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Connecting Academe, Community, and Policy



DRUMming Up Data: A Maternal and Child Health Community-Based Participatory Research Project in Baltimore City, Maryland

Overview

- The DRUMing Up Data Maternal and Child Health project is a community focused research partnership aimed at examining the family planning practices, beliefs, and aptitude for women ages 18-45 residing in the Druid Heights, Upton, Reservoir Hill, and Mondawin (DRUM) communities in Baltimore City, Maryland.
- The partnership is comprised of Dru Mondawin Healthy Families and Morgan State University's School of Community Health and Policy.
- The primary goal of the project is to prevent future infant deaths and other adverse birth outcomes among Baltimore City women.

Background

- In 2009, 128 infants died in Baltimore City – an average of more than 10 babies per month. (Baltimore City Health Department, 2009)
- Baltimore City has the highest rate of infant mortality in the State of Maryland. At a rate of 13.5 per 1,000 live births, the infant mortality rate in Baltimore City is almost twice as high as the State of Maryland, which is 7.3 per 1,000 live births. (Maryland Annual Vital Statistics Reports 1997-2009)
- 60% of Baltimore City's 10,000 annual births are classified as high-risk due to poverty, previous adverse outcomes, and other risks factors (Baltimore City Health Department, 2009)
- Among major cities in the U.S., Baltimore has been ranked as high as the fourth worst city for infant mortality. (Baltimore City Health Department, 2009)

Project Components

- The research study assesses how factors such as social support affect family planning, proper birth spacing, healthy pregnancies, and infant mortality.
- Utilizing qualitative and quantitative methods of research, the study aims to collect data from women who have successfully completed family planning and parent education classes at Dru Mondawin Healthy Families

Policy Implications

- We urge the Congress to support efforts to fund family planning, in order to sustain programming for vulnerable populations including women residing in Baltimore City, Maryland.



Union Baptist Head Start Center



The Baltimore Men's Health & Wellness Project: United States Congressional Policy Brief

Overview: The Baltimore Men's Health & Wellness Project

- The Baltimore Men's Health & Wellness Project (BMHWP) is a research and intervention effort led by The Men's and Families Center, Union Baptist Head Start, and Morgan State University's School of Community Health and Policy.
- This study examines how employment and health insurance coverage affect the health of African American men, ages 18 & up, who live in central Baltimore, Maryland. The project focuses on the Upton, Druid Heights, and Greenmount East neighborhoods.

Background: African American males in Baltimore, Maryland suffer from disparities in both unemployment rates and rates of health insurance coverage

- As of March 2011, 16.8% of all African American men in the U.S. were unemployed, while another 31.3% were out of the labor force (Bureau of Labor Statistics/BLS).
- In Baltimore, 41.3% of African American males between ages 16-64 are either unemployed or out of the labor force (Marc Levine, 2007).
- As of 2010, Maryland's overall unemployment rate was 7.7%, while the rate for African American males in Maryland stood at 11.8% (BLS).
- The Maryland Health Care Commission found that 17% of African American adults are uninsured in Maryland, compared to only 9% of their white counterparts.

Intervention: You're the Quarterback—Gameplan for Life

- To address these issues, the BMHWP partners counsel men on how to tackle these factors and provide men with job placement and health insurance enrollment services to boost their health and their family's wellbeing. These services are bundled together in a program called *You're the Quarterback: Gameplan for Life*.
- This program uses the football analogy of game planning and film study to encourage men to take the same approach for life as it relates to jobs and health insurance. Program partners connect men to various social service agencies to provide the support needed to confront the conditions they face in their lives.
- We use several surveys to capture the effect of this program and to assess men's health.

Policy Recommendations

- In light of these issues, we support H.R. 589, Emergency Unemployment Compensation Act of 2011 that would provide assistance for the unemployed.
- We also urge the enactment of a revised jobs bill expanding opportunities for persons who have criminal records and have difficulties with child support issues. By providing opportunities, the nation will be able to reduce recidivism and long-term overall spending for policing, incarceration, welfare assistance, and unemployment payments.

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Improving Outcomes for the Re-entry Population Through Direct Services and Environmental Strategies in West Baltimore, Maryland

Overview

- Johns Hopkins Medical Institute, Johns Hopkins Bloomberg School of Public Health, and GROUP Ministries Baltimore have developed a partnership to address individual and structural sources of risk for the ex-offender population returning to the Greater Rosemont area of west Baltimore, Maryland. In 2001, 265 released prisoners returned to the Greater Rosemont area (12.1 prisoners per 1,000 residents), making this community one of the most common points of re-entry in Baltimore City.

Background

- Maryland's prisons have increasingly been populated by inmates serving short sentence lengths resulting from drug offenses and parole violations (average sentence length of 4.5 years). Inmates serving short sentences rarely participate in programs to aid the re-entry population.
- Current policies reduce the successful acquisition of public and private housing for ex-offenders and impede stable employment options.
- Research suggests that a lack of housing and employment opportunities increase the vulnerability of these individuals and spur high rates of recidivism. This cycle prevents community stability and wellbeing.

GROUP Ministries Baltimore

- GROUP Ministries Baltimore (GM) is a non-denominational faith-based community service organization that addresses the needs of the reentry community in west Baltimore through housing, job training, and community mobilization.
- GM leads a community coalition effort to aid community advocacy in addressing issues of housing, male leadership and youth mentoring, and family stability in the Greater Rosemont area.

Research Efforts

- Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Johns Hopkins partners and GM leaders will seek to show that observed positive changes in structural risk are associated with decreased prevalence of substance use and HIV among the re-entry population.
- We are also conducting interviews with GM participants to better understand the role of housing and job training services during their re-entry. This summer, we will begin a photovoice project with GM participants to foster discussions of positive social change in the community and advance community mobilization around issues including drug abuse, employment, housing, and opportunities for youth.

Policy Implications

- The Greater Rosemont area of west Baltimore has been labeled a distressed area by the City's Planning Department with respect to the housing market. The current approach to addressing the housing crises in Baltimore does not identify options for distressed areas. Because Greater Rosemont cannot rely on local government interventions or private sector investment alone to emerge from socioeconomic hardship, GM seeks partners in applying a new approach towards neighborhood stabilization.
- Support policies that simplify the purchasing of vacant housing.
- Support is needed to improve the ability of ex-offenders to obtain, and maintain, employment.

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Occupational Health for Latinos in Baltimore (OHLB) Needs Assessment for the Development of an Occupational Health Education Program

Overview

- The Occupational Health for Latinos in Baltimore (OHLB) project represents a partnership among Casa de Maryland Baltimore Workers Center, the Johns Hopkins Bloomberg School of Public Health Education and Resource Center, and *Bienestar*, a tri-school student group at the Johns Hopkins Medical Campus. (*Bienestar* is translated as “well-being” in Spanish.) The project aims to improve occupational health outcomes among Latino immigrant laborers in Baltimore, Maryland.
- In 2004, Casa de Maryland, the largest non-profit advocacy organization serving immigrants and Latinos in Maryland, documented workplace abuses executed by local employers against primarily Latino and African American workers in Baltimore in “*A Fair Day’s Pay for a Fair Day’s Work: Sweating Day Laborers in Baltimore.*” In response to this report, Casa de Maryland opened a Workers Center in Baltimore to provide day and temporary laborers employment placement, training, and legal assistance.
- Since 2008, the Workers Center has assisted approximately 2,000 workers and 800 employers. The Center has also provided workers’ safety and health education.

Background

- Foreign-born Latinos in the United States are reported to have a work-related fatal injury rate from 2003-2006 that was 59% higher than that of their native-born counterparts (Vega, Rodriguez & Gruskin, 2009). There is excess mortality among foreign-born Latinos by work-related injuries in comparison to White, non-Hispanics (Vega et al., 2009).
- Hispanics or Latinos may suffer disproportionate fatal injury rates because they are employed in more dangerous industries such as construction (34%), administrative and waste services (11%), agriculture/forestry/fishing/hunting (10%), and transportation/warehousing (10%) (Richardson, Ruser, & Suarez, 2003).
- Due to financial constraints and the precariousness of day labor, Latino immigrants often hold multiple jobs outside of Casa’s Workers Center that do not promote safe work environments or provide personal protective equipment. Clients are at risk from multiple occupational exposures and hence, have increased chances to receive work-related injuries and illness.

Occupational Health for Latinos in Baltimore (OHLB)

- Led by Casa de Maryland and the Bloomberg School of Public Health, the OHLB partnership is conducting an occupational health needs assessment in order to develop programs at the Workers Center.
- The research design, data collection, and analysis will identify: 1) the occupational health needs and safety hazards faced by Latino clients at Casa de Maryland; and 2) the barriers to achieving occupational health and safety for this population. The goal is to develop recommendations to create a culturally-appropriate occupational health and safety program. The partnership is also seeking structural recommendations for solutions from clients at the Workers Center, labor organizers, and advocates for Latinos in Baltimore.

Policy Implications

- Because Baltimore’s Latino population represents a low-literacy group, project results could improve current workers’ safety educational approaches directed to Spanish speakers recommended by federal agencies.
- Research findings could provide evidence to support policies to enforce federal regulations for workplace safety for day and temporary workers, not just full-time employees.



The Healthy Environments Partnership

Youth are the Solution, not the Problem: Engaging Youth in Health Disparities Research

Project Overview

- The Healthy Environments Partnership (HEP) is a community-based participatory research (CBPR) project focused on improving the heart health of Detroit neighborhoods. HEP is comprised of multiple partners including Brightmoor Community Center, Detroit Department of Health and Wellness Promotion, Detroit Hispanic Development Corporation, Friends of Parkside, Henry Ford Health System, Warren-Conner Development Coalition, and the University of Michigan School of Public Health.
- The focus of the current project is to contribute to the elimination of racial, ethnic and socioeconomic disparities in health by furthering our understanding of how youth exposure to violence influences multiple health risks over the life-course.

Background: Improving the health and well-being of youth requires innovative, youth-engaged research approaches that acknowledge youth as assets in identifying health issues and crafting possible solutions.

- A growing body of research points to the importance of involving those most affected by a health issue in crafting its solution. One approach to involving community members in research is CBPR, a partnership approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process and in which all partners contribute expertise and share decision making and ownership.
- Involving young people as co-researchers empowers youth through active engagement and reframes youth as problem-solvers, not as victims or perpetrators. This involvement builds youth skills and encourages youth interest in health careers.
- CBPR with youth enhances the conduct and quality of adolescent health research. Youth input on research design helps ensure that research strategies are youth-appropriate. Youth co-researchers improve data analysis by lending their insights to making sense of research findings.

Background: Violence is a major issue affecting urban youth and is associated with increased risk for multiple health risk factors and negative health outcomes.

- Violence is defined by the World Health Organization as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”
- Violence is one of the most pressing issues for youth. In low-income urban neighborhoods, approximately 1/3 of youth have been victims of violence and between 50-96% of youth have been exposed to violence in their lifetime.
- Violence in the form of homicide is the 2nd leading cause of death for young people ages 10-24, following unintentional injury. In 2007, the homicide rate among Detroit youth age 15-24 was 80.5 deaths per 100,000 youth, a rate that is more than 5 times that of the state of Michigan (13.6 deaths per 100,000).
- Violence in communities influences the health of youth by keeping the body’s physiological response to stress high, impacting mental health, and creating barriers to health promoting behaviors like physical activity. As a result, violence affects youth health by contributing to increased risk of chronic disease over the course of one’s life.

Research Approach

- HEP partners are developing a CBPR study aimed at examining and addressing violence affecting youth in Detroit. A key feature of this project will be the involvement of youth to be trained as researchers to work with the UM-based investigators on the study. The overarching purpose of this research will be to enhance our understanding of how violence impacts health in Detroit, and to develop a violence prevention intervention in partnership with youth.

Next Steps

- Support research efforts that emphasize youth engagement, involve youth as co-researchers, and focus on creating safe and healthy spaces for urban youth to learn, grow, and thrive.



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Advocates for Healthy Youth: Community-Based Participatory Research to Address Social Determinants of HIV among African American Youth in Raleigh, NC

Project Overview

- Advocates for Healthy Youth is a community-based participatory research (CBPR) project investigating social and environmental factors related to HIV among African American youth in Raleigh, NC.
- Project partners include the University of North Carolina (UNC) Gillings School of Global Public Health, UNC Center for Health Promotion and Disease Prevention, and Strengthening the Black Family, a community-based organization whose mission is to improve the quality of life for families in Wake County and beyond with special emphasis on black families.
- The goal of this research is to develop a community-level intervention to prevent HIV/AIDS and promote mental health and well-being among this population.

Background

- African American adolescents represent 17% of the U.S. population of youth between the ages of 13 and 19, but account for 72% of HIV/AIDS diagnoses of this age group. (CDC, 2007)
- 71.2% of adolescents in North Carolina reported that they have had sexual intercourse, 42.7% reported intercourse with one or more people in the last 3 months, and 22.9% reported intercourse with four or more people. (CDC, 2006) Further, 21.6% of adolescents in North Carolina reported having engaged in sexual intercourse before the age of 13. (CDC, 2006)
- Individual risk behavior is an important factor in HIV transmission among African Americans, but it is not solely responsible for HIV disparities among African Americans. (Sutton et al., 2009)
- Among African American youth, contextual factors that influence individual behavior such as mental health conditions, violent neighborhoods, and low-performing schools are important in HIV prevention efforts.

Power of Youth Voices: Youth Engagement in CBPR Translating Research to Action

- This project engages youth as part of an active community advisory board that includes parents, faith-leaders, community-based organization staff, and academic researchers, in efforts to address these issues.
- Findings from focus groups and a photovoice project with youth support addressing social and community factors related to HIV risk and vulnerability among these youth including: **youth isolation and disengagement in prosocial institutions, negative stereotypes of African American youth, the lack of adult and peer roles models and support, and school climate.**
- Youth are working with researchers to develop an intervention that targets these factors to reduce African American adolescent HIV disparities and promote mental health and well-being by:
 - Improving connections between African American youth in Southeast Raleigh and prosocial institutions (schools, community-based organizations, churches).
 - Raising community awareness about challenges faced by African American youth in Southeast Raleigh such as low expectations, negative stereotypes, and negative school climate.
 - Establishing peer and adult mentorship and social support networks for African American youth in Southeast Raleigh.

Policy Implications

- Congress should support efforts to fund interventions that target social and environmental factors related to HIV risk behavior, in addition to individual-level behavioral interventions, to address HIV disparities among African American youth.

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