

# Urban Transformations

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

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## From the Department Chair

Jonathan B. VanGeest, PhD

It is with pleasure that I welcome you to the Winter 2009 issue of *Urban Transformations*. Over a year ago, we initiated an effort to significantly improve outcomes across the board in the SCHP Department of Health Policy and Management. The hard work of our Department faculty and students is beginning to pay off in significant ways. For instance, last winter I reported on receiving our first Base Realignment and Closure (BRAC) funding from the State. One year later, we are beta-testing our new distance education certificates, we have received permission from the Maryland Higher Education Commission (MHEC) to offer a certificate in Health Leadership and Management, and we have contributed substantially to the distance education capabilities of the University. The success of this initial grant has led to a proposal submission to MHEC for FY2010 support for full implementation of the original certificate programs and the development of additional professional certificates.

Last winter, we also reported on our first invited session at the 2008 APHA Annual meeting. At this year's Annual Meeting we again contributed to a special invited session of the APHA Epidemiology Section on "Epidemiological Criminology," an innovative paradigm at the intersection of epidemiology and criminology (see story). Other projects continue to expand and grow, including, but not limited to, the problem-solving courts assessments, Project AHEAD, and the National Minority Male Health Project. We have also achieved significant increases in faculty productivity in the areas of scholarship and practice, as evidenced by our increased publishing, service learning activities and links with community organizations.

This fall the DHPM began development of three new academic programs. We finalized curricula for a Health Policy concentration (at both the MPH and DrPH levels). If approved, the Health Policy concentration would be the second for the SCHP, following the Behavioral Health Concentration that was implemented earlier this year. We also re-engaged on the development of a proposal for an Executive MPH degree program.

Together with our ongoing efforts to develop non-degree distance education certificates, the Health Policy concentration and Executive Master's degree, once approved, would greatly expand the options available to our students.

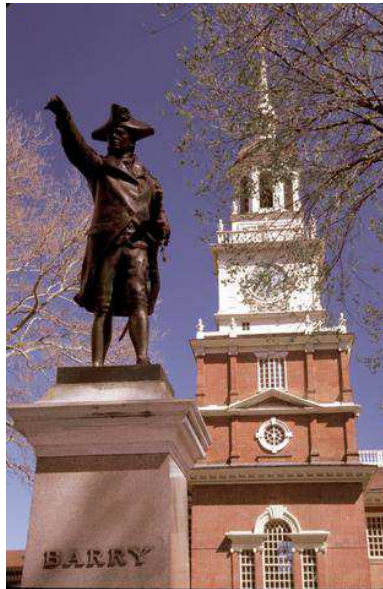
In this issue, we report on DHPM activities as well as some of the policy challenges facing the nation as we close out 2009 and look forward to a new year. Specifically, we look back on the 2009 APHA Annual Meeting in Philadelphia, PA, where DHPM faculty represented Morgan State on the APHA Executive Board, the APHA Equal Health Opportunities Committee, and in scientific sessions. We also highlight a new toolkit to help improve care for patients with limited health literacy. Limited health literacy has been found to be a stronger predictor of health than even age, education, income, and race. Developed with funding from the Robert Wood Johnson Foundation's *Finding Answers: Disparities Research for Change Program*, the toolkit is available online through the Morehouse School of Medicine's National Center for Primary Care.

We are poised to move beyond our current contributions, and construct a model of community service, service learning and scholarship that enhances our educational mission through faculty and student success. For the Department of Health Policy and Management, our future will continue to be one of success.

## APHA Annual Meeting

Andrea Kidd Taylor, DrPH

Over 12,000 public health researchers, practitioners, policymakers and students attended the American Public Health Association's (APHA) 137<sup>th</sup> Annual Meeting in Philadelphia, PA, November 7-11, 2009. The theme of this year's meeting – Water and Public Health – focused attention on the water access issues that impact communities and population groups nationally and internationally.



The 137<sup>th</sup> Annual Meeting of the APHA was held November 7-11 in Philadelphia, PA

The Opening Session included remarks from Surgeon General Regina Benjamin, EPA Administrator Lisa Jackson, and Celine Cousteau, filmmaker, environmentalist and granddaughter of Jacques Cousteau. Attendees also participated in a large variety of scientific sessions, roundtables, and panels. As always, the exhibit hall featured numerous poster sessions, government agency booths, university booths and a large array of vendors and exhibitors. A number of professional presentations were made by MSU-SCHP faculty and students.

At the APHA Governing Council meeting, officers were elected and new policies adopted. Dr. Linda Rae Murray, Chief Medical Officer for the Cook County Department of Public Health, was selected as APHA President-elect. Dr. Giorgio Piccagli was elected as chair of the Executive Board and MSU-DHPM faculty Dr. Andrea Kidd Taylor was elected as co-Vice Chair along with Dr. Susan Radius from Towson University.

The 138<sup>th</sup> APHA Annual Meeting will be held in Denver, Colorado, November 6-10, 2010. Next year's theme is entitled "Social Justice." For information regarding the APHA, visit [www.APHA.org](http://www.APHA.org).

### APHA Session – Epidemiological Criminology

Again this year, DHPM faculty participated in an invited session organized by Dr. Timothy Akers and hosted by the APHA Epidemiology Section entitled, "Epidemiological Criminology: An Emerging Paradigm for the 21<sup>st</sup> Century and its Impact on the Environment." This year's session was a huge success, leading to an invitation from the Epidemiology Section for two additional sessions in 2010. Information on the 2009 session is available at: <http://apha.confex.com/apha/137am/webprogram/Session27157.html>

## Screening for Limited Health Literacy

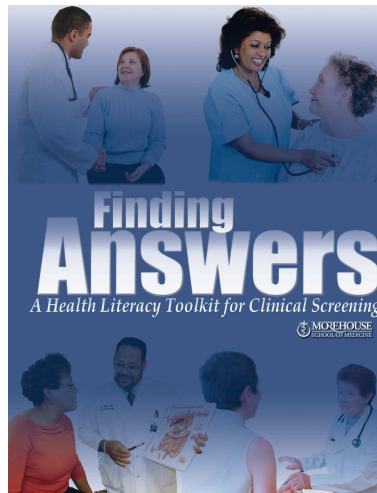
Health literacy is a key factor in health disparities. Defined by *Healthy People 2010* as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions,” health literacy has been identified as a cross-cutting factor adversely affecting the overall quality of healthcare. According to the American Medical Association, poor health literacy is “a stronger predictor of a person’s health than age, income, employment status, education level, and race” (Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs, American Medical Association, *JAMA*, Feb 10, 1999). The Institute of Medicine estimates that 90 million people in the United States have difficulty understanding and using health information, with minority, low-income, immigrant, and elderly populations at greater risk.

**“Poor health literacy is a stronger predictor of a person’s health than age, income, employment status, education level, and race.”**

-Ad Hoc Committee on Health Literacy, American Medical Association

Clinicians play a key role in addressing at-risk patients. However, evidence suggests that clinicians often misclassify the literacy abilities of patients or fail to consider or implement universally recommended strategies to assess and improve patient understanding. As a

result, some have called for the implementation of clinical screening of health literacy as part of systematic efforts to help clinicians better identify at-risk patients and improve care. Little agreement exists, however, on the utility of such screening, with a primary concern that patients will be stigmatized by the experience.



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

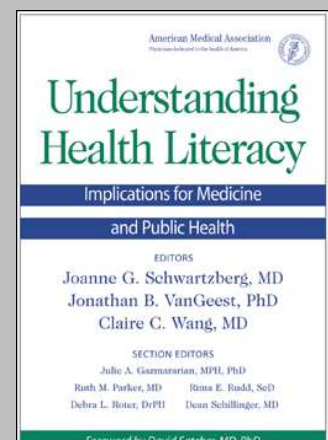
To address this important concern, faculty at the Morehouse School of Medicine and Morgan State University partnered on an innovative study to explore the utility of clinical screening for limited health literacy, with funding from the Robert Wood Johnson Foundation’s *Finding Answers: Disparities Research for Change Program*. Results of the study suggest, in part, that patients are not automatically stigmatized by the screening experience. Moreover, patients may welcome screening if the results can be used to improve their care.

Based on these findings, the research team developed a new online toolkit for clinical screening of health literacy. This toolkit is

available online through the Morehouse School of Medicine’s National Center for Primary Care.

### Textbook Addresses Public Health Implications of Limited Health Literacy

Featured previously in *Urban Transformations*, a textbook co-edited by DHPM faculty examines the medical and public health implications of health literacy. Chapters are written by leading experts in the field, including Rima Rudd (Harvard School of Public Health), Deborah Roter (Johns Hopkins School of Public Health), Ruth Parker (Emory University), Dean Schillinger (University of California, San Francisco), and Julie Gazmararian (Rollins School of Public Health, Emory University). The book is published by the American Medical Association Press and is available at leading online and local retailers.



## New Reports on Obesity

Four new reports examine the obesity epidemic in the United States. The first, entitled *F as in Fat*, examined trends in obesity in the U.S. against state and federal policies aimed at preventing or reducing obesity in children and adults. Overall, the report concludes that obesity policies in the U.S. are failing, as evidenced by:

- One-year increases in adult obesity in 23 states (with no state reporting a decrease in adult obesity);
- Thirty-one states with adult obesity rates in excess of 25 percent;
- Increases in obesity-related diseases such as diabetes and hypertension; and
- Thirty states reporting obesity rates in children at or above 30 percent.

The report concludes with a call for obesity prevention and reduction to become a national priority and recommendations to make preventing and reducing obesity a central objective of health reform. The full report is available at: [www.rwjf.org](http://www.rwjf.org) or [www.healthyamericans.org](http://www.healthyamericans.org).

A second report entitled *Recommended Community Strategies and Measurements to Prevent Obesity in the United States* calculates that approximately two-thirds of U.S. adults and one-fifth of U.S. children are obese or overweight. In addition, the report cites:

- A doubling of the obesity prevalence among U.S. adults between 1980-2004;
- Recent data showing that nearly 6% of adults are extremely obese (BMI  $\geq$  40.0); and
- A substantial increase in the prevalence of U.S. children and adolescents who are overweight.

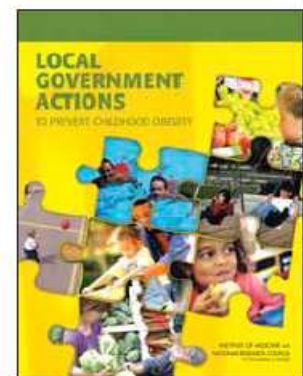
Environmental factors, including lack of access to full-service grocery stores and lack of safe places to exercise, were identified as key contributors to the obesity epidemic. The report outlines a set of recommended strategies and associated measurements that communities and local governments can use to implement and monitor environmental and policy-level changes in obesity prevention. This report was published in the July 24, 2009 edition of the MMWR and is available at: [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr).

A third new study from RTI and the Centers for Disease Control and Prevention, entitled *Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates*, estimates the health costs of obesity in the U.S. to be as high as \$147 billion annually. The study, which appears online in the journal *Health Affairs*, was released at the CDC's Weight of the Nation Conference July 27-29, 2009, in Washington, DC.

Finally, a recently released report by the Institute for Medicine and the National Research Council, entitled *Local Government Actions to Prevent Childhood Obesity*, details strategies for local

governments to combat childhood obesity, including zoning and land use regulations that would "restrict fast food establishments near school grounds and public playgrounds." Other strategies detailed in the report include:

- Implementing tax strategies to discourage consumption of foods and beverages that have minimal nutritional value; and
- Mandating and implementing strong nutritional standards for foods and beverages available in government-run or regulated after-school programs, recreation centers, parks, and child care facilities.



Physical activity goals include making areas where children play safer and more accessible, and using media and social marketing techniques to raise awareness of the importance of increasing physical activity.

Together, these four reports detail a very serious public health challenge facing our nation. Moreover, the burden of obesity and overweight falls disproportionately on inner-city and minority neighborhoods, where negative health-related consequences are most prevalent.

## Acting Locally: Obesity in Baltimore

While national reports are important in prioritizing public health funding and activities, at its core, public health remains a local enterprise. In Baltimore, as nationally, overweight and obesity are critical concerns. According to self-report data from the Maryland BRFSS:

- In 2007, more than a third of adults in Baltimore City were obese;
- One-fifth of high school students surveyed were obese;
- Twelve percent of children age 2-5 receiving WIC services were overweight; and
- Among Baltimore high school students and adults surveyed, the prevalence of overweight and obesity was higher than at both the state and national levels.

Between 1997 and 2007 in Baltimore, obesity prevalence among adults surveyed increased nearly 50 percent. Adult obesity was also about 30 percent higher in the city than in the state and nation. Nearly twice as many Black as white adults in the city reported being obese.

Being overweight and obese puts individuals at greater risk for health problems including hypertension, stroke, type 2 diabetes, osteoarthritis, and respiratory problems. The racial and ethnic disparities in obesity observed in the Baltimore City

data track the disparities in many of these health problems.

Not all data in the Maryland BRFSS was negative. Among children in Baltimore age 2-5 years receiving WIC services, obesity prevalence was lower than the state prevalence. Adult survey respondents in the city also reported being more physically active since 2001 and Baltimore high school students reported consuming more fruits and vegetables than students throughout Maryland and the nation.

## SCHP Honors Dr. Earl S. Richardson

Ian Lindong, MD, MPH & Anne Marie O'Keefe, PhD, JD

The School of Community Health and Policy celebrated 25 years of Morgan State University President Earl S. Richardson's *Remarkable Journey* by hosting an evening with faculty, students and community partners focused on the history and current state of community-oriented primary care.

Dr. John Dittmer, award-winning historian and author of *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care*, opened the event by chronicling the MCHR, which began as the "medical army of the civil rights movement." One of the most enduring contributions of the MCHR was creating a comprehensive community health center, envisioned as a center for

social change that would also address the social determinants of health. Today, under the MCHR banner of "Health Care as a Human right," some 1100 health centers provide free care for 20 million poor people nationally.

Join us in celebrating the presidency of  
*Dr. Earl S. Richardson*

In a book signing event and forum on community health  
Thursday, November 5, 2009  
5:30pm to 9:00pm  
at Carl J. Murphy Fine Arts Center  
7301 Argonne Drive, Baltimore, MD 21251

With Guests:

- John Dittmer, PhD award-winning historian and author of *The Good Doctors*
- Carlessia Hussein, RN, DrPH Maryland Department of Health and Mental Hygiene
- Pat Cassatt, MS People's Community Health Center
- Lelin Chao, MD People's Community Health Center
- Stacy Smith, MSW Community Organized to Improve Life (COIL, Inc.)

Have RSVP to Mr. Raymond Hill at 410.555.3308  
For questions about the event, please contact  
Dr. Ian Lindong at 410.555.3377

SCHP celebrated the presidency of Dr. Earl S. Richardson, November 5, 2009.

Following Dr. Dittmer's talk, a distinguished panel of speakers presented on local issues. Dr. Lelin Chao, Chief Medical Officer of People's Community Health Centers, traced the emergence of People's out of the civil rights and feminist movements. Patients at People's receive comprehensive care, including mental health, substance abuse and pharmaceutical services. "Until we can overcome the stressors in our patients' lives, the trauma, the depression, we can't adequately treat their diabetes," she said. "We swarm on the patient because that's what they need...[including] eating right and sleeping well. It's grandma medicine," she explained.

Dr. Carlessia Hussein, Director of Maryland's Office of Minority Health and Health Disparities,

emphasized that more than 30% of direct medical costs are spent because of health disparities. She described the fact that minority Americans have more preventable disease, more disability and shorter life spans as a “national crisis that has assumed a veneer of normalcy.” Stacy Smith, Executive Director of COIL, Inc., emphasized the importance of the people’s voice and their opportunity to be heard, including in Annapolis and Washington, DC. She stressed that “it is unacceptable in 2009 to have health care tied to employment.”

The event gave the audience glimpses of history, perspectives on the present, and directions for the future. Most important, the evening showed how communities are the centerpiece of transforming health outcomes.

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## Department Publications & Presentations

### PUBLICATIONS:

**Hawkins A, O’Keefe AM**, James X. Healthcare access and utilization among ex-offenders in Baltimore: Implications for policy. *Journal of Health Care for the Poor and Underserved*. (In Press).

Edwards L, **Hawkins A**, Sydnor K. Community learning approaches to mobilizing partnerships and service learning (CHAMPS). CES4Health. Available at: [www.ces4health.info/](http://www.ces4health.info/)

Sydnor K, **Hawkins A**, Edwards L. Expanding research opportunities:

The fit between HBCUs and CBPR. *Journal of Negro Education*. (In Press).

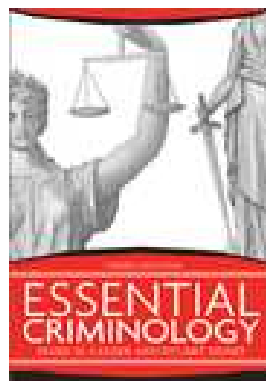
Olorunnishola O, **Kidd Taylor A**, Byrd L. Occupational injuries and illnesses in the solid waste industry: A call for action. *New Solutions: A Journal of Environmental and Occupational Health* (In Press).

**Kidd Taylor A**, Esdaille K. Integrated pest management (IPM) policies and programs in America’s schools: Is there a need for federal legislation? *New Solutions: A Journal of Environmental and Occupational Health* (In Press).

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



**Akers TA**, Whittaker JA. Epidemiological Criminology: A Case for Socio-Biological Determinism. In Lanier M, Henry S. [Eds.] *Essential Criminology (2<sup>nd</sup> Edition)*. Boulder, CO: Westview Press, 2009.



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).

**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).

### PRESENTATIONS:

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

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

**Goldson, SA, Hawkins A**, Nanda, JP. *Association Between Insurance Types and Sources of Health Information: Potential for Community Outreach*. American Public Health Association, Philadelphia, PA.

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## Department "Briefs"

Drs. Timothy Akers (School of Computer, Mathematical and Natural Sciences), Joseph Whittaker (SCMNS) and **Jonathan VanGeest** submitted a proposal to the Maryland Higher Education Commission under the FY2010 BRAC RFA to support

implementation of new distance education certificate programs.

Drs. **Jonathan VanGeest** and Lorece Edwards (SCHP Practice Director) submitted a proposal to support health disparities trainings in conjunction with the national Community Health Partnership (CHP) initiatives.

Dr. **Anita Hawkins** was appointed Co-Chair of the American Public Health Association's *Equal Health Opportunities Committee*. Her appointment runs through November 2010.

Dr. **Andrea Kidd Taylor** Chaired and participated in the *National Conversation on Public Health and Chemical Exposures: Launching the Conversation's Chemical Emergencies Workgroup* in-person meeting, November 13, 2009.

Dr. **Andrea Kidd Taylor** was elected as co-Vice Chair of the APHA Executive Board.

Dr. **Yutaka Aoki** partnered with Dr. Fernando Wagner (MSU Prevention Sciences Research Center) to submit a grant proposal for research on tobacco use during pregnancy by race/ethnicity.

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## ***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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