



## E-Newsletter – June 14, 2005 Conference Special Edition

### **The Joseph C. Cornwall Center for Metropolitan Studies Sponsors One-Day Conference: “*Health in the Newark Metropolitan Area: Being Well in the Midst of Opportunities & Challenges*”**

#### **Director’s Message**

Greetings!

As the director of the Joseph C. Cornwall Center for Metropolitan Studies at Rutgers University, Newark, it is my privilege to invite you to our Second Annual Forum: “*Health in the Newark Metropolitan Area: Being Well in the Midst of Opportunities and Challenges.*” The Cornwall Center’s mission is to advance the analysis and research of complex issues facing urban areas, primarily Newark and northern New Jersey. Our areas of concentration are: housing, social justice, health, education, and community and economic development. One of the ways we accomplish our goal is by sharing knowledge and facilitating the exchange of ideas among all stakeholders.

This year our topic is wellness and health. We are pleased to have an excellent array of panelists – educators, medical experts, community based people, policy makers, etc., from different backgrounds and fields of expertise. The exchange of information, knowledge, and experience between the panelists and the audience, will enable us to leave the conference with a better understanding of what we can and must do to claim our good health in a geographical area where some of the best health care facilities in the world exist and yet the health statuses of many of the residents are very poor.

As is true with many things in life, in order to be successful, it helps to approach a challenge from various perspectives. It is our intention to present a forum that will provide information from the perspectives of: Wellness, Health, and Health Care. For Wellness, we have asked the panelists to provide information about how we, as individuals who have the *right* to be healthy, can better assume our responsibility to take care of ourselves. The second panel will discuss Health and examine some of the health issues that affect many of us who live in this Newark metropolitan area. The third panel, Health Care, will facilitate our exploration of the relationship between the health system and health status: the barriers that limit access to health care as well as the opportunities and programs that exist to address these issues. We will end the day, as we did at our last conference: “*The Role of the Village: Community Strategies to Strengthen New Jersey’s Child Welfare Safety Net,*” with a participatory session in which

collectively we will discuss where and how the Cornwall Center can facilitate and expand upon the information received. And, as last year, the Cornwall Center will continue to work on this issue throughout the upcoming year in ways that are appropriate for us to continue to connect research with people so that informed decisions can be made at personal, professional, and policy levels.

We look forward to your ideas and suggestions. Also, an enormous thank you to the Cornwall Center team who worked so diligently on this project: Katherine Accousti, Donita Devance, Lela Keels, Irene Welch, and Fayth Ruffin.

*Stephanie Bush-Baskette, Esq., Ph.D.*  
*Director*  
*Joseph C. Cornwall Center for Metropolitan Studies*

## **Conference Overview**

We all have a personal responsibility for maintaining our health and there are many things we can do individually to facilitate better health outcomes. But what role do or should educators, policy makers, community-based agencies, public institutions, researchers, and the health care system itself, play in maintaining a healthy community?

These and other questions are the focus of the Cornwall Center for Metropolitan Studies' second-annual Conference, "***Health in the Newark Metropolitan Area: Being Well in the Midst of Opportunities & Challenges.***" The conference will explore the various dimensions, opportunities, and challenges, for maintaining good health and healthy lifestyles in the Newark Metropolitan area. The conference will be held on Wednesday, June 22, 2005 at the Paul Robeson Campus Center, 350 Martin Luther King Blvd on the Rutgers Newark Campus.

The conference will feature three panels, one each on **Wellness, Health, and Health Care** systems and the various relationships and responsibilities for maintaining good health and improving health outcomes in the community.

**Health in the Newark Metropolitan Area:  
Being Well in the Midst of Opportunities & Challenges**

**Wednesday, June 22, 2005  
8:30 AM–4:00 PM**

**Paul Robeson Campus Center Multi-Purpose Room 231W and 232 E  
350 Dr. Martin Luther King Jr. Blvd, Newark, NJ 07102**

*The conference is **free** but seating is limited. Please reserve your place by June 20, 2005 to Ms. Irene Welch 973-353-1750 Ext. 221 or [irenew@andromeda.rutgers.edu](mailto:irenew@andromeda.rutgers.edu)*

# Conference Agenda

## Health in the Newark Metropolitan Area: Being Well in the Midst of Opportunities & Challenges

8:30 am - 9:00 am	Registration
9:00 am - 9:15 am	Welcome
9:15 am -10:45 am	<p><b><i>Panel 1: Strategies, opportunities, and challenges for maintaining good health from the perspective of the individual, community, and public institutions</i></b></p> <p><b><i>Moderator:</i></b> Stephanie Bush-Baskette, Director, Cornwall Center for Metropolitan Studies</p> <p><b><i>Panelists:</i></b></p> <ul style="list-style-type: none"> <li>• Margaret Cammerari, Regional Education Dir., American Heart Association</li> <li>• Donald Louria, Director, Healthful Life Project, UMDNJ</li> <li>• Kathleen Morgan, Family and Community Health Sciences Educator, Rutgers Cooperative Research and Extension</li> <li>• Karen D’Alonzo, Assistant Professor, Rutgers College of Nursing</li> <li>• Deanna Johnson, President and CEO, Holistic Urban Guidance Center</li> </ul>
10:45 am -11:00 am	Break
11:00 am - 12:30 pm	<p><b><i>Panel 2: Health status and health issues in the Newark Metropolitan Area</i></b></p> <p><b><i>Moderator:</i></b> Denise Davis, Policy Analyst, Center For State Health Policy, Rutgers University</p> <p><b><i>Panelists:</i></b></p> <ul style="list-style-type: none"> <li>• Rose Marie Martin, Division of AIDS Prevention and Control and Center for Health Statistics, NJ Department of Health and Senior Services</li> <li>• Jeffrey Backstrand, Associate Professor, Urban Health Specialization, UMDNJ</li> <li>• Bruce Stout, Executive Director, Violence Institute of NJ, UMDNJ</li> <li>• Robert Atkins, Assistant Professor, Rutgers College of Nursing</li> <li>• Donna Weinman, Director of Clinical Services, Hyacinth AIDS Foundation</li> </ul>
12:30 pm - 1:30 pm	Lunch
1:45 pm - 3:00 pm	<p><b><i>Panel 3: The relationship between the healthcare system and health status in the region</i></b></p> <p><b><i>Moderator:</i></b> Richard Roper, President, The Roper Group</p> <p><b><i>Panelists:</i></b></p> <ul style="list-style-type: none"> <li>• Linda Holmes, Executive Director, Office of Minority and Multicultural Health, NJ Department of Health and Senior Services</li> <li>• Debbie Salas-Lopez, Vice Chair of Clinical Programs, Assistant Professor of Medicine, UMDNJ</li> <li>• Shari Munch, Assistant Professor, Rutgers School of Social Work</li> </ul>
3:00 pm - 4:00 pm	Action Plan: Where do we go from here? - Town Hall Discussion

## Wellness

Webster’s Dictionary defines wellness as, “the condition of good physical and mental health, especially when maintained by proper diet and exercise”. To a large extent, good health is

determined by an individual's habits and lifestyle choices. In March 2005, the American Cancer Society reported that more than half of all cancer deaths could be prevented if Americans stopped smoking, exercised regularly, improved their eating habits, and utilized the recommended cancer screenings. Promoting good health and preventing illness is the focus of our first discussion. The panel will explore the main components of wellness: nutrition, exercise, mind/body/spirit, and preventative health care.

Nutrition plays a vital role in good health. According to the USDA's Dietary Guidelines for Americans 2005, "Major causes of morbidity and mortality in the United States are related to poor diet and a sedentary lifestyle." In April 2005, the USDA unveiled "MyPyramid" the new dietary guidelines. The new guidelines emphasize a more individualized approach to improving American diets. The system encourages people to make smart food choices and to include physical activity in their daily routine.

According to the US Surgeon General, physical activity is directly related to preventing disease, premature death, and to maintaining a high quality of life. The new Dietary Guidelines for Americans 2005 state that regular physical activity promotes health, psychological well-being, and a healthy body weight. Regular exercise also promotes weight loss and reduces stress, which lead to overall improvement in health.

In addition to nutrition and exercise, leading a healthy lifestyle includes the relationship between the mind, body and spirit. According to the National Center for Complementary and Alternative Medicine (part of National Institutes of Health), mind-body medicine focuses on the interactions between the brain, mind, body, and behavior, and the powerful ways in which emotional, mental, social, spiritual, and behavioral factors can directly affect health.

Finally, a healthy lifestyle ideally includes preventative health care. Staying up to date on check-ups, immunizations, screenings, and tests can prevent illness and promote good health. According to the US Department of Health and Human Services, preventive screenings and testing saves lives. Routine screenings can identify previously undiagnosed conditions or risk of conditions and allow healthcare professionals to intervene early with either treatments or recommendations for lifestyle changes.

The **Wellness** panel includes experts in diet, exercise, healthy practice, preventive medicine guidelines, and the mind-body connection. The panelists will provide strategies and discuss opportunities and challenges relevant to people living and working in the Newark Metropolitan area and beyond.

## Related Articles

"The tempting of a nutrition guru: Woman behind new school rules works to follow her own advice", Star Ledger, Wednesday, June 08, 2005

<http://www.nj.com/news/ledger/jersey/index.ssf?base/news-0/1118212419110620.xml&coll=1>

"Soda, candy no longer to be sold to students", Star Ledger, Tuesday, June 07, 2005

<http://www.nj.com/news/ledger/index.ssf?base/news-1/11181227086000.xml&coll=1>

“Practice pays off: Establishing good habits essential to maintaining success”, Star-Ledger, Tuesday, June 07, 2005

<http://www.nj.com/search/index.ssf?/base/living-/11181223376000.xml?starledger?livhf&coll=1>

Apples' antioxidant punch is in the peel”, Star-Ledger, Monday, June 06, 2005

<http://www.nj.com/search/index.ssf?/base/news-1/1118033748172050.xml?starledger?ntop&coll=1>

“Climbing the pyramid”, Star-Ledger, Thursday, June 02, 2005

<http://www.nj.com/search/index.ssf?/base/living-0/1117689530132120.xml?starledger?livhf&coll=1>

“Kids absorbing lessons on 'whoa' foods”, Star-Ledger, Wednesday, June 01, 2005

<http://www.nj.com/search/index.ssf?/base/news-0/11176063326520.xml?starledger?ntop&coll=1>

## Resources

1. American Heart Association – <http://www.heart.org>
2. American Stroke Association - <http://www.strokeassociation.org>
3. American Cancer Society – <http://www.cancer.org>
4. American Lung Association – <http://www.lungusa.org>
5. American Dietetic Association - <http://www.eatright.org/Public/>
6. US Food and Drug Administration - <http://www.fda.gov/>
7. US Department of Agricultural –
  - a. The new USDA MyPyramid Food Guidance System - <http://www.mypyramid.gov/>
  - b. Easy access to the best food and nutrition information from across the federal government - <http://www.nutrition.gov/>
8. US Department of Health and Human Services - <http://www.hhs.gov/>
  - a. Health information from A to Z: prevention & wellness, diseases & conditions, and alternative medicine. - <http://www.healthfinder.gov/>
  - b. Weight-control Information Network - <http://win.niddk.nih.gov/> - provides the general public, health professionals, the media, and Congress with up-to-date, science-based information on weight control, obesity, physical activity, and related nutritional issues.
  - c. President's Council on Physical Fitness and Sports - [www.fitness.gov](http://www.fitness.gov)
  - d. HealthierUS.Gov - <http://www.healthierus.gov/>
  - e. HealthPeople 2010 - <http://www.healthypeople.gov/>
9. National Institute of Health - <http://www.nih.gov>
  - a. We Can! (Ways to Enhance Children's Activity & Nutrition) is a national program designed as a one-stop resource for parents and caregivers interested in practical tools to help children 8-13 years old stay at a healthy weight <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/>
  - b. National Center for Complementary and Alternative Medicine - <http://nccam.nih.gov/>
10. Healthful Life Project - <http://healthfullife.umdnj.edu/>
11. National Women's Health Resource Center – [www.healthywomen.org](http://www.healthywomen.org)

12. National Institute on Wellness - <http://www.nationalwellness.org/>
13. Healthy New Jersey - <http://www.state.nj.us/health/chs/hnj.htm>
14. New Jersey Department of Health and Senior Services - <http://www.state.nj.us/health/>
15. Prevention – [www.prevention.com](http://www.prevention.com)
16. Agency for Healthcare Research and Quality - <http://www.ahrq.gov/>

## Health Status

The health status of a community refers to the particular pattern of conditions that characterize the health and well being of a community. It is also used to track the rate of certain diseases and illness prevalent in a community. This information can be useful to health care practitioners, educators, and researchers who look for these trends and attempt to address them through education, screening, preventive and therapeutic measures, and other means.

It has long been noted that residents of urban areas, in general, tend to have worse overall health status than those living in suburban areas. Recent studies have found that socioeconomic factors—most notably, income and education—are some of the greatest predictors of differences in health status among urban and suburban dwellers. Still, there are many theories as to what causes these differences.

Urban dwellers tend to have lower incomes than do their suburban neighbors. Income influences everything from the type of job and environmental conditions a person may be exposed to at home and at work, to the type of diet a person consumes, to the ability to seek needed health care. However, there are a number of other conditions that contribute to differentials in health status. Housing quality and condition, crowding, environmental conditions—either natural or man-made, violence, extreme poverty, local policy, cultural influences and culturally accepted practices, religious beliefs, or even beliefs about health practices themselves, can have a major impact on the overall health of a community.

There are several noteworthy indicators that characterize the health status inequities between urban and suburban residents in the Newark metropolitan area, one of the state's most populous urban settings. For example, The Association for Children of New Jersey ([www.acnj.org](http://www.acnj.org)) reports that children in Newark are admitted to hospitals for asthma attacks at a rate well above that for Essex County, and roughly four times greater than for the state as a whole. According to 2002-2003 Kids Count the rate in Newark is 9.6 per thousand; Essex County 5.5 per thousand; New Jersey 2.3 per thousand.

Statistics from the National Cancer Institute reported in 2001 indicate that Newark had the highest mortality rate for breast cancer among 200 cities surveyed (*Ladies Home Journal*, 2001). A RAND study released in May, 2004, found that adults in Newark receive only 52 percent of recommended health care, one of the worst metropolitan areas of the 12 studied. Newark had the worst rate for receiving recommended care for the treatment of depression. (Star Ledger, May 5, 2004 pg. 22).

Beyond the readily available data for Newark City, there are marked differences in health status between the core urban areas and surrounding “rim” communities (i.e., adjacent, more

suburban municipalities) in Essex County. Table 1 shows some of these urban-suburban differences with respect to general poverty, mortality rates, and low birth weight. The first four rows show health indicators for the urban core cities of Newark, East Orange, Irvington, and Orange. These are compared to the rim municipalities of Bloomfield, South Orange, West Orange, and Maplewood. In nearly every instance, health indicators for the urban core show poorer health status than for the more suburban communities.

**Table 1.**

**Selected Characteristics of Essex County Communities**

Location	Population	Households Living Below the Poverty Line	Death Rate per Thousand People		Low Birth Weight (percent of live births)
			Overall	HIV/AIDS	
East Orange	69,824	19.2%	11.5	.8	15.5%
Irvington	60,695	17.4%	6.8	.4	12.5%
Newark	273,546	28.4%	9.0	.7	13.1%
Orange	32,868	18.8%	NA	NA	10.6%
Bloomfield	47,683	5.9%	<.1(S)	<.1(S)	7.0%
Glen Ridge	7,271	3.0%	NA	NA	<5%(S)
Maplewood	23,868	1.8%	7.5	<.2(S)	8.9%
South Orange	16,964	5.3%	7.6	<.2(S)	7.3%
West Orange	44,943	5.6%	NA	<.3(S)	6.7%

Sources: Health statistics from New Jersey Department of Health and Senior Services, NJSHAD Query System. Poverty statistics from U.S. Bureau of the Census, SF 3, 2000. Table P89. NA-denotes data not available. (S) denotes data have been suppressed for fewer than five occurrences.

The goal of the **Health** panel is to examine the health status of the Newark Metropolitan area and to focus in on some of the health issues prevalent in this region. The panel will address both the factors that underlie health indicators in the region as well as strategies to improve the health condition of the community. The panelists will discuss overall health status, urban health issues, violence, youth violence and behavioral health, and HIV/AIDS.

**Resources**

1. Center for Disease Control and Prevention: <http://www.cdc.gov/>
2. Center for Disease Control and Prevention, Office of Minority Health <http://www.cdc.gov/omh/AMH/AMH.htm>
3. New Jersey Department of Health and Senior Services <http://www.state.nj.us/health/>
4. MHANJ: Mental Health Association of New Jersey <http://www.mhanj.org/>
5. Healthy New Jersey <http://www.healthynj.org/nj/njhealthstats.html>
6. New Jersey Health Statistics, 1998. <http://www.state.nj.us/health/chs/stats98/hstatus.htm>
7. New Jersey Minority Health Summit. <http://www.rwjf.org/reports/grr/036032s.htm>
8. Hyacinth Aids Foundation: <http://www.hyacinth.org/index.html>
9. Newark Emergency Services for Families, Inc: [www.nesfnj.org](http://www.nesfnj.org)
10. New Jersey Department of Human Services: <http://www.state.nj.us/humanservices/das>

11. State of New Jersey Environmental Justice Task Force: <http://www.nj.gov/ejtaskforce/>
12. Violence Institute of New Jersey at UNDNJ: <http://www.umdnj.edu/vinjweb>
13. Resource Directory: Health and Social Services Directory For Newark Families with Children exposed to Violence: <http://vinst.umdnj.edu/ssdir>

## Health Care

The Newark Metropolitan area encompasses one of New Jersey's largest and most broad array of health care facilities. Yet, in the midst of this broad and varied system of health care services, residents in this area, especially among the urban core, suffer some of the state's worst health outcomes in terms of incidence and rates of certain diseases. Experts agree that this is a complex phenomenon and no one theory adequately explains it. Still, many agree that race, class, ethnicity, and culture are key among the factors that explain differentials in health status.

Race and class are thought to be highly correlated with access to care through insurance and other payer systems. High rates of poverty and unemployment contribute to the underutilization of needed health services because the poor and unemployed often lack health and prescription drug coverage. Minority populations tend to be the most vulnerable. According to year 2000 figures collected by the New Jersey Department of Health and Senior Services twenty-three percent of Blacks and 28 percent of Hispanics under age 65 did not have health insurance coverage, compared with only 9 percent of Whites. In recent years state programs to increase the number of insured (e.g., **NJ KidCare** and **NJ Family Care**, and more recently **RX 4 NJ** prescription drug program) have had a modest impact on the rate of utilization of health services.

But insurance alone is not the answer. The National Academy of Sciences Institutes of Medicine (IOM) conducted an exhaustive investigation into the reasons for health disparities and inequities in health care in this country. The report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," released in 2002, categorizes the major reasons for differential health outcomes between minority and non minority communities. The report divides these into four major categories: Health Care Environment, and Patient-, System-, and Clinical-Level factors.

The *Health care environment* includes such factors as health status, health insurance, language, perceptions of racism and discrimination, historical aspects of health care delivery for racial and ethnic minorities, legal and defacto segregation, health care settings, health care workforces that are representative of the community they serve, and the issue of medically underserved communities. *Patient-level* factors might include: patient preferences for particular health care providers or health care settings; mistrust of medical professionals, procedures, and practices; refusal of treatment, biological differences attributable to cultural heritage, and the propensity of higher socioeconomic groups to overuse services. *System-level* includes the organization of health systems, health system finance, bureaucracies that create barriers to care, referral patterns for specialty care, the impact of managed care, and supply side cost containment vs. demand for services. Finally, *Clinical-level* factors include medical decision making under pressure and with limited information, provider prejudice or bias, and patient responses and mistrust or refusal to comply.

The IOM study has been widely accepted as an important beginning to understanding and addressing differential health status where race, ethnicity, and culture are factors. Other researchers posit that additional barriers to adequate care may include religious norms, and practices; access to transportation; culturally appropriate health education; improving the public's health seeking behavior; and personal preferences and perceptions (e.g., adapting to changes in regular source of care or refusal to cross geographic "boundaries" when seeking care).

The Health Care panel will explore the relationship between the health care system and the health status of people in the Newark Metropolitan area. The panel will discuss barriers that limit access to health care and new opportunities and programs to address these issues. The panel will discuss limitations in the current system of health care delivery and ways these are being addressed.

## Resources

1. New Jersey Department of Health and Senior Services <http://www.state.nj.us/health/>
2. Office of Multicultural Health, New Jersey Department of Health and Senior Services <http://www.state.nj.us/health/commiss/omh/index.shtml>
3. Center for Studying Health Systems Change <http://www.hschange.com>
4. Closing the Health Gap, U.S. Department of Health, Office of Minority Health Resource Center <http://www.healthgap.omhrc.gov/>
5. Institute for the Elimination of Health Disparities (University of Medicine and Dentistry of New Jersey) <http://www2.umdnj.edu/iehdweb/index.htm>
6. National Institutes of Health, Health Resource Center <http://health.nih.gov/>
7. National Health Care Disparities Report <http://www.ahcpr.gov/qual/nhdr03/nhdrsum03.htm#Knowledge>
8. National Academy of Sciences, Institutes of Medicine (2002) Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care <http://www.iom.edu/report.asp?id=4475>
9. The Social and Health Landscape of Urban and Suburban America Report Series [http://www.downstate.edu/urbansoc\\_healthdata/Urban%20Center%20Website/web%20design2/Reports.htm](http://www.downstate.edu/urbansoc_healthdata/Urban%20Center%20Website/web%20design2/Reports.htm)
10. Rodgers, M.D.(2002) The State of Black Health in New Jersey. New Brunswick: New Jersey Public Policy Research Institute
11. <http://policy.rutgers.edu:16080/njppri/pdf/blkhealthnj.pdf>

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The Cornwall Center for Metropolitan Studies circulates the *Cornwall MetroNews* e-newsletter to: 1) inform readers about important local, state, and national issues and, 2) showcase the work of the Center and members of the Rutgers-Newark community. The Center's primary geographic focus is Northern New Jersey, with special emphasis on Newark and the Newark metropolitan area. If you would like to add an item or add/remove a name from our distribution list, please

contact Katherine Accousti. For story ideas and suggestions please contact Donita Devance-Manzini. Contact information follows.

*The following individuals contributed to this edition of the **Cornwall MetroNews**: Katherine Accousti, Stephanie Bush-Baskette, Donita Devance-Manzini, Lela Keels, Kelly Robinson, Fayth Ruffin, and Irene Welch.*

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