



# CENTER *for* HEALTH EQUITY

School of Public Health

## Maryland Center for Health Equity

# NEWSLETTER

## Winter 2013

**p1** Message from the Principal Investigators

**p2** The Black Men's Health Initiative

**p3** Got flu vaccine?

**p4** Building Trust Between Minorities and Researchers: An Update / Less Talk, More Action

**p5** Highlights and Events/ In The News



December 13, 2012

### Meeting with Danish Ambassador

**Peter Taksoe-Jensen**, Denmark Ambassador to US , **Astrid Krag**, Denmark Minister of Health, and **Dr. Stephen B. Thomas**



*Principal Investigators:  
Sandra Crouse Quinn and  
Stephen B. Thomas*

## Message from the Principal Investigators

From the vantage point of a new year we look back on 2012 with satisfaction that the Maryland Center for Health Equity (M-CHE) has continued to strive toward our goals to promote health equity throughout the state and advance our outreach to the University of Maryland College Park, University of Maryland Baltimore, local, state and national policy makers, and most importantly people we seek to serve by raising awareness about how to take charge of their own health. With two full years behind us, having arrived at UMD in 2010, we look toward the coming year and the exciting opportunities that lie ahead.

In August 2012, we were honored to be designated by the NIH as a Center of Excellence on Race, Ethnicity and Health Disparities Research with a \$5.9M grant from the National Institute on Minority Health and Health Disparities (NIMHD) over the next five years. Our new Center of Excellence (COE) began its administrative activities last fall and with the new year we launch our research projects and the training and community engagement programs. We look forward to introducing some of those activities in this newsletter, as well as sharing updates throughout 2013 on our website over years to come.

**Maryland Center for Health Equity**  
School of Public Health  
The University of Maryland  
3302E SPH Building #255  
College Park, MD 20742-2611

**301-405-8859**

<http://www.healthequity.umd.edu>



Find us on Twitter:

<https://twitter.com/umhealthequity>



The COE grant has enabled us to engage a number of researchers and collaborators from across the University of Maryland campus and think tanks in Washington, DC. The COE is organized into four Cores: 1) Administrative, 2) Research, 3) Research Training & Education and 4) Community Engagement & Outreach.

Each Core has a distinct function and also provides complementary added value to each other. In February, we launch our first COE retreat, during which co-directors and researchers from each of the Cores will come together to build our team science infrastructure designed to ensure that each Core is working effectively and synergistically to inspire a commitment to social change within the School of Public Health and across the University of Maryland. We believe that the elimination of racial and ethnic health disparities to achieve health equity requires institutional commitment beyond the life of any one grant. Stay Tuned!

In other news, our Director, Dr. Stephen Thomas traveled throughout the country to deliver keynote presentations on health and health disparities to audiences at the National Conference on Using Data to Promote Health Equity and Address Disparities (hosted by A Knowledge 4 Equity), the Jefferson School of Medicine, Department of Population Health in Philadelphia, and at the University of Colorado's Colloquium Series on health disparities. In January his presentation at the US Food and Drug Administration was hosted and webcast by the Center of Excellence in Regulatory Science and Innovation, a collaboration between the FDA and the University of Maryland.

We are also pleased to report that Dr. Thomas was appointed by UMD president Wallace Loh to the "President's Commission on UMD and Big Ten Committee on Institutional Cooperation (CIC) Integration." As UMD becomes a member of the CIC and the Big Ten Conference, the Presidential Commission will plan strategically and advise President Loh on how to maximize the advantages of membership in the Big Ten and leverage the CIC to advance the University's excellence in the areas of (1) athletics; (2) education, research, and innovation; (3) finance and business administration; and (4) communications, fundraising, and marketing.

On the international level, Dr. Thomas was elected to the Board of Directors for the Community Indicators Consortium. The Community Indicators Consortium is one of the nation's leading organizations seeking to bridge the gap between community indicators use and performance measurements through open dialogue and information sharing, with the goal that increased information sharing will enhance the coordination of efforts to effect positive change. From this vantage point Dr. Thomas will help shape the metrics for assessing the social determinants of health.

Finally, M-CHE scientific team had a strong presence at the December 2012 Science of Health Disparities Summit held at the National Harbor, MD (**See website for details** : [http://www.healthequity.umd.edu/documents/Summit%20schedule\\_new%20dates.pdf](http://www.healthequity.umd.edu/documents/Summit%20schedule_new%20dates.pdf) ) and at the November APHA General Meeting.

## **The Black Men's Health Initiative**



*Craig Fryer*

The COE incorporates three main studies within the Research Core. We introduced two of those studies in the last newsletter (the Vaccine Study and SHAPE obesity prevention study). Since publication of the previous issue, the M-CHE was awarded a supplement to the COE grant that allowed us to launch a third investigation. This study, titled the Black Men's Health Initiative, will be conducted in collaboration with the Joint Center on Political and Economic Studies. The purpose of this study is to contribute to the body of knowledge on men's health. This goal will be accomplished in two main ways, 1) through a comprehensive review of the literature to determine the state of knowledge on barriers to reproductive health and factors that influence black men's health and 2) through a series of semi-structured interviews with black men to determine their knowledge, beliefs and attitudes on a number of topics related to health, families, and research. Given the premature illness and death of African American men, this area of study warrants greater attention and we look forward to making a meaningful contribution, especially in the understanding how the social context of life in our society impacts



black men’s reproductive and overall health and wellbeing.

## Got flu vaccine?



Sandra Quinn

We are pleased to provide an update on one of our other research projects that has gotten off the ground as of late 2012. The Vaccine Disparities Study, led by Sandra Quinn, is set to begin data collection this winter. In February, the research team will begin conducting interviews and focus groups throughout Maryland, the District of Columbia, and rural Georgia. This qualitative phase of data collection and analysis will continue through the spring and summer months, and will lead to the development of a nationally-representative quantitative survey that will be conducted in 2014.

The Vaccine Disparities Study is moving quickly, and this is due in no small part to our new study coordinator, Dr. Leah Curran, who joined the M-CHE team in November of 2012. Curran holds a PhD in Public Policy and Public Administration with specialties in Health Equity, Gender Analysis and Urban and Social Policy from the George Washington University. Her work is rooted in critical epistemologies and has focused on how gender, race, and class intersect to shape health behaviors and policies. As the vaccine study coordinator, Dr. Curran is involved with all phases of the project—planning, administration, instrument development, data collection, analysis and writing. We are very pleased to have Leah join our team, and look forward to sharing more updates as the study progresses.



Leah Curran

## The Legacy Leaders in Public Policy: Our Health Equity Ambassadors



Mary Garza

The M-CHE team is committed to working in communities throughout Maryland, and can often be found engaging local community members in health education or services. We also embrace the additional resource provided to us through the UMD Legacy Leadership Institute on Public Policy (LLI). The LLI taps into the knowledge, experience, and skills of Marylanders who are 50+ years of age and are seeking careers as volunteer service leaders. These “legacy leaders” participate in an intensive training curriculum that prepares them to serve as a bridge between the needs of local communities and the government in the state of Maryland. Many of the legacy leaders are members of our Community Research Advisory Board (MD-CRAB). In December, Dr. Thomas presented the first health equity lecture to the Legacy Leader 2012 Alumni and the class of 2013. The new class has started their voluntary service leadership in selected offices of the Maryland General Assembly. Dr. Thomas’ presentation was designed to help them identify the health impact of legislation submitted by their elected official. The aim is to see “health in all policy” as it is being crafted. The COE Research and Training Core will introduce a formal Health Equity Module into to the Legacy Leaders training curriculum. This module will provide the legacy leaders, for the first time, with information about how and why health inequities exist, how to recognize health inequities, and insight into how health disparities impact all of society, not just those individuals directly affected.





## Less Talk, More Action



James Butler

We have all heard the phrase “actions speak louder than words”. At the M-CHE, this phrase is more than a casual idea; it is one of our guiding principles. We have framed our work around an approach termed Fourth Generation Disparities Research (Thomas et al, 2010 : <http://bit.ly/YhyCtp>), which focuses on race, ethnicity and translating the results of clinical trials into community based interventions. Central to 4th generation disparities research is a theoretical framework called *Public Health Critical Race Praxis* (PHCR), developed by Drs. Chandra Ford and Collins Airhihenbuwa in 2010. PHCR provides the framework for integrating interventions to address race, ethnicity, racism, and structural inequalities and advanced multilevel evaluation methods to foster our ability to eliminate racial and ethnic health disparities. Co-Directors of our Research, Training and Education Core will take the lead in integrating the PHCR praxis approach with our 4<sup>th</sup> generation disparities research to develop a formal training program that prepares researchers to utilize PHCR praxis and Fourth Generation Disparities Research to make meaningful contributions toward addressing the social determinants of health. As part of our Black History Month celebration, we are pleased to host Drs. Ford and Airhihenbuwa for our February Collegium of Scholars, where they will deliver a public lecture on PHCR praxis. Additionally, they will spend two days with the COE investigators to brainstorm development of a national Public Health Critical Race Institute scheduled for the summer of 2013. Stay tuned to hear the outcomes of this planning retreat.

## Building Trust Between Minorities and Researchers: An Update

Much of this newsletter has focused on our new endeavors for the upcoming year. But we continue to work on our overarching mission of building trust between minorities and researchers. As previously noted, we have been working with Interactive Knowledge to develop an on-line Building Trust curriculum. While we had initially hoped for a December 2012 launch of the site, we made the decision to add more content to make the program more instructive and interactive, and thus have pushed back the launch date into early 2013. Though we don't have a new date set just yet, we are excited to announce that we have finalized the content that will be incorporated into the program, and are now in the artistic development phase. Please check our website for more details on when the on-line site will go live. (<http://www.healthequity.umd.edu/buildingtrust.asp>)



Additionally, we would like to highlight a recent publication that is based on results from our Building Trust research. The article, *Improving informed consent with minority participants: Results from research and community surveys*, was published in the December 2012 issue of the **Journal of Empirical Research on Human Research Ethics**. In this article, we analyzed the results of two US national surveys, one with researchers and one with African American and Latino community members. In both surveys, we asked participants questions about the informed consent process. We compared the results from these two surveys, and made recommendations on how to improve the informed consent process by increasing participant comprehension of the information as well as increase participant satisfaction with the process. For a full discussion of these surveys and the results, please see the full text of this manuscript, available at:

<http://www.jstor.org/stable/10.1525/jer.2012.7.5.44>



## Highlights and Events

- February 20, 10-11:30am: MCHE hosts Drs. Collins Airhihenbuwa and Chandra Ford for a presentation and interactive discussion regarding **“Public Health Critical Race Praxis.”**
- February 22, 2-3:30pm: MCHE hosts a group viewing of the 15<sup>th</sup> annual William T. Small keynote lecture for the 34<sup>th</sup> Annual Minority Health Conference
- June 10-15: The Collaborative Center for Health Equity's third annual **Health Equity Leadership Institute (HELI)** at the University of Wisconsin-Madison. <http://heliuw.wordpress.com>

## In The News



### Global Burden of Disease Study 2010 (The Lancet, December 13, 2012)

The Global Burden of Disease Study 2010 (GBD 2010) is the largest ever systematic effort to describe the global distribution and causes of a wide array of major diseases, injuries, and health risk factors. The results show that infectious diseases, maternal and child illness, and malnutrition now cause fewer deaths and less illness than they did twenty years ago.

<http://www.thelancet.com/themed/global-burden-of-disease#>

### Erica T. Casper President’s Bioethics Commission posts Study Guide (Science Codex, November 15, 2012).

Washington, D.C. – The Presidential Commission for the Study of Bioethical Issues today released an ethics study guide based on the Commission's investigation into the U.S. Public Health Service (PHS) experiments conducted in Guatemala in the 1940s.

[http://www.sciencecodex.com/presidents\\_bioethics\\_commission\\_posts\\_study\\_guide-102174](http://www.sciencecodex.com/presidents_bioethics_commission_posts_study_guide-102174)

### Heart risks still higher in blacks than whites (Reuters Health, November 6, 2012, by Genevra Pittman)

Black men and women are more likely to die of a heart attack or heart failure than whites in the United States, according to a new study.

<http://www.reuters.com/article/2012/11/06/us-heart-risks-idUSBRE8A51G120121106>

### Study Finds Modest Declines in Obesity Rates Among Young Children From Poor Families (The New York Times, December 25, 2012, by Sabrina Tavernise)

A new national study has found modest declines in obesity among 2- to 4-year-olds from poor families, a dip that researchers say may indicate that the obesity epidemic has passed its peak among this group.

[http://www.nytimes.com/2012/12/26/health/study-finds-modest-declines-in-obesity-rates-among-young-children-from-poor-families.html?\\_r=0](http://www.nytimes.com/2012/12/26/health/study-finds-modest-declines-in-obesity-rates-among-young-children-from-poor-families.html?_r=0)