoctoral Fellowship (F31), NCI
2016	First Place Award in Research Excellence in Poster Session for Behavioral Science, Professional Development Workshop, Center to Reduce Cancer Health Disparities, NCI
2013 – 2015	Predoctoral-level Diversity Supplement, NCI
2003 – 2015	Gates Millennium Scholars Program Scholarship, Hispanic Scholarship Fund

C. Contributions to Science

1. Multilevel Obesity Prevention Interventions. From 2012-17, I worked with a team of researchers leading a multilevel faith-based physical activity intervention for low-active churchgoing Latina women in San Diego, CA (*Faith in Action*). This NCI-funded cluster randomized-controlled trial targeted individual (e.g., behavior), interpersonal (e.g., social support), organizational (e.g., providing space at the churches for exercise classes), and environmental factors (e.g., advocating for environment changes in the church neighborhood). Our team found significant effects on physical activity at both 12- and 24-months follow-up. The intervention is recognized by the NIH's Research-Tested Intervention Program (RTIP) as an evidence-based intervention based on research integrity, impact, and dissemination potential. Our work was seminal for building the scientific evidence for multilevel physical activity interventions targeting an underserved population. More recently, shortly after joining RAND, I received an NCI investigator-level diversity supplement under an ongoing

R01 multilevel faith-based physical activity intervention for Latino adults in Los Angeles, CA. With this support, I investigated factors across multilevel levels of the church context (social, organizational, environmental) in relation to participants' self-report and accelerometer-based physical activity. That analysis found significant associations of park quality and concerns with using the park near one's church as well as between church physical activity programming and park-based physical activity. These findings point to the need for more partnerships between churches and community resources such as parks departments to enhance opportunities that can support Latino's physical activity and well-being. Further, I analyzed data from a past pilot intervention *Eat, Pray, Move*, which was a cluster randomized controlled trial, conducted in 2015-2016 with African American and Latino churches in South Los Angeles, aimed to support healthy eating and increase physical activity among adult congregants using multilevel strategies (e.g., text messages, classes, sermons, environmental advocacy). A prior publication found that participants in the treatment condition had significantly less weight gain and greater weight loss, lower BMI, and healthier self-reported diet at follow-up than the control group. The research team also collected data from a subsample of children of participants. I analyzed that data to investigate whether the intervention provided benefits to the children ('ripple effects') and found that the children of participants in the treatment condition had significantly better dietary behaviors at follow-up than the children of control participants. This analysis is the first to examine ripple effects of a faith-based obesity intervention and points to the potential of such interventions to impact additional generations, including African American and Latino youth who have the highest rates of obesity in the US.

- a. **Perez, L.G.**; Cohen, D.A.; Seelam, R.; Han, B.; Arredondo, E.; Castro, G.; Rodriguez, C.; Mata, M.; Larson, A.; Derosé, K. (2022). Church contextual factors associated with Latinx physical activity and park use. *Family & Community Health*, 45(3):163-173. PMCID: PMC9156548.
- b. Arredondo, E.M.; Haughton, J.; Ayala, G.X.; Slymen, D.; Sallis, J.; **Perez, L.G.**; Serrano, N.; Ryan, S.; Valdivia, R.; Lopez, N.; Elder, J.P. (2022). Two-year outcomes of Faith in Action/Fe en Acción: A randomized controlled trial of physical activity promotion in Latinas. *International Journal of Behavioral Nutrition and Physical Activity*, 19(1):97. PMCID: PMC9338625.
- c. Whitley, M.; **Perez, L.G.**; Castro, G.; Larson, A.; Derosé, K. (2023). Modifying text messages from a faith-based physical activity intervention with Latino adults in response to the COVID-19 pandemic. *Community Health Equity Research and Policy*. PMCID: PMC9852972.
- d. **Perez, L.G.**; Flórez, K.R.; Seelam, R.; Williams, M.V.; Derosé, K.P. (In Press). Effects of a faith-based obesity intervention on African American and Latino adults' children. *Community Health Equity Research and Policy*. PMCID: PMC Journal – In Press.

2. Epidemiology of Health Behavior Disparities. Over the past decade, I have led or contributed to epidemiological studies of health behaviors, including physical activity and substance use, in minoritized racial and ethnic and sexual and gender minority populations. For example, I collaborated with researchers from the Hispanic Community Health Study/Study of Latinos to analyze a unique dataset with both self-report and accelerometer-based physical activity data from a large cohort of Latino adults and youth in the US. In our analysis of adults, we found that both objective and self-report physical activity levels varied by country of origin. This was one of the first studies to demonstrate the heterogeneity in physical activity among Latino adults from diverse ethnic backgrounds, which is important for identifying target subpopulations for intervention. Further, I led a separate analysis using data from a sample of Latina women participating in a faith-based intervention in San Diego, CA to examine how self-report domain-specific and accelerometer-based physical activity varied by acculturation levels. In that study, I found that higher acculturation was related to less physical activity overall (including self-report transportation- and work-related physical activity, as well as accelerometer-based total physical activity) and higher accelerometer-based sedentary time. These findings point to the need for culturally-tailored interventions targeting the least active Latino subgroups. More recently at RAND, I have used data from the CHOICE/STRATA longitudinal cohort study to examine social determinants of health associated with substance use from adolescence to young adulthood. For example, I led a cross-sectional study examining associations of loneliness with physical (self-rated health), behavioral (substance use) and health behavior (sleep) outcomes in emerging adulthood. The analysis also tested the moderating effects of sex, race and ethnicity, and sexual/gender minority (SGM) status on these associations. The findings showed significant associations of higher loneliness with worse self-rated health, higher cannabis consequences, less weekday sleep, and greater odds of feeling bothered by trouble sleeping. None of the interactions between loneliness and sociodemographic factors were significant. These findings provide

important evidence to support the need for interventions to reduce loneliness as it may promote healthy development in emerging adulthood and across population groups.

- a. Arredondo, E.M.; Sotres-Alvarez, D.; Stoutenberg, M.; Davis, S.M.; Crespo, N.C.; Carnethon, M.R.; Castañeda, S.F.; Isasi, C.R.; Espinoza, R.A.; Daviglus, M.L.; **Perez, L.G.**; Evenson, K.R. (2015). Physical activity levels in US Latino/Hispanic adults: Results from the Hispanic Community Health Study/Study of Latinos. *American Journal of Preventive Medicine*, 50(4):500-508. PMCID: PMC4801731.
- b. **Perez, L.G.**; Chavez, A.; Marquez, D.X.; Soto, S.C.; Houghton, J.; Arredondo, E.M. (2016). Associations of acculturation with self-report and objective physical activity and sedentary behaviors among Latinas. *Health Education & Behavior*, 44(3):431-438. PMCID: PMC5565158.
- c. **Perez, L.G.**, Siconolfi, D., Troxel, W.M., Tucker, J.S., Seelam, R., Rodriguez, A., Shih, R.A. & D'Amico, E.J. (2021). Loneliness and multiple health domains: Associations among emerging adults. *Journal of Behavioral Medicine*, 45(2), 260-271. PMCID: PMC8723800.
- d. Troxel, W.M.; Rodriguez, A.; Seelam, R.; Dong, L.; **Perez, L.G.**; Tucker, J.S.; Siconolfi, D.; D'Amico, E.J. (2022). A latent class approach to understanding longitudinal sleep health and the association with alcohol and cannabis use during late adolescence and emerging adulthood. *Addictive Behaviors*, 134:107417. PMCID: PMC10431952.

3. Neighborhood Environment Research. I have led numerous studies investigating how built and social environmental factors, and their interactions, influence physical activity and substance use. I have also examined how environmental factors may impact behavior change in response to an intervention. For example, I investigated how an intervention's effects on increasing physical activity varied by participants' neighborhood environment perceptions. Findings showed that among those who reported favorable neighborhood aesthetics, participants in the intervention had significantly higher physical activity levels at follow-up compared to the attention-control group (about 48 more minutes/week of accelerometer-based MVPA). Those findings point to the importance of 'place' for enhancing positive behavior change in response to an intervention. I also led an analysis of the 2015 National Health Interview Study showing that the neighborhood environmental correlates of physical activity in Latinos vary by nativity, age, and education. Overall, findings from my neighborhood research can help inform the development of environmental and multilevel approaches to promote physical activity in Latinos. In substance use research, I led a longitudinal study using data from the CHOICE/STRATA cohort to examine how changes in neighborhood environment factors during late adolescence are associated with alcohol and cannabis use outcomes in emerging adulthood. Findings showed that alcohol outcomes were more sensitive to changes in the neighborhood environment (e.g., perceived disorganization and social cohesion) than cannabis outcomes. Findings point to potential environmental targets to prevent substance use during the transition to emerging adulthood.

- a. **Perez, L.G.**; Kerr, J.; Sallis, J.F.; Slymen, D.; McKenzie, T.L.; Elder, J.P.; Arredondo, E.M. (2017). Perceived neighborhood environmental factors that maximize the effectiveness of a multilevel intervention promoting physical activity among Latinas. *American Journal of Health Promotion*, 32(2):334-343. PMCID: PMC6645781.
- b. **Perez, L.G.**; Ruiz, J.; Berrigan, D. (2019). Neighborhood environment perceptions among Latinos. *U.S. International Journal of Environmental Research and Public Health*, 16(17):e3062. PMCID: PMC6747377.
- c. **Perez, L.G.**, Tucker, J.S., Pedersen, E.R., Troxel, W.M., Rodriguez, A., Firth, C.L., Seelam, R., Shih, R.A. & D'Amico, E.J. (2022). Neighborhood social environment change in late adolescence predicts substance use in emerging adulthood. *Health and Place*, 75, 102807. PMCID: PMC10519144.
- d. Carson, J.R.; Conway, T.L.; **Perez, L.G.**; Frank, L.D.; Saelens, B.E.; Cain, K.L.; Sallis, J. (2023). Neighborhood walkability, neighborhood social health, and self-selection among U.S. adults. *Health and Place*, 82:103036. PMID: 37244155.

4. Implementation Science and Equity. Shortly after joining RAND, I was awarded an NCI diversity supplement to apply the RE-AIM implementation science framework to examine various domains of implementation of an ongoing multilevel faith-based physical activity intervention for Latinos in Los Angeles. To impact health disparities, intervention research needs to provide additional evidence beyond effectiveness to inform sustainability and translation of effective interventions from well-controlled research settings to real-world settings. I completed 24 qualitative interviews with participants, which revealed positive intervention impacts (e.g., health and social well-being) [Effectiveness], but negative pandemic impacts (e.g., mental health);

several facilitators to participation (e.g., culturally-sensitive instructors) and few barriers (e.g., technology literacy) [Implementation]; and individual plans for maintaining physical activity (e.g., walking) [Maintenance]. Findings (manuscript in development) have the potential to improve on current understanding of how implementation science frameworks can help inform the scalability and potential sustainability of faith-based interventions to promote minority health. I am also collaborating with researchers in the NHLBI-funded DECIPHeR Alliance, which aims to test implementation strategies to address cardiovascular and lung disease disparities in the U.S. Our team conducted qualitative interviews with health care providers in a local health safety net system in Los Angeles to understand barriers and facilitators of equitable hypertension care. Findings revealed several areas that could be addressed with tailored strategies (e.g., social needs screening, training and resources, patient education). This is one of the few studies to engage health professionals in informing the implementation of evidence-based practices to improve hypertension care in a safety net patient population. Further, I co-led an effort to integrate four implementation science frameworks for application in community-engaged health equity research. We cross-walked PRISM, CFIR, EPIS, and the Health Equity Implementation Framework and identified constructs that overlapped to create a visual framework along with resources to guide application of the integrated framework in practice. This framework (manuscript in development) may help advance community engagement in informing the design and evaluation of implementation science projects that aim to promote health equity.

- a. Adsul, P.; **Perez, L.G.**; Oh, A.; Chambers, D. (2020). Implementation science across lifestyle medicine interventions. In J.I. Mechanick and R.F. Kushner (Eds.), *Creating a Lifestyle Medicine Center: From Concept to Clinical Practice* (pp. 29-36). Springer Nature. doi: 10.1007/978-3-030-48088-2.
- b. **Perez, L.G.**; Williams, M.V.; Dopp, A.R.; Ringel, J.S.; Faherty, L.J. (2023). Lessons from an implementation evaluation of a real-world multi-city initiative to address COVID-19 vaccination inequities. *Community Health Equity Research and Policy*, 2752535X231189434. PMCID: PMC10350584.
- c. Sandesara, U.N.; Carson, S.L.; Dopp, A.; **Perez, L.G.**; Sadia, A.; Wali, S.; Park, N.J.; Casillas, A.; Kim, G.; Morales, M.G.; Ntekume, E.; Song, S.; Gandhi, P.; Wafford, T.; Brown, A.F. (In Press). Community and healthcare perspectives on implementing hypertension interventions for a multiethnic safety-net population. *Ethnicity & Disease*. PMCID: PMC Journal – In Press.

Complete List of Published Work in MyBibliography:

<https://www.ncbi.nlm.nih.gov/myncbi/lilian.perez.2/bibliography/public/>