

Urban Transformations

DEPARTMENT OF HEALTH POLICY AND MANAGEMENT
SCHOOL OF COMMUNITY HEALTH AND POLICY

VOLUME 2 • ISSUE 3 • Fall 2009

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From the Department Chair

Jonathan B. VanGeest, PhD

In fall, students and faculty alike look forward to the start of a new academic year. It is a time of new beginnings and fresh starts. With that in mind, we took the opportunity to revamp the format of *Urban Transformations* to give it a bold new look. The intent of the newsletter remains the same; to highlight the research and service-learning efforts of faculty and students in the MSU School of Community Health and Policy's Department of Health Policy and Management as they work to improve health in at-risk communities in Baltimore and the State. We also will continue to highlight critical and emerging health policy issues affecting urban underserved communities and people of color.

In this edition we present results from a recent census of the homeless in Baltimore conducted by faculty and students in the Morgan State School of Architecture and Planning (SA+P). Homelessness remains a pressing public health issue, exacerbated by our current economic downturn. The DHPM has and will

continue to work with the SA+P as we support the Mayor's 10-year plan to end homelessness in Baltimore (see *UT* 2:1). We report on Project AHEAD, a summer nutrition and fitness camp for African American boys 10-13 years of age, hosted by the SCHP, the Leon Day Foundation, and the Charm City Sports Development. We also report on a visit from Maryland State Delegate Bill Bronrott to address emerging issues at the intersection of health policy and public health. Delegate Bronrott is a respected leader in the state on transportation, environmental protection, and public health and safety issues.

In this edition, we also highlight the new U.S. Department of Health and Human Services (USDHHS) report on racial and ethnic health disparities. Where possible, we compare national data from this report with updated Baltimore city data to underscore the importance of our mission as a School of Community Health and Policy within Maryland's designated public urban university. To further stress the health policy issues faced in Maryland, we also draw on data from the USDHHS to examine the critical need for reform in our state, where we face many of the same challenges driving the

current national debate on health care reform.

Given our mission to address urban health problems and our focus on racial and ethnic health disparities, the School of Community Health and Policy must become a resource in developing innovative and lasting solutions to the problems we face locally and nationally. Toward this end, I invite you to learn more about our current efforts to address disparities and to partner with us as we strive to improve our Department.

Homeless Increase in Baltimore

Mary Anne Alabanza-Akers, PhD
Dean, School of Architecture and Planning

As first reported in the June 9, 2009 edition of the Baltimore Sun and on ABC News, Baltimore's homeless population is on the rise. This conclusion was based on a recent census conducted by Morgan State University's School of Architecture and Planning

(SA+P) which found 3,419 homeless people, including individuals living in shelters and more than 1,000 street dwellers. This total was up 12 percent from two years ago and almost 28 percent compared to the 2003 census. About 85 percent of the city's overall homeless population are African American. While most of the street dwellers are men, large percentages of the shelter occupants are women and children.

At least some of the increase in the numbers of homeless can be attributed to better counting methods. This year, the SA+P was able to enlist the help of 75 volunteers for the street count compared to fewer than a dozen in 2005. This coverage was critical to achieving more accurate estimates as undercounts remain a challenge nationally for cities seeking to assist the homeless. In addition to the census study, undergraduate architecture students conducted an extensive site assessment of places where the homeless sleep.

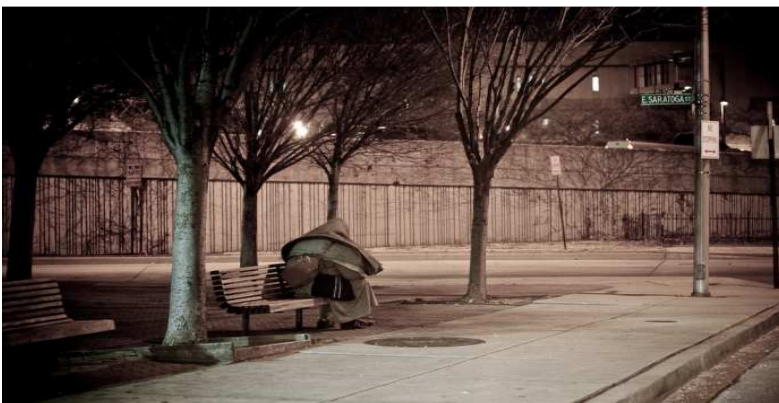
Homelessness is an important public health issue. Last year,

Mayor Sheila Dixon announced a 10-year plan to end homelessness in Baltimore. The city will receive about \$10 million in federal funds to move homeless people into permanent housing and to prevent homelessness by addressing foreclosures. The city is particularly focused on moving chronically homeless (typically defined as persons homeless for more than 1 year) street-dwellers into more permanent housing.

New Report on Health Disparities

The U.S. Department of Health and Human Services recently released a new report titled "Health Disparities: A Case for Closing the Gap." The report highlights some of the persistent disparities that exist within our current health system:

- Forty-eight percent of all African American adults suffer from a chronic diseases compared to 39 percent of the general population.
- Eight percent of white Americans develop diabetes, while 15 percent of African Americans, 14 percent of Hispanics, and 18 percent of American Indians develop diabetes.
- Compared to whites, African Americans are seven times more likely and Hispanics are two and a half times more likely to experience new HIV infections.
- Hispanics were one-third less likely to be counseled on obesity than were whites -



2009 Baltimore census found 3,419 homeless people, including more than 1,000 street dwellers

only 44 percent of Hispanics received counseling.

- African Americans are 15 percent more likely to be obese than whites.

The report also documents the problems experienced by low-income and racial/ethnic minorities in attempting to access care. Over 40 percent of low-income Americans do not have health insurance, despite about one-third of the uninsured having a chronic disease. African Americans, Hispanics and American Indians are all overrepresented among the uninsured. With regard to usual source of care, the data are equally troubling. Low-income Americans are one-third as likely to have a usual source of care compared to persons with higher incomes; African Americans and Hispanics again are over-

represented among those at-risk. Finally, with regard to health communication critical to delivery of effective services, African Americans, Hispanics, and Asian Americans all report poor communications more often than whites, with the gap increasing over time.

The report was officially released at the July 2009 White House Health Care Stakeholder Discussion on the importance of health reform that reduces health disparities, attended by DHPM faculty member Dr. Andrea Kidd Taylor (representing the APHA). At this meeting, Secretary of the Department of Health and Human Services Kathleen Sebelius indicated that "Minorities and low-income Americans are more likely to be sick and less likely to get the care they need." Secretary Sebelius also said "These

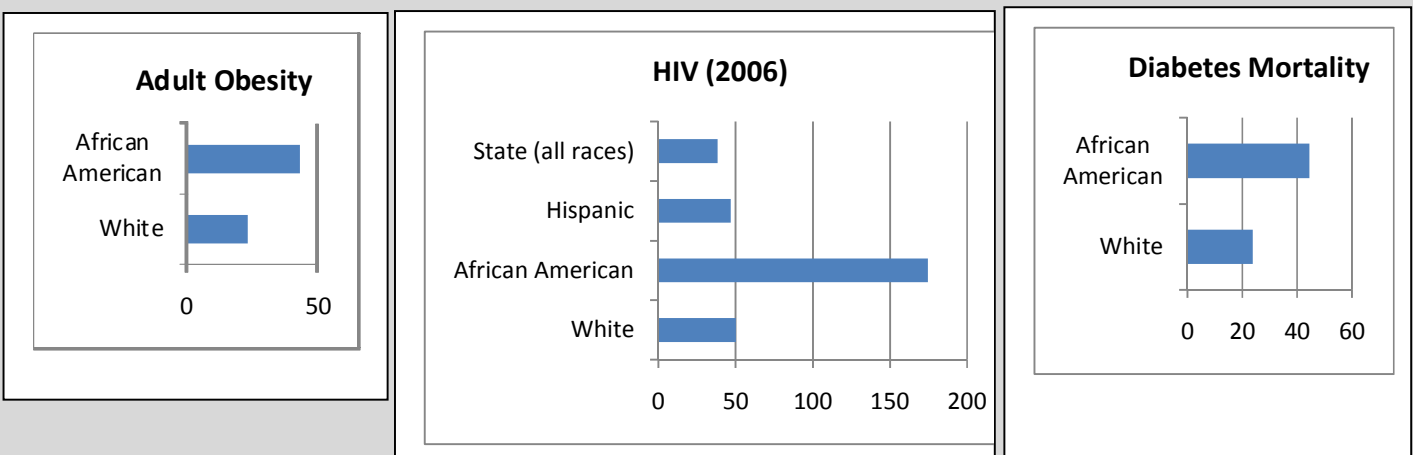
disparities have plagued our health system and our country for too long. Now, it's time for Democrats and Republicans to come together to pass reforms this year that help reduce disparities and give all Americans the care they need and deserve." The USDHHS report is available at www.HealthReform.gov.



On Thursday, 7/2 Nancy-Ann DeParle, Director of the White House Office of Health Reform, held a roundtable discussion on primary care and health reform. The discussion was part of the Administration's continuing series of White House Stakeholder Discussion Groups.

Acting Locally: Disparities in Baltimore

The city of Baltimore faces many of the same problems as experienced nationally. The following are examples that localize data presented in the recent USDHHS report titled "Health Disparities: A Case for Closing the Gap:"



All Rates per 100,000 Population in Baltimore, MD.

HIV Incidence Rates are for newly diagnosed cases in the city, 2006.

Obesity data from Baltimore City Health Department Fact Sheet, Vol. 1:1 (July 23, 2008).

Baltimore City Health Status Report for 2008 is available at: http://baltimorehealth.org/info/HSR/2008_BaltCityHSR_final.pdf

Health Reform Need in Maryland

Congress is currently working to enact health care reform legislation. The state of Maryland faces many of the same problems that are driving the national debate. Sky-rocketing health care costs are forcing businesses to cut or drop health benefits, the numbers of uninsured and underinsured in the state are rising, Marylanders are paying more for less, and care systems and providers are struggling to provide quality care. The facts speak for themselves:*

- Since 2000, average family premiums for health insurance have increased 79 percent.
- 23 percent of middle-income families spend more than 10 percent of their income on health care.
- 11 percent of people report not visiting a doctor due to high costs.
- Businesses and families shoulder a hidden tax of roughly \$1,100 per year as a result of subsidizing the costs of the uninsured.
- 14 percent of people are uninsured, 67 percent of whom are in families with at least one full-time worker.
- The percent of Marylanders with employer coverage declined from 75 to 68 percent between 2000 and 2007.

Rising costs and coverage issues have impacted the quality of care available in the state, with the

Agency for Health Care Research and Quality rating the overall quality of care in Maryland as “Average.” Preventive measures are also deficient, leading to further health problems across different age groups:

- 14 percent of children in Maryland are obese.
- 20 percent of women over the age of 50 have not received a mammogram in the past two years.
- 29 percent of men over the age of 50 have never had a colorectal cancer screening.

Racial and ethnic minorities in the state are at greater risk regardless of the indicator selected. Clearly, there is a pressing need for health reform in Maryland. Questions remain, however, as to what this reform will look like and how it will be paid for as state and national budgets are already strained. The Congressional Budget Office estimates that the currently proposed overhaul would create a cost explosion that would hit taxpayers in five years.

It is essential that concerned Marylanders engage in the policy-making process, either by contacting their state representatives or advocating directly for change. Public health professionals can also become active in the Maryland Public Health Association (MPHA). The MPHA’s current priorities are: (1) increasing physical activity and decreasing sedentary lifestyles for all Marylanders; and (2) reducing or eliminating racial and ethnic health disparities. Information about the MPHA is available at: <http://www.mdpha.org>.

* Data and citations available at: <http://www.healthreform.gov/reports/statehealthreform/maryland.html>.

Project AHEAD

Sian Goldson, MPH

This summer SCHP hosted 34 inner-city African American boys in Project AHEAD (Approaches to Healthy Exercise and Diet), a collaborative effort of DHPM, the Behavioral Health Sciences Department, the Leon Day Foundation and the Charm City Sports Development Organization, sponsors of the Charm City Buccaneers, Baltimore’s Pop Warner Youth Football team. First pilot tested in 2008, AHEAD enhances summer football camp with an educational intervention on nutrition and fitness specifically tailored for 10- to 13-year-olds. The pilot was so successful that the program is being replicated nationally.



Project AHEAD attendees participate in a Tae Kwan Do session.

AHEAD’s curriculum has been adapted from “Media Smart Youth: Eat, Think, and Be Active,” developed by the National Institute of Child Health and Human Development. Modifications include more culturally relevant materials, a module on “How the Body Works,” and activities to increase

parental involvement in their children's health and fitness. Daily activities during the summer program included:

- nutrition and fitness lessons;
- the development of personal health goals;
- playing Wii Fit games (research with Wii last year proved it to be a valuable fitness tool for this age cohort);
- using basketball to develop crossover sports and activities (based on CDC's Verb Crossover program);
- an hour of gym; and
- an hour at the pool.



Project AHEAD "Rap-Off."

To bolster participation and engagement, and to reinforce learning, the program peaked with a "Rap-Off." Each class developed its own original rap based on their daily lessons over the two-week course. On the last day of camp, the young men performed their raps at the closing ceremony attended by staff, families, and community partners. (These raps can be viewed at <http://www.youtube.com/user/ProjectAhead2009>.) The campers' parents were so pleased that one of them sent a note of appreciation:

"I am still smiling and grateful about the experience my child and

the other young men were able to have at Morgan. Though the camp only lasted for two weeks, the information they were taught will last them a lifetime. During the camp and since then, my son, his cousins and friends who attended continue to recite what they learned – while riding with me in the van, when they're outside riding their bikes, running around, or just throwing the football in the front yard. So, instead of them reciting lyrics from the newest hits on the radio, they are reciting information they learned about nutrition!" (From Tama Anderson, parent of A. Thurman)

Delegate Bill Bronrott Visits SCHP

On September 1st, Maryland State Delegate Bill Bronrott (D-District 16) met with students, staff and faculty of SCHP to address the intersection of academia and public policy in public health. Del. Bronrott, Chair of the House Special Committee on Drug and Alcohol Abuse, is an author of the graduated driving license in Maryland, a policy that data show has saved the lives of many young drivers in the state.

Bronrott described how learning of the car crash on Route 26 in 1979 that left 6-month-old Laura Lamb the nation's youngest quadriplegic had changed his life. "What happened to Laura Lamb was not an isolated incident," he said. "Nearly a million people a year were being killed or injured by drunk drivers. And few were

working on it." The man who nearly killed Laura Lamb and her mother Cindy had several previous drunk driving convictions. Bronrott helped to bring Cindy Lamb together with Candy Lightner to launch MADD (Mothers Against Drunk Driving) nationally; their work over the first 10 years reduced alcohol-related traffic deaths in the U.S. by 40%.



Delegate Bill Bronrott (D-District 16) speaks to SCHP students and faculty Monday September 1st.

Del. Bronrott described the state legislative process, how receptive it is to informed citizen input, and the critical importance of good information and grassroots organization to produce wise public policies. Given the effect of alcohol taxes on consumption, and the current fiscal crisis, he has been pushing for almost a decade to increase the state tax by a nickel a drink, dedicating a third of the \$100 million increase to alcohol and drug abuse treatment, a third to programs for the developmentally disabled, and a third to the general fund. Maryland has the lowest tax on distilled spirits in the nation; it has not been raised since 1955. Maryland's excise tax on beer and wine has not been raised since 1972. But being right does not make things happen. It takes persistent citizen action to counterbalance the power of the

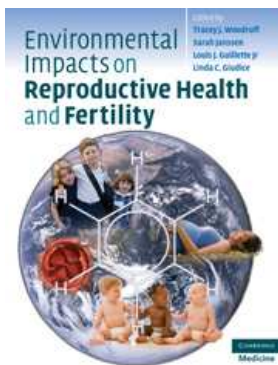
alcohol industry and their lobbyists in Annapolis.

Bronrott is also working for a helmet law for drivers of motor scooters and all terrain vehicles. And he urged SCHP students to become involved in health care reform. "We need your help to connect the dots," Bronrott said. "Whoever holds office in the state is just temporary, but our actions have a lasting imprint on the state's quality of life. Your obligation to educate policy-makers is continuous."

Department Publications & Presentations

PUBLICATIONS:

Fox MA, Aoki Y. *Environmental Contaminants and Exposure*. In Environmental Impacts on Reproductive Health and Fertility. Cambridge, UK: Cambridge University Press (In Press).

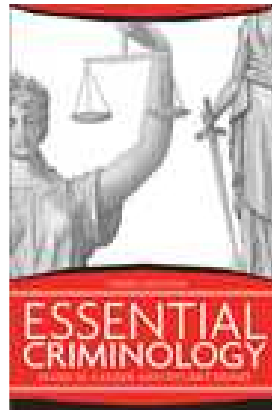


VanGeest JB, Welch VL, Weiner SJ. Patients' perceptions of screening for health literacy: Reactions to the Newest Vital Sign. *Journal of Health Communication*. (In Press).

Welch VL, VanGeest JB, Majett C. Finding Answers: A Health Literacy

Toolkit for Clinical Screening. Cardiovascular Health Research Program, Morehouse School of Medicine. 2009.

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Lanier M, Pack R, Akers TA. An epidemiological criminology framework for drug use by African American gang members. *Journal of Correctional Health Care*. (In Press).

Sydnor K, Hawkins A, Edwards L. Expanding research opportunities: The fit between HBCUs and CBPR. *Journal of Negro Education*. (In Press).

PRESENTATIONS:

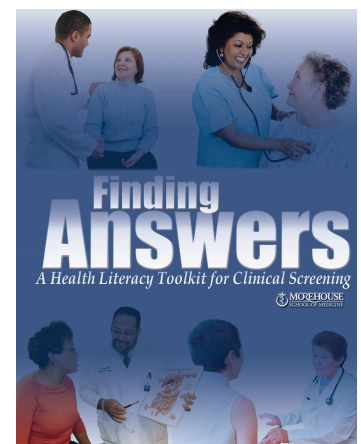
VanGeest, JB, Welch VL. (Forthcoming). *Patients' Perceptions of Screening for Health Literacy in Primary Care: Reactions to the Newest Vital Sign*. American Public Health Association, Philadelphia, PA.

VanGeest, JB. (Forthcoming). *Using an Epidemiological Criminology Framework to Address Evidence-Based Public Health Policy: The Case of Adolescent Substance Abuse*. American Public Health Association, Philadelphia, PA.

Department "Briefs"

Dr. **Andrea Kidd Taylor** represented the American Public Health Association at the June 2009 White House Health Care Stakeholder Discussion on the importance of health reform that reduces health disparities. This meeting was prefaced by the release of a new report entitled Health Disparities: A Case for Closing the Gap by Secretary of the Department of Health and Human Services Kathleen Sebelius, highlighting some of the glaring disparities that exist in our current health system (see story).

The MSM National Center for Primary Care's website features the new Health Literacy Toolkit, developed as part of the Finding Answers: Disparities Research for Change project examining the utility of clinical screening for health literacy (see *UT* 1:2). Drs. Verna Welch (Emory University) and **Jonathan VanGeest** were co-PIs on this project which was funded by the Robert Wood Johnson Foundation.



The New Health Literacy Kit is available at: <http://www.primarycareforall.org/resources/guidelines-and-protocols/health-literacy.html>.

Drs. Timothy Akers (School of Computer, Mathematical and Natural Sciences) and **Jonathan VanGeest** submitted a proposal to the National Institutes of Health to create a new interdisciplinary research and policy center at Morgan State that would address racial and ethnic disparities.

Dr. **Jonathan VanGeest** completed work with faculty in the Morehouse School of Medicine and the University of Illinois at Chicago on a review of minority participation in research. This study was supported, in part, by the RWJF Finding Answers Program at the University of Chicago.

Finding Answers:
Disparities Research for Change

Dr. **Jonathan VanGeest** was appointed to the American Heart Association (AHA)/American Stroke Association (ASA) Greater Baltimore Region Power to End Stroke (PTES) Ambassador Task Force.

Dr. **Anita Hawkins** continued her work with the Equal Health Opportunities Committee (EHOC) of the American Public Health Association (APHA). The EHOC will host its luncheon with Special Population Caucus Chairs on Tuesday, November 10th during the APHA's Annual Meeting.

About the Department

The **Department of Health Policy and Management** at MSU-SCHP includes two content areas: 1) Health Policy and Management and 2) Environmental and Occupational Health. Graduates of the Department are prepared to assume leadership roles in designing and implementing effective policies and programs to eliminate health disparities, including initiatives addressing community and environmental factors impacting urban underserved populations and people of color.

For more information about the Department, please call the School of Community Health and Policy at 443-885-3238.

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