

METRO HEALTH



PUBLIC HEALTH NEWS, IDEAS, AND EVENTS IN THE CAPITAL REGION

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MWPHA 2004 ANNUAL CONFERENCE *Highlighting Adolescent Health*

By Linda Green, MD

The MWPHA 2004 Annual Conference brought together different approaches across the region to share experiences and brainstorm about Adolescent Health. Over 100 public health workers listened to experienced mentors and enthusiastic youth discuss approaches to reaching teenagers and listening to them on broad health issues.

Cecelia Breinbauer from the Pan American Health Organization welcomed MWPHA and introduced us to the IMAN program. The Keynote Address brought to life the range of adolescent experience in the United States - from alcohol and tobacco use among college students to Native American suicide rates as **Dean Kelner** from the School of Nursing and Health Studies at Georgetown placed adolescence in the "circle of life". Suddenly teenagers seemed more approachable...



Cecelia Breinbauer

The morning session on community perspectives combined several energetic speakers into a stimulating session that left participants talking instead of eating at lunchtime. Speakers described teenagers as a community resource (**Mary Ann Moran**, Arlington) and as health promoters at the Latin American Youth Center in DC. The Arlington Partnership for Children Youth and Family has been using the Search Institute's 40 developmental assets to help evaluate teens ability to have "thriving behavior". Twenty external assets look at how youth use their time and what roles families, schools, congregations, neighborhoods and youth organizations can play. Twenty internal assets look at values, commitment to learning, and social competencies that help youth to make positive choices in challenging situations. (For more information: www.search-institute.org) The Latin American Youth Center reflects the changes in the immigrant populations in the Columbia Heights/Mt. Pleasant area since 1976. Its health promotion program now deals with cultural and generational issues between parents and children. The youth are bilingual and English speaking.

Mr. Darryl Burnett wore several hats speaking about his role as Youth Advocate in Montgomery County and Program Officer for HRSA/HHS. He encouraged applications for grants for school based health centers and primary care clinics in underserved areas. "There is money," he declared enthusiastically. He also advocated for peer education as is done at UMBC and gave examples of focusing on real life issues in HIV like needle exchange/cleansing and prostitution education. In Montgomery County the "Just for

(Continued on page 3)

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Q & A with Lois Gray, MWPCHA President

Q: Lois, tell us a little about yourself.

Lois: I am originally from North Carolina. I graduated from Xavier University in New Orleans. I did all of my graduate work at Catholic University here in the city. I am now enrolled at Wesley Theological Seminary. I have been married for 30 years and have three young adult children.

I am pleased to have this opportunity to serve as MWPCHA's president.

Q: How did you get into public health work? Was there someone or something (an event) that inspired you?

Lois: I suppose that there are several distinct sources of my interest in public health. One is related to my older sister who has a developmental disability. I remember being anxious as a child about her greater than average contact with health services. I worked as a rehabilitation specialist after getting a master's in counseling. Part of my job was to make sure that clients' health care needs were addressed, from eyeglasses to committing some of them temporarily into mental institutions. My later work as a community organizer included advocating with (against) the city government for more and accessible health services for welfare recipients. When I returned to school, one of my concentrations was medical sociology. After graduation, I worked at a national community health organization and in the federal government as a health services researcher before starting a consultant firm where more than half of my work has been health related.

Q: How did you come to be involved in MWPCHA?

Lois: I, of course, knew of and belonged to APHA for many years and attended several conferences. Mary McCall, a long-term associate and a sociologist turned public health administrator, was my initial source of awareness of MWPCHA. Also, I was aware of MWPCHA through Mildred Brooks, whom I knew because our children were, on more or less, parallel school tracks.

Q: What do you hope to accomplish as president of MWPCHA?

Lois: My objectives are tempered by my one-year tenure. But I hope to have a positive impact both internally and in the community. Internally, working with the entire Council, I hope to add volume and depth to membership participation in MWPCHA. One way is to actively recruit their involvement and leadership in com-

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MWPHA 2004 Conference (Continued from page 1)

Teens” program is focusing on African American teens education and peer education programs. Check it out! www.onehealthylife.org

In Prince George’s County **Dr. Donald Shell** also focuses on the young men. In Adam House on Central Avenue he embarks on highly personal sex education and HIV/AIDS education with men.

Taking a gynecological history (questions like ‘How many children do you have?’, ‘Sex with how many women?’, etc.) and working from there was an illuminating example of public health at work. Brooke Lehman rounded out the morning session with a review of demographics about health care in DC. The separation of mental health centers from primary care and the concentration of providers in areas other than Ward 8 remain serious issues for providing help to teens and special education students. This theme surfaced again in the afternoon sessions which featured health department programs. The Healthy Teens program in Prince Georges County next door to Adam House reaches teenagers visiting a strip mall for hair, clothes and nails and counsels hundreds of teenage girls each year. The HIV incidence in this group is very low however so more creative preventive approaches are still needed.

Concerns about teen pregnancy and early sexuality were voiced by **Margaret Copemann** and **Jane Larsen** from the District of Columbia and Montgomery County School Health Services respectively. Their programs meet teens where they are, with an emphasis on learning what teens are thinking and doing. Jane Larsen presented the Key Components of Teen Pregnancy Prevention and a range of Coalition Partners who are working in Montgomery County. The National Campaign to Prevent Teen Pregnancy “Core Messages” still includes “*Talk With Your Kids!*”

Teen Youth Promoters were featured in the “Youth Having Their Say” part of the program. **Jennifer Fuentes** and **Pedro Flores** described their work at the Upper Cardozo Clinic, Mary’s Center, and Caesar Chaves High School and deftly fielded questions from the audience. Another dynamic teen speaker was **Toussant L’Overture Tingling-Clemmens**, a student at UDC working with seniors on a health care conference while preparing for medical school in Cuba. He certainly stimulated the conferees to engage youth in the health care battles of the day! The attendees saw that the program had helped these young people build their confidence for future careers and that the program itself was reaching into the



Teen Youth Promoters in “Youth Having Their Say”: (from left) Jennifer Fuentes, Pedro Flores, and Toussant L’Overture Tingling-Clemmens.

neighborhood.

Various awards were also presented. They include the Grand Prize poster award for the **APHA/NHTSA Transportation Competition** (see related article on page 4) and the **Charles Heyman Memorial Scholarship award**.

The Charles Heyman Memorial Scholarship award of \$1,000.00 went to **Aima Peyton**, a junior nursing student from the District of Columbia and currently attending the University of Delaware.

Three past presidents of MWPHA were also honored for their dedication and contribution to the association—**Barbara Guest, Irene Sandvold and Kay Eilbert.**

ANNOUNCEMENT

MWPHA receives grant from
Consumer Health foundation

More on page 6

DC Youth Campaign to Reduce Alcohol-Related Traffic Accidents

By Lorraine James

In April ,2003, MWPHA received a grant from APHA from the National Highway Traffic Safety Administration. The first phase of the project was an all-day seminar held on April 23rd at the 4-H Youth Conference Center. The seminar was attended by 15 students from Banneker Senior High School, 69 students from Coolidge Senior High School and 69 students from Roosevelt Senior High School and chaperones.



Sulaimon Parker, Grand Prize winner of the APHA/

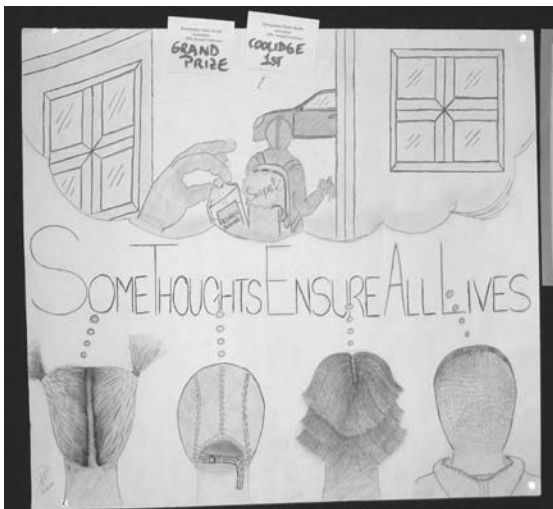
The second phase of the project was an essay and poster contest. The essay question was---“How Can Youth Help To Prevent Alcohol-Related Traffic Accidents”

The poster theme was “DC Youth Campaign to Reduce Alcohol-Related Traffic Accidents”.

Each school had first, second, and third place winners in each category and a Grand Prize Winner, in each category, was selected from the 1st place winners at each school. The response was overwhelming. We received 16 essays and 17 posters.

All winners received monetary prizes and non-winners received a monetary honorable mention award.

The Grand Prize winner in the poster contest was **Sulaimon Parker** a senior at Coolidge Senior High School. The Grand Prize winner in the essay contest was **Rachel Okunubi** a junior at Banneker Senior High School. All attendees received a backpack with the logo and/or a tote bag with the logo.



Sulaimon Parker's winning entry in the poster contest.

MWPHA would like to thank the following exhibitors at the MWPHA Conference In April 2004

American Public Health Association
www.apha.org

Consumer Health Foundation
www.consumerhealthfdn.org

DC Developing Families Center
www.developingfamilies.org

HSC Health Care System
Health Services for Children
www.hscfoundation.org

HealthonStage
www.healthonstage.com

Inova Kellar Center
www.inova.com/inovapublic.srt/ifhc/kellar.html

Kaiser Family Foundation
www.kff.org

Metropolitan Washington Council of Governments
www.mwcog.org

Physicians for Social Responsibility
www.envirohealthaction.org

Project HEALTH
www.projecthealth.org

ASTHMA in the District of Columbia

By Mary Frances Kornak, MPH

Asthma is a chronic inflammatory lung disease characterized by recurrent episodes of breathlessness, wheezing, coughing, and chest tightness. The District of Columbia has one of the nation's highest asthma rates. Recent studies indicate that children and adults in low-income and minority populations are severely impacted by this chronic disease disorder. While many adult asthmatics have a history of asthma during early childhood, some adults develop asthma due to occupationally related exposures to allergens.

According to the Behavioral Risk Factor Surveillance System (BRFSS), a statewide survey of adults 18 years and older, 41,246 adults in the District have asthma. In 2002, the lifetime prevalence of asthma was 14.2% for the District compared to 11.8% for the United States (figure 1).

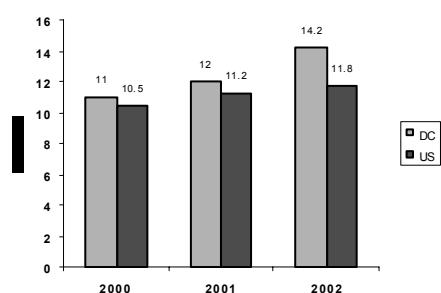
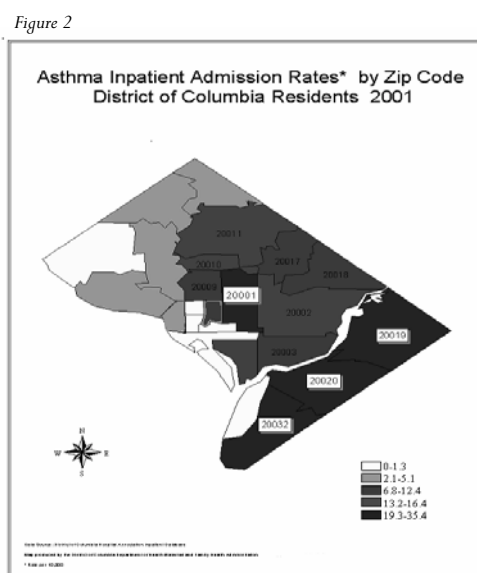


Figure 1: Prevalence of Lifetime Adult Asthma, 2000-2002

Asthma is more strongly evidenced in those geographic areas of the city with high concentrations of poverty, poor health outcomes, and environmental risks. Asthma-related hospital discharge data mapped by zip code reveal dramatic disparities. For example, zip codes 20032, 20020, and 20019 have the highest incidence of discharges due to asthma. These

zip codes represent Wards 6, 7, and 8 - home to many of the District's poorest and most vulnerable residents (figure 2).

Current asthma prevalence in 2002 in DC is 9.1%, which is a 13% increase since 2000 and higher than the national rate of 7.5%. Asthma affects females (10.3% in 2002) at a higher rate than males (7.5% in 2002). The prevalence of current asthma in 2002 in DC increased 29% over the previous three (3) year period in the highest income group (>\$50,000). In 2002, current asthma prevalence increased in adults who had both a less than high school (10.4%) and a post high school (8.4%) education level. In 2002 current asthma prevalence was highest in Ward 8 (12.6%). There was an increase in asthma prevalence in Wards 2 (8.7%), 3 (9.5%), 4 (9.5%), 5 (8.3%) and 6 (8.3%).



These findings present the picture of asthma in DC. However, Asthma represents a broad multidimensional chronic health problem that requires a multidisciplinary approach to understanding and addressing its many consequences. To determine the burden of asthma on the population of the District, future studies will take into consideration the role of environmental factors, lost days from work/school, and the health care costs. For children and adults with persistent asthma, ongoing preventive management is needed.

GRANT FROM CONSUMER HEALTH FOUNDATION

By Barbara Guest

At the end of March, 2004 MWPHA was awarded a one-year \$25,000 grant to increase advocacy in the Metropolitan Washington D.C. area, and extend its mission of through outreach to community-based and grassroots organizations and movements, by addressing the conditions necessary for health communities.

The MWPHA, as an affiliate of the American Public Health Association, serves the metropolitan Washington D.C. areas of Northern Virginia, Prince Georges and Montgomery Counties and the District of Columbia, is using its Strategic Plan to bring its health prevention and health education messages to members and community residents.

The award will enable MWPHA, for the first time, to retain a Program Manager to create new linkages, and work with organizational members to help with their projects. In addition the program manager will assist in recruitment and services to MWPHA members.

The Governing Council is currently working on job duties, and prospective candidate screening. Stay tuned for more information.

Q & A with Lois Gray (Continued from page 2)

mittee planning and activities. Another is to offer CEUs and other activities that attract and meet the needs of our membership.

We have a grant from the Consumer Health Foundation (*see above announcement*) that provides financial support for more advocacy—systematic as well as service. The Disparity Committee has really evolved over the last two years and is now working with a number of community groups and reaching out to the community, mainly at health fairs. The Health Advocates Committee, using the analysis prepared by Sam Seeman and an equipment grant from the Consumer Health Foundation, is now making presentations to groups as a means of stimulating individual and community interest in health issues. These are good foundations. My goal is to enhance them by further internal planning and organization, for instance our Strategic and Annual Work Plans, and increased funding.

Q: What role do you see MWPHA playing in terms of public health issues affecting DC?

Lois: I believe that I have answered much of that already. I would just add that our focus is the entire Washington Metropolitan Area. For instance, we were active in recent efforts to obtain sufficient funding for public health in Prince George's Country. Also, our members live, work, and volunteer throughout the area.

Q: Do you have any suggestions on how ordinary members can get involved, other than serving on the governing council?

Lois: I think that I have answered much that question, too. But let me add that the Council is already addressing this. The Membership Committee is reviewing and distributing lists of new and renewing members' expressed interests in particular activities. I, like other Council members, am reaching out to "regular" members. Indeed, I believe that there is or soon will be a seamless connection such that the major difference between the Council and "regular members" is that of assignment or role.

MWPHA's Health Table at The Annual Black Family Reunion in September 2003

By Daisy Hannah, MWPHA member

In September 2003, the Washington Metropolitan Public Health Association set up a health table at the Black Family Reunion in Washington D.C.

As a member and volunteer of MWPHA, I walked the grounds of the mall where the reunion was held and distributed fliers advertising our health table. The day was gray, damp and overcast. My shoes became muddy and stuck in the wet earth, as I walked across the mall passing out leaflets.

Karen Pomerantz and several other members of the MWPHA volunteered at our table that day. Karen brought pamphlets and other pieces of information for our table. We also requested attendees at the reunion to fill out a MWPHA Disparities Committee questionnaire on the issue of disparity in health care between African Americans and white Americans. The questionnaire contained questions related to the health concerns of African Americans. It asked if they were interested in getting more information about medical issues facing African Americans, making changes in their individual lives, and literature on the differences in access to health care. At least 90 reunion attendees completed the surveys.

Ensuring that African Americans receive the information necessary to improve their health is very important, because we die from preventable diseases at a greater rate than any other ethnic group. We also suffer the consequences of receiving substandard treatment from the health care professionals (physicians, nurses and emergency medical technicians). We are identified and targeted heavily by advertisers in the fast food, alcoholic, cigarettes and soft drink industries. The obesity epidemic in America also impacts African Americans disproportionately, affecting one of every three African Americans. The health of African American children is even worse—roughly 20% of African American children are obese compared to the national average of 15%. Homicide and HIV and AIDS-related infection are the number one killers of African American children between 14 and 29 years old.

There is a lot of work that needs to be done to correct these disturbing trends. We must put the information in the hands of African American communities. We must also create grassroots networks in the African American communities to identify the health issues that affect them and to help identify solutions.

I enjoyed the opportunity to participate in educating the Black community on this important health issue. I encourage other members of MWPHA and other organizations interested in improving the health of Black people to volunteer and inform people about our mission at MWPHA. We are open to collaborate with other groups to develop and implement programs to address this issue.



PUBLIC HEALTH NEWS, IDEAS, AND
EVENTS IN THE CAPITAL REGION

P.O. Box 4843, Cleveland Park Station, Washington, D.C. 20009

YES! I would like to join MWPHA. Enclosed is a completed acceptance form and a check made payable to MWPHA.

Date: _____ Annual Membership Fee is (Circle one) :

	<u>Regular Member</u>	<u>Retired or Student</u>
One Year: _____	\$30	\$25
Two Years: _____	\$50	\$40

APHA Member: Yes No Primary Section: _____

Tax-deductible Contribution: _____ Total Enclosed: _____

Name: _____

Degree(s): _____

Employer: _____

Areas of Expertise: _____

Areas of Interest: _____

Mailing Address: No. and Street _____

City _____ State: _____ Zip: _____

Home Phone: _____ Work phone: _____

Fax number: _____ E-mail address: _____

Please send check to : MWPHA, P.O.Box 4843, Washington, DC 20008

DON'T FORGET TO CHECK OUR WEBSITE www.mwpha.org to learn what Committees you might want to join.

CALENDAR OF EVENTS

NOVEMBER

2004 APHA Annual Meeting

6-10 132nd Annual Meeting- "Public Health and the Environment"

Location: Washington Convention Center, Washington, DC

General Information:

www.apha.org/meetings/highlights.htm

Registration/Housing:

www.apha.org/meetings/reg_housing.htm

SOPHE Annual Meeting

5-7 Society for Public Health Education 55th Annual Meeting- "The Power and Influence of Health Education: Promoting Monumental Change"

Location: Capital Hilton, Washington, DC

For more information:

www.sophe.org or call 202/408-9804