



REVERSE RESEARCH DAY

Catalog of Participants

Friday, March 13th
1:30pm – 4:00pm

Feinstone Hall

Johns Hopkins Bloomberg
School of Public Health



Johns Hopkins

Urban Health
INSTITUTE

COMMUNITY-BASED ORGANIZATIONS

Baltimore Green Space
Baltimore Harbor WATERKEEPER
Baltimore HealthCare Access, Inc.
Mi Espacio After-School Program
Parks & People Foundation
Project Care
Project HEALTH
Students Sharing Coalition, Inc
The After School Institute

BALTIMORE CITY

Acute Communicable Diseases
Program
Baltimore City Department of Planning
Baltimore City Needle Exchange
Program
Baltimore Infants and Toddlers Program
Baltimore Substance Abuse Systems
BCHD Healthy Homes
Bureau of Adolescent and Reproductive
Health
Bureau of Child Health and
Immunization
HIV/STD Prevention Program
Maternal and Infant Nursing Program
Office of Cigarette Restitution and
Chronic Disease Prevention
Office of Epidemiology and Planning
Office of Public Health Preparedness
and Response
Office of Youth Violence Prevention
Oral Health Services
School-Based Health Centers Program
Tuberculosis Control Program



'Reverse' Research Day

Friday, March 13, 2009

1:30pm – 4:00pm

Feinstone Hall

Johns Hopkins Bloomberg School of Public Health

1:30 pm – 2:30 pm Poster Session

2:30 pm – 3:00 pm Discussion: Practitioner/Community Driven Research

Thomas A. Burke, PhD, MPH

Associate Dean for Public Health Practice and Training

Professor, Department of Health Policy and Management

Johns Hopkins Bloomberg School of Public Health

3:00 pm – 4:00 pm Poster Session

Poster Number	
1	Baltimore Green Space
2	BCHD Acute Communicable Diseases Program
3	Baltimore City Department of Planning
4	Baltimore Harbor WATERKEEPER
5	BCHD Baltimore City Needle Exchange Program
6	BCHD Baltimore Infants and Toddlers Program
7	Baltimore HealthCare Access, Inc.
8	BCHD Baltimore Substance Abuse Systems
9	BCHD Healthy Homes
10	Mi Espacio After-School Program
11	BCHD Bureau of Adolescent and Reproductive Health
12	BCHD Bureau of Child Health and Immunization
13	Parks & People Foundation
14	BCHD HIV/STD Prevention Program – Early Intervention Initiative
15	BCHD HIV/STD Prevention Program – Outreach Program
16	Project Care
17	BCHD Maternal and Infant Nursing Program
18	BCHD Office of Cigarette Restitution and Chronic Disease Prevention
19	BCHD Office of Epidemiology and Planning
20	Project HEALTH
21	BCHD Office of Public Health Preparedness and Response
22	BCHD Office of Youth Violence Prevention
23	Students Sharing Coalition, Inc
24	BCHD Oral Health Services
25	BCHD School-Based Health Centers Program
26	The After School Institute
27	BCHD Tuberculosis Control Program

Note: Abstracts are presented in format submitted

1. Organization/agency's mission and goals:

Baltimore Green Space is a land trust that partners with communities to preserve and support community gardens, pocket parks, and other community-managed open spaces. We aim to protect the social and environmental benefits that residents create through their sweat equity investments in their neighborhoods.

2. Summary of the organization's prior work:

Since it was founded by four community gardeners in 2007, Baltimore Green Space has worked with the City and nonprofits to create a program that will allow it to affordably protect community gardens and other community-managed open spaces. We currently serve as a consultant to the Office of Sustainability on criteria and procedures for preserving community-managed open space, and recently completed our first transaction, two of three lots that make up the Upper Fells Point Improvement Association community garden, a beautiful 20-year-old vegetable garden on East Pratt Street.

3. Target population of organization/agency:

Baltimore Green Space serves community greeners throughout Baltimore City.

4. Current research needs:

The traditional "highest and best use" of land is that which extracts the highest rents, and historically, community gardens have flourished when the market for land does not, as in the Depression, and when there is a greater need for food production, as with the Victory Gardens. Baltimore City's new Sustainability Plan makes an important step in establishing the importance to municipal policy in how economic, environmental, and social benefits reinforce each other in a virtuous cycle. Research that shows the pathways by which social and environmental benefits of community-managed open space lead to economic benefits will be extremely useful in helping all parties buy into the preservation of community-managed open space.

Vicki Been and Ioan Voicu ("The Effects of Community Gardens on Neighboring Property Values," *Real Estate Economics*, 36:2 (2008), p. 241-283), show that New York City, gardens boost property values. They found that "the opening of a community garden has a statistically significant positive impact on the sales prices of properties within 1000 feet of the garden, and that the impact increases over time. Higher quality gardens have the greatest positive impact," and "gardens have the greatest impact in the most disadvantaged neighborhoods." For New York City, this translates to an additional \$792,000 in property taxes per garden over 20 years. This research should be duplicated in Baltimore City, and further elaborated by tracing the pathways by which social and environmental benefits contribute to economic benefits.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. For example, 4 of 6 health factors identified by the Department of Health as contributing to early mortality in Baltimore – physical activity, nutrition, stress, and air quality – are addressed by community-managed open spaces. How does the City's budget benefit when these factors are improved?
- b. Anecdotally, community-managed open spaces push out crime. Can this be confirmed? Which spaces do it best?
- c. Food grown within walking distance of those who eat it helps to reduce Baltimore's carbon footprint. By how much, and does this reduce costs for City government?

6. Other useful information (optional):

- 1. Organization/agency's mission and goals:**
Baltimore City Health Dept., Acute Communicable Diseases (ACD).
- 2. Summary of the organization's prior work:**
ACD is responsible for conducting the surveillance, investigation, and control of reportable diseases, conditions, outbreaks and unusual manifestations, with the exception of Tuberculosis, Sexually Transmitted Diseases, HIV/AIDS, and some vaccine-preventable diseases.
- 3. Target population of organization/agency:**
Citizens of Baltimore City
- 4. Current research needs:**
 1. Prevalence of Hepatitis C infection
 2. Enhance infection control education in day care centers
 3. Enhance infection control education in shelters
- 5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.**
 - a. What is the public health impact of Hepatitis C?
 - b. What can day care centers improve to limit the spread of germs?
 - c. What can shelters improve to limit the spread of germs?
- 6. Other useful information (optional):**

- 1. Organization/agency's mission and goals:**
Baltimore City Department of Planning
- 2. Summary of the organization's prior work:**
Comprehensive Master Plan, Comprehensive Rezoning, Development Review
- 3. Target population of organization/agency:**
Baltimore City
- 4. Current research needs:**
Comprehensive Rezoning Questions, Food Policy Task Force, Business/Workforce Data
- 5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.**
 - a. In preparation for the 2010 Census, we'd like to use the most effective means of outreach that would resonate with traditionally hard to enumerate populations. Is there any research to show that different approaches work with different groups? do the more modern social networking techniques work? if so, on what types of groups? if not, what are some good alternatives?
 - b. How well does the LEHD/LED employment information help the City account for commuting patterns within the Baltimore region? can we use this information on an annual basis?
 - c. How does the cost of food in the city serve as a barrier to accessing healthy food? is it more expensive to buy healthier food in the city vs. the county regardless of the type of establishment? can better healthy food pricing really help increase consumption of healthy food or is that not really the proximate determinant of eating healthier foods?
- 6. Other useful information (optional):**

1. Organization/agency's mission and goals:

The mission of Baltimore Harbor WATERKEEPER is to protect and restore Baltimore Harbor and the greater Patapsco River and its tributaries through enforcement, fieldwork, and citizen action in order to make the river suitable for recreation, including fishing and swimming, to improve public health, and to improve the health of the river ecosystem.

2. Summary of the organization's prior work:

Founded in 2006, WATERKEEPER has made its name as a citizen enforcement organization. We have challenged state laws that do not adequately protect the environment, including: (1) the state-wide construction stormwater permit (that addresses sediment pollution in our waterways), (2) the MD Dept. of Agriculture's confidentiality policy regarding Nutrient Management Plans for CAFO operations, (3) MD Dept. of Environment's failure to issue a Clean Air Act permit for a large trash incinerator in Baltimore City, (4) petitioned the MD Dept of the Environment to list Baltimore Harbor and Middle Branch as "impaired" for trash on the MD 303(d) list, therefore requiring the City of Baltimore to control the garbage washing into our waters. This season, we are launching the following programs: (1) Get the Dirt Out Chesapeake, a region-wide program to train citizens to identify and report construction stormwater pollution., and (2) together with the City of Baltimore, we will be monitoring for bacteria in Baltimore Harbor and Middle Branch.

3. Target population of organization/agency:

People that live, work, and/or recreate, in the Patapsco River watershed.

4. Current research needs:

Understanding the big picture health of the Patapsco River. Although we have state-wide "report cards" indicating the Patapsco is a "D" or "F" (depending on the year), we, as a community, do not have a clear picture of the overall health of the river on a daily/monthly/seasonal basis, and in particular areas of the river. We know it's bad, but how bad is it? Why is it so bad in a particular location? Perhaps this data exists in a piecemeal fashion, but we are unable to find a comprehensive assessment of the River.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. Where are the most polluted areas of the lower Patapsco River (defined as Baltimore Harbor & Middle Branch to the mouth of the river)? Is it safe to recreate anywhere? How are species of wildlife affected by the pollution? Without this baseline water quality data, we cannot prioritize solutions to improve the health of the river.
- b. Baltimore City is operating under a Consent Decree to repair its aging sewage system. Yet, sewage spills persist. What areas are most affected by sewage pollution? Where people coming into contact with the sewage? Does it present a significant public health risk? To whom? How?
- c. Are there sites in the watershed that present a significant risk to public health because of water pollution (example: a toxic dump leaching into the groundwater, a scrapyard contaminating stormwater)?

6. Other useful information (optional):

1. Organization/agency's mission and goals:

The Bureau of Community Risk Reduction Services Baltimore City Needle Exchange Program (NEP) seeks to reduce transmission of HIV/AIDS and Heatitis C among intravenous drug users in Baltimore City.

2. Summary of the organization's prior work:

The NEP Program provides health education/risk reduction interventions for intravenous drug users aboard its mobile units. These interventions include 1:1 syringe exchange, wound care and Counseling, Testing and Referral (CTR.) The program also provides other health services to this at risk population such as Mobile Vaccine Clinics and referrals for drug treatment slots funded by the City of Baltimore. The NEP provides clients with ancillary referrals for housing and identification.

3. Target population of organization/agency:

Baltimore City residents

4. Current research needs:

Study the connection between the Staying Alive program and the rates of overdose deaths in the City. Study the reason as to why younger drug users (18-24) are not utilizing Needle Exchange services.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. What sort of an intervention might be useful for women engaging in sex work?
- b. Given the substantial decrease in overdose deaths in 2008 in Baltimore; what impact has Staying Alive (overdose prevention and management program) played in this decrease?
- c. Why do we have difficulty reaching young persons (18-24) in Baltimore and getting them to access NEP services?

6. Other useful information (optional):

The Bureau of CRRS provides direct services daily to city residents. Our volunteer staff is a strong group of 25+ folks without whom we could not provide all of the direct services we provide. Our core population we serve are approximately 60% male and 40% female, largely African American, with only a small population of youth seeking our services. In the last two years the numbers of women we see have tripled. The numbers of persons seeking Staying Alive program services have more than doubled.

1. Organization/agency's mission and goals:

The Infants and Toddlers Program is an interagency program for families with infants and toddlers who may be experiencing a delay in development or who have a diagnosed condition that has high probability of delay. Assistance is provided to families in screening early intervention services in areas of the child's and families identified need.

A child with a suspected developmental delay, birth through 2, is eligible for screening and assessments to identify early intervention needs in the areas of Speech/language; Physical Development; Cognitive Development; Social/Emotional Development; Self-Help Skills.

Contact information:

Charles Baugh, Director – charles.baugh@baltimorecity.gov

Gloria Wicks, Program Administrator – gloria.wicks@baltimorecity.gov

2. Summary of the organization's prior work:

identification of underserved populations in the Latino and Orthodox Jewish communities

3. Target population of organization/agency:

children 0 - 3

4. Current research needs:

identifying underserved ethnic populations in Baltimore with children 0 - 3;

identifying children of paternal drug users and likelihood of child having developmental delays,

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

a. What culture barriers prohibit ethnic populations from participating in the Infants and Toddlers Program?

b. What influence does the Father's drug history have on a child's development?

c. What identifiable trends in this population have influenced a positive outcome?

6. Other useful information (optional):

None

1. Organization/agency's mission and goals:

Baltimore HealthCare Access

Vision: Baltimore HealthCare Access envisions a future in which all residents of Baltimore City, as well as the State, have access to comprehensive, community-based, culturally competent, and coordinated health care.

2. Summary of the organization's prior work:

Baltimore HealthCare Access, Inc. (BHCA), a quasi-public agency of the Baltimore City Health Department, was established in 1997 to assist with the transition from Medicaid fee-for-service to managed care - HealthChoice. BHCA continues to provide health education, care coordination outreach, eligibility determination for the Maryland Children's Health Program (MCHP) Primary Adult Care Program (PAC), and Medical Assistance for Families (MA4F), and ombudsman services to HealthChoice enrollees and has expanded its service to Baltimore to include outreach to at-risk pregnant women and their families, the homeless, and substance abuse communities.

3. Target population of organization/agency:

Uninsured residents of Baltimore City and Medicaid/MCHP recipients who are having difficulty navigating the health care system

4. Current research needs:

Determining effective health care message marketing in Baltimore City

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. What messages are effective in Baltimore City in reaching Baltimore families about health coverage options?
- b. What messages/modes of delivery (radio, flyers, billboards, bus ads) are effective in motivating Baltimore HOH to call an insurance hotline?
- c. What message best conveys Medicaid/CHIP consumer rights to recipients and motivates any needed action to exercise those rights?

6. Other useful information (optional):

BHCA recently began operating a health insurance hotline for Baltimore City residents

- 1. Organization/agency's mission and goals:**
Baltimore Substance Abuse Systems (BSAS)
- 2. Summary of the organization's prior work:**
BSAS is substance abuse authority for Baltimore City, and is responsible for administering public and private funding for substance abuse prevention, treatment and related services; planning new services, improving access to and quality of care for Baltimore City residents, setting local policies related to service delivery, tracking outcomes, etc.
- 3. Target population of organization/agency:**
Baltimore City as a whole is the target population. BSAS-funded treatment services are targeted to uninsured people. BSAS-funded substance abuse prevention services are targeted to high-risk 6th graders and their families.
- 4. Current research needs:**
- 5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.**
 - a. How can BSAS best track trends related to the substance abuse problem in Baltimore City. For example, what are the top 10 indicators related to substance abuse (such as HIV cases related to drug abuse, foster care placements related to substance abuse, overdoses, etc.) and where is data on these indicators available on an annual basis? This information would help BSAS track success/challenges in Baltimore's drug problem over time.
 - b. What is the quantity, source and distribution methods for illicit drugs in Baltimore City (i.e. what types and how much drugs come into the City, what cities/countries do drugs come from, what types of transportation bring drugs into the city, how are drugs sold, etc.) This information would help BSAS understand drug problem better and target interventions where drugs are sold to young people, etc.
 - c. What is the population distribution in Baltimore according to income and type of health insurance? For example, how many residents make \$1 million or more per year, how many make \$750,000-\$999,000; \$500,000-\$750,000, \$250,000-\$500,000, \$100,000-\$250,000, etc. How many people have private Blue Cross/Blue Shield, Other private insurance, Medicare, Medicaid HealthChoice, etc. This information would help BSAS plan its public information strategies and need for substance abuse treatment for uninsured people.
- 6. Other useful information (optional):**

1. **Organization/agency's mission and goals:**
BCHD Healthy Homes Division
2. **Summary of the organization's prior work:**
Asthma, Lead Poisoning, and Injury Prevention, Community Health and Home Remediation
3. **Target population of organization/agency:**
Baltimore City residents of unhealthy housing and communities
4. **Current research needs:**
cost effectiveness studies (home risk and hazard reduction targeting asthmatics; weatherization programs which simultaneously improve indoor air quality)
Green cleaning options
5. **Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.**
 - a. A detailed analysis of all the "green cleaning" products on the market. What works, what we should buy, what we should not buy. This would go through a list of currently available products (Simple Green, etc) and evaluate their healthiness. I think it's more feasible & acceptable that people make their own concoctions of vinegar, etc.
 - b. For households with pre-school and school aged children with chronic asthma (and intermittent asthma) what are the annual medical and non medical costs associated with asthma (lost productivity, stress, missed school, etc.
 - c. What are the most cost effective strategies to improve energy efficiency and indoor air quality simultaneously in Baltimore row homes.
6. **Other useful information (optional):**

1. Organization/agency's mission and goals:

The Mi Espacio After-school program serves Hispanic youth (middle school and high school) Our goal is to decrease unintended pregnancies in our program participants and help them build a better future for themselves.

2. Summary of the organization's prior work:

Our program is a comprehensive teen pregnancy prevention program. We are sponsored by the Baltimore City Health Department and offer free bilingual services, which include tutoring, homework help, sex-ed, mental health workshops, some dental and reproductive check-ups, sports and self-expression through the arts classes.

3. Target population of organization/agency:

Hispanic youth (middle school and high school) and their families

4. Current research needs:

We need to find out if the current ESOL (English for speakers of other languages) program offered in Baltimore public schools is adequate for newly immigrated students. We also need to know if immigrant teenagers drop out rate is higher than the general population's rate and if this has something to do with the language barrier that immigrant students face each day.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. Does the current ESOL program offered by the BCPSS meet ELS students? If not, we would like to advocate for an improved program that meets immigrant LEP (Limited English Proficiency) students' needs.
- b. Do LEP immigrant teenagers drop out of high school at a higher rate than other groups?
- c. Is there a co-relation between the drop-out rate and the language barrier, or not being successful at learning English?

6. Other useful information (optional):

1. Organization/agency's mission and goals:

Adolescent and Reproductive Health (ARH) Services, Baltimore City Health Department:

The mission of ARH is to reduce unintended pregnancy. This mission is focused upon reducing the number of unintended pregnancies within the city, striving to achieve the Healthy People 2010 indicator of the number of unintended pregnancies at 70%. This is accomplished through our community-based reproductive health clinics for adolescents and adults, extensive health education services, and specialized after school programs.

2. Summary of the organization's prior work:

ARH's prior research work has included protocols centering on clinical procedures and laboratory testing, knowledge, attitude and practices concerning reproductive health and community needs assessments.

3. Target population of organization/agency:

The target population is 10-50 years of age for male and female clients.

4. Current research needs:

The research needs of ARH center around investigating what interventions and strategies to employ to address our overall mission, while assessing community needs and attitudes around reproductive health.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. What are the reproductive health needs of the Hispanic community and how effective is ARH's outreach and programs? ARH operates a high volume clinic that provides reproductive health services to Hispanics. Targeted outreach has been employed to inform the community of our services. However, are we doing enough and are we addressing the needs of the community, especially adolescents and young adults.
- b. What services or directions do ARH need to move towards to address the reproductive health needs of young adults? With the unintended pregnancy rate increasing in this age group, it is clear that some programming is needed to target individuals 19-29 years of age. What messages should be developed, implemented and how do we attract this segment of the population. ARH interest along this line is focused on former foster youth, uninsured and underinsured young adults.
- c. What techniques/strategies ARH can develop to increase couple utilization of its clinical services? What are the attitudes around females bringing their partners to reproductive health clinics and how knowledge plays in altering such beliefs? ARH would like to work with both parties in the relationship. It helps with clinical treatment and with positive continuation rates of contraceptives.

6. Other useful information (optional):

None.

1. Organization/agency's mission and goals:

(for the Bureau of CHI) - The mission of the Bureau is to minimize morbidity and mortality due to vaccine preventable diseases. Major goals include: maintenance of 99%+ immunization compliance for school-age children; elimination of perinatally acquired hepatitis B; provision of all ACIP required immunizations for children lacking a medical home; establishment of an Vaccines for Adults Program (VFA) analogous to the existing Vaccines for Children Program (VFC); and protection against influenza through multifaceted vaccination campaigns in schools, clinics, and the community.

2. Summary of the organization's prior work:

The Bureau, founded in 1992, has a long history of achievement in immunization. Under the current leadership, the Bureau has maintained high levels of school immunization compliance through use of a computerized data repository, the Baltimore Immunization Registry Program (BIRP); vigorous private, clinic- and school-based immunization; and active collaboration with the Baltimore City Public Schools (BCPS). From a nadir in the the 1990s of 62% immunization compliance, compliance is now 99.35%. CDC recognized the Bureau w/ its "Most Improved Metro Area" award in 2006. BIRP, started in 1995, has expanded beyond the original 0-6 year old group to include adolescents and adults, with over 1.4 million entries.

3. Target population of organization/agency:

Children 0-18 years and adults 18-100+ years

4. Current research needs:

Adolescent and adult vaccine uptake; emergency preparedness related to influenza immunization

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. How can we improve uptake of HPV vaccine in young (11-13 years) adolescents in urban public clinic and school settings? This new vaccine has met some challenges re: uptake. These challenges should be described re: public /private sectors and strategies developed to overcome them.
- b. How can we promote immunization in: non-pediatric settings i.e. internal medicine, family practice, and OB/GYN offices? These specialists are often reluctant to immunize due to various factors. These factors should be surveyed and strategies developed to address them.
- c. Emergency communication is key to successful large scale immunization efforts. Define and develop a model for Baltimore City applicable to pandemic flu as well as other threats e.g. chemical or radiologic.

6. Other useful information (optional):

I would enjoy collaborating on any research topic if selected. I have significant training and experience in clinical and epidemiologic research.

1. Organization/agency's mission and goals:

The Parks & People Foundation is dedicated to supporting a wide range of recreational and educational opportunities; creating and sustaining beautiful and lively parks; and promoting a healthy natural environment for Baltimore.

2. Summary of the organization's prior work:

3. Since 1984, Parks & People Foundation has worked to improve the quality of life in Baltimore's neighborhoods. Our staff, volunteers and partners in the community have developed innovative solutions to issues facing our city including the restoration of our neighborhoods and their natural resources as well as the academic enrichment and motivation of our children. In order to realize our vision of a healthy environment where people live, work, learn and play, we have formed a strategy targeting two major fields of endeavor: 1) Great Parks, Clean Streams & Green Communities - Helping to improve the physical, social and environmental quality of neighborhoods through greening activities and forming networks among communities to sustain natural resources. 2) Motivating Youth - Programs nurturing children and supporting communities by working together to provide enriching activities for youth.

4. Target population of organization/agency:

Traditionally underserved communities with deficiencies in green space, recreational opportunities, and tree canopy cover.

5. Current research needs:

Community gardens are perceived by some funding organizations to be the source of pollutants in the Chesapeake Bay through fertilizer use. We would like to assess actual nutrient runoff from gardens to either a) dispell myths or b) find best management practices for reducing runoff.

6. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. How many community gardens in Baltimore City currently use fertilizer?
- b. Is fertilizer, when used, being used properly at the correct quantities?
- c. Are community gardeners open to alternatives to common fertilizers?

7. Other useful information (optional):

These questions are the result of a specific interest of the Chesapeake Bay Trust, a local funder that has not traditionally providing funding and resources to community gardens. They are interested in funding community gardens, noting their many benefits to urban communities, if they can be assured that gardens are not contributing to nutrient runoff either through non-existent pollutants or best management practices (rain gardens, raised beds, etc) are utilized to prevent runoff.

1. Organization/agency's mission and goals:

The mission of the Baltimore City Health Department (BCHD) is, "To advocate, lead, and provide services of the highest quality in order to promote and protect the health of the residents of Baltimore." The BCHD HIV/STD Program targets services to Baltimore City communities with high prevalence of HIV and poverty. In 1991, BCHD initiated the Early Intervention Initiative (EII) Program to provide integrated medical and psychosocial continuity care to HIV-positive patients in underserved, low income minority communities in Baltimore City.

2. Summary of the organization's prior work:

The EII Program provides integrated continuity and walk-in STD care to approximately 650 HIV positive patients per year.

3. Target population of organization/agency:

HIV positive and affected individuals living in impoverished communities in Baltimore City with high rates of HIV and substance use. A majority of individuals served are African American. We have a growing Latino population at our Eastern Health District clinic located in East Baltimore.

4. Current research needs:

Research regarding patients who do not follow up regularly for HIV care (i.e. patients not fully linked to HIV care)

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. What are the rates of HIV-positive patients living in the communities we serve (East and West Baltimore) who are not linked or engaged in care?
- b. What are the barriers to linkage and engagement in care?
- c. What are interventions that would improve linkage and engagement in care?

6. Other useful information (optional):

1. Organization/agency's mission and goals:

Through the Outreach Program, the Baltimore City Health Department seeks to provide HIV and STD education and testing to the overall community. The MSM effort specifically targets men who have sex with other men, and uses innovative techniques to reach this high-risk population.

2. Summary of the organization's prior work:

The Baltimore City Health Department has provided targeted outreach to men having sex with other men for many years. Venue based outreach allows men to receive on-the-spot testing and counseling and receive testing when they are available.

3. Target population of organization/agency:

As stated before, men having sex with other men (MSM) are the target population for the MSM effort. African American MSM are at particularly high risk.

4. Current research needs:

The number of venues for MSM in Baltimore continue to shrink, while HIV rates among men having sex with other men are rising. Most helpful would be research on other means that men use to meet other men, and whether there are successful outreach techniques for these new venues.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. What is the increased or decreased risk when subpopulations congregate in a single venue? Several MSM venues that were specifically for a certain age group or ethnicity have recently become "mixed"; does that impact the possibility of HIV or STD transmission in those places?
- b. What is the true impact of online dating websites? How many MSM are using them in Baltimore, and what type of sexual negotiation occurs online?
- c. What impact does an economic downturn have on a sexual minority subpopulation in a working class city? Are less people at bars, and if so, how do they meet others for sex? Is lack of money causing people to abstain, or seek out familiar partners?

6. Other useful information (optional):

Steven Dashiell is the point of contact, and can be reached at (410) 396-1408 or steven.dashiell@baltimorecity.gov

1. Organization/agency's mission and goals:

Mission: Project care aims to create an enduring partnership among faith-based community leaders, mental health professionals, and Johns Hopkins medicine. The partnership will provide education within the Baltimore Metropolitan Area on relevant and effective mental health practices that strengthen families and youth. Goals: Our goals include providing education on mental illness, reducing stigma associated with mental health care in the African American community, and expanding the cultural competence of mental health professionals while implementing programs that promote resiliency in families and youth.

2. Summary of the organization's prior work:

Project Care has provided over 15 educational seminars and trainings for churches. We have developed our network through engagement at religious health fairs and summits. We have provided resources, referrals, and direct clinical care for our partners in need of mental health services for their parishioners. Four local churches have committed to pilot an initiative of Project Care, the Strong Families Project (SFP). SFP is a group parenting skills program to be implemented by paraprofessionals in churches. We have followed a model of community-based participatory research by collaborating with faith-based leaders to create the parenting intervention, a process that has also begun to improve our cultural competence.

3. Target population of organization/agency:

African American families in Baltimore with children ages 6-11 years old.

4. Current research needs:

We see a need for/would be interested in: community-based participatory research projects in churches whose focus is mental health, programs that reduce stigma/increase help-seeking behaviors, and programs in which laypersons have been successful in implementing mental health interventions.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. Is it feasible for paraprofessionals to implement a group parenting intervention in a faith-based setting? Research has demonstrated the effectiveness of the community-based participatory research model in implementing public health interventions targeting heart disease, diabetes, and cancer in faith-based settings. However, few if any have used this model to address mental health. If successful, this program could expand thereby increasing access to mental health care for African Americans in Baltimore.
- b. Will educational and capacity building programs in the community have a positive impact on reducing stigma and increasing help-seeking behaviors? Stigma and mistrust continue to be significant barriers for African Americans in need of mental health care. If our program demonstrates effectiveness, its principles could be implemented in a variety of settings to combat stigma and increase help-seeking.
- c. Will our intervention have a positive impact on parental and family outcomes including parenting stress and efficacy, and family conflict and cohesion? A strong, supportive family life is a crucial protective factor against the development and maintenance of childhood behavior problems which can be predictive of anti-social behavior in adolescence. If our program is effective, its expansion could prevent unfavorable outcomes for Baltimore's adolescents.

6. Other useful information (optional):

1. Organization/agency's mission and goals:

The mission of the Baltimore City Health Department (BCHD) is to advocate, lead, and provide services of the highest quality in order to promote and protect the health of the residents of Baltimore. Improving birth outcomes falls under the Maternal and Infant Nursing Program (M&I), within BCHD's Division of Maternal and Child Health. The mission of M&I is to reduce maternal and infant morbidity and mortality in Baltimore City through the provision of case management and outreach services. The program's goal is to reduce the incidence of preterm birth, low birthweight, and sleep-related deaths.

2. Summary of the organization's prior work:

Since its inception in 1991, M&I has provided intensive services to thousands of women and infants deemed at-risk by their respective prenatal or pediatric providers. Over 800 women receive M&I services annually.

3. Target population of organization/agency:

M&I is leading a city-wide effort to address Baltimore's high infant mortality rates through the development and implementation of a comprehensive three-year plan to improve birth outcomes. Based on a coordinated system of outreach and services, the strategy focuses on reducing poor birth outcomes – preterm births, low birth-weight births, and deaths related to unsafe sleep practices- for Baltimore City residents by targeting men and women from 11 - 49 years of age.

4. Current research needs:

The Strategy to Improve Birth Outcomes in Baltimore City aims to improve birth outcomes in Baltimore City through increasing demand and utilization for, the quality of, and the capacity of eleven high impact service areas including: Primary Health Care/ Preconception Care, Obstetric Care, Home Visiting, Drug and Alcohol Treatment, Intervention for Domestic Violence, Mental Health Care, Smoking Cessation, Family Planning, Nutrition Support, Breastfeeding Promotion, Safe Sleep Education. We need to better understand why current interventions in these areas are not having a citywide impact on poor birth outcomes. We also need to determine the types and level of intervention needed in each of the proposed high impact service areas in the pre-conception, pregnancy, and interconception periods and to validate targets set out in the plan.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. What does science say about prevention of lbw/ptb? (Is there evidence for successful intervention programs to prevent lbw/ptb? What accounts for some places (states, cities) having lower rates than others, even among African American births?)
- b. What should be the proposed "dosage" (as in intensity of resources needed) of the proposed interventions in the pre-conception, pregnancy and interconception periods?
- c. Have past evaluations addressed the apparent disconnect between program findings and population indicators? For example, Baltimore home visiting programs show excellent outcomes among enrolled women with few infant deaths while overall city indicators show little change in infant mortality rates. If this is selection bias, how does it occur?

6. Other useful information (optional):

1. Organization/agency's mission and goals:

Mission: The Office of Cigarette Restitution and Chronic Disease Prevention seeks to reduce morbidity and mortality related to tobacco use. Goals: Reduce tobacco use among adults in city. Increase tobacco education services to students and adults in underserved communities. Increase number of community-based providers. Increase retailer compliance with tobacco control laws.

2. Summary of the organization's prior work:

Office has monitored contracts for community-based education and information projects, community-based cessation services; and school-based education services. Enforcement of local tobacco control laws is done by a contractual part-time retired police officer, under direct supervision of Director.

3. Target population of organization/agency:

City of Baltimore

4. Current research needs:

State health department conducts evaluation of local jurisdictions - i.e., quit/initiation rates for various targeted populations.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. Does education and information provided through community community programs influence the smoking rates of residents?
- b. Do the counseling and NRT services provided under the cessation program lead to an increase in the quit rate?
- c. Do the education services provided under the school program lead to a decrease in the teen smoking rates?

6. Other useful information (optional):

Office conducts an annual RFP process to identify vendors. Provision of services and completion of performance measures is done by vendors under City contract. Direct services are not done by administrative office, only outreach and education through the tobacco bus.

1. Organization/agency's mission and goals:

The Baltimore City Health Department Office of Epidemiology and Planning's mission is to provide high quality data for program and policy planning and evaluation in order to improve health in Baltimore.

2. Summary of the organization's prior work:

The office prior work includes several reports summarizing health status among Baltimore residents. In addition, the office runs the department's performance measurement system ('Healthstat') that is used to promote accountability and improve program performance. Currently we are engaged in the development of a community health survey.

3. Target population of organization/agency:

BCHD serves the entire city of Baltimore. The Office of Epidemiology and Planning provides data to BCHD staff as well as community members.

4. Current research needs:

The largest data gaps for health improvement in Baltimore fall in three categories:

1. surveillance data: we have very little morbidity surveillance data for chronic diseases, for example we don't reliably know the prevalence of obesity, hypertension, cholesterolemia, asthma. In particular we need data that show how chronic disease prevalence and determinants vary across the city.
2. cost-effective interventions: cost-effectiveness of interventions is a critical tool for being able to advocate for particular policies or programs.
3. how to promote a data-driven culture at the health department.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. Are there low-cost ways the City could be monitoring chronic diseases and chronic disease determinants in a reliable way that provides data about variability within the city? Currently our monitoring tools include mortality data and survey data on a small sample of the population (~1000). Mortality data only provides part of the picture. Validity of survey data is limited by sampling variability and by mismeasurement due to self-report. The city would benefit greatly from new low-cost surveillance methods, such as the idea of carrying out flu surveillance through monitoring internet searches about flu symptoms.
- b. What is the relative cost-effectiveness of disease promotion strategies, especially in the areas of chronic disease prevention, HIV/AIDS, substance use, violence, and infant mortality as these are the city's health priorities. Cost-effectiveness and cost-benefit analyses are particularly useful as they allow decision makers to weigh the cost and benefits of various policy options. An example is the recent hopkins study looking at the cost-effectiveness of the antismoking truth campaign.
- c. How can one promote a data-driven culture in a public health agency? The Health Department currently collects and reviews monthly program performance indicators. However, the degree to which data is used to drive program and policy development varies within the department. What are ways to train staff in the use and utility of data for decision making?

6. Other useful information (optional):

1. Organization/agency's mission and goals:

Our vision is to mobilize the nation's first corps of student volunteers to connect low-income patients with the resources they need to be healthy and, in doing so, create the next generation of leaders committed to tackling this country's greatest health challenges.

2. Summary of the organization's prior work:

Currently, Project HEALTH's corps of 600 volunteers assists over 4,000 families a year in accessing the resources they need to be healthy. Across our 22 Family Help Desks, an average of over 30% of families actually obtain at least one resource they need – i.e., receive food, secure child care, find an apartment – within 90 days of receiving services at the Desk, with the remainder receiving ongoing follow-up until they obtain the resource.

3. Target population of organization/agency:

Low income families living in urban cities on the East coast.

4. Current research needs:

Currently the three major areas that we would like to study are: 1)Efficacy of volunteer referrals to clients, 2)Ability to create the next generation of leaders committed to changing health care in the United States and 3)Sustainability of the Project HEALTH Family Help Desk.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. Do clients referred by health providers have different case outcomes than clients not referred by a provider? There are multiple ways families are obtained by the Family Help Desk: self-referral by a flyer, waiting room announcements, and a referral by a health provider at the clinic.
- b. How does the structure and the services provided by the clinic affect the efficacy of the Family Help Desk? We currently serve in four clinics in Baltimore: Johns Hopkins Bayview Medical Center: Children's Medical Practice, Johns Hopkins Harriet Lane Pediatric Clinic, Druid Health Clinic, St. Agnes Hospital. Bayview's Children's Medical Practice and Harriet Lane's Pediatric Clinic are part of a private, academic, teaching hospital, Druid Health Clinic is run by the Baltimore City Health Department, and St. Agnes Hospital is a federally qualified health center.
- c. What is the correlation between the proximity of the resources to the clinic and the case outcomes of the clients? Geographical distribution of resources is not even around Baltimore, and our four clinics are located in four separate geographical areas of Baltimore.

6. Other useful information (optional):

This is our website: www.projecthealth.org

1. Organization/agency's mission and goals:

To develop plans and conduct activities for Health Department, the Baltimore City Community and other stakeholders to become better prepared for response to public health emergencies, such as bioterrorist incidents, natural disasters, and disease outbreaks.

2. Summary of the organization's prior work:

Office of Public Health Preparedness and Response (OPHPR) works with Mayor's Office of Emergency Management, City agencies and Maryland Department of Health and Mental Hygiene to plan for response to public health emergencies. In addition, OPHPR works within Baltimore City Health Department to ensure personnel can quickly be contacted in the event of an emergency and receive proper training in response roles; conducts outreach on public health emergency preparedness in the community; coordinates with City hospital emergency planners and conducts biosurveillance for any early indications of public health emergencies.

3. Target population of organization/agency:

Baltimore City population

4. Current research needs:

Learning more about most practical approach for supporting and informing public health emergency preparedness efforts of City residents.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. What are models from other cities regarding public health preparedness that have the best impact and are most feasible given personnel and resource limitations?
- b. Who are the trusted sources of information within the Baltimore City community that could assist in getting health risk communication messages out to the public during a public health emergency? What are some practical ways that these groups be networked to facilitate quick dissemination of information?
- c. What health promotion programs already exist throughout the city that OPHPR could become involved with to increase reach of public health preparedness efforts?

6. Other useful information (optional):

1. Organization/agency's mission and goals:

The Baltimore City Health Department's Office of Youth Violence Prevention is dedicated to combating the epidemic of violence among our city's young people through innovative public health programming and policy initiatives. As we continue to grow, we aim to provide at-risk youth and their families citywide access to coordinated City services and evidence-based practices.

2. Summary of the organization's prior work:

The Office manages three programs -- Operation Safe Kids, Multisystemic Therapy, and Safe Streets. We work closely with community stakeholders, state and local agencies, and public health experts on both our own programs and on citywide anti-violence initiatives.

3. Target population of organization/agency:

At-risk youth, particularly ages 13-25

4. Current research needs:

Research that will help us to better understand our target population in terms of identifying them and effective programming to serve them.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. Does prenatal drug exposure increase a youth's likeliness to abuse drugs (independent of other factors associated with drug abuse, ex. drug abusing parent), develop delinquent behavior and/or become a victim of violence? [Prenatal drug exposure= illicit drugs and/or alcohol]
- b. Evidence-based programs such as Multi-systemic Therapy and Functional Family Therapy have proven effective for reducing recidivism and improving behavioral outcomes for youth; however, these programs necessitate a parent or adult who is willing to be involved. What are effective programs to reduce delinquency and improve positive behavioral outcomes for youth who lack a parent or guardian involvement? Population of particular interest is deeper-end youth, ages 15-17, with multiple arrests particularly for crimes of violence who either on juvenile or adult probation.
- c. What effect does community exposure to violence have on youth, specifically in the areas of mental health and development of delinquent behavior, and within Baltimore City, is there a correlation between Community Statistical Areas that rate high in terms of exposure to violence and rates of arrests for violent crimes or other crime indicators?

6. Other useful information (optional):

1. Organization/agency's mission and goals:

Students Sharing Coalition, Inc.

Mission: To provide meaningful service and civic engagement experiences to students from diverse backgrounds with the goal of developing these students into mature and knowledgeable citizens, who take responsibility for their community and are committed to social justice.

2. Summary of the organization's prior work:

Facilitated over 12,000 youth over the past 16 years in meaningful service learning experiences. We facilitate a 14 week civic engagement curriculum in Baltimore City Public middle schools utilizing Americorps/VISTA members and college interns. Middle school youth receive our instruction in lieu of social studies once per week as well as participate in a large scale community asset mapping and preparatory lessons to create their own service learning projects. We are developing a continuum of service program that begins in seventh grade with Operation AWARE, then offer after-school Justice Circles that focuses on students who have already been through the in-school OA component and infuses leadership, teambuilding and community organizing skills. Our goal is to select these students who will then be tracked and supported up and through high school.

3. Target population of organization/agency:

Baltimore city middle school youth in our Operation AWARE program and in our after-school Justice Circles.

4. Current research needs:

Provide overall guidance and interpretation of our Spring 2009 evaluation utilizing our pre and post assessments and review last three years evaluation info to determine a trend or positive movement in our programming. Assist our staff with creating focus group questions for teachers, students and community volunteers and providing students to help with this.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. Does our program increase a young person's community and school engagement?
- b. Does our program affect students in a positive way providing alternatives to destructive behaviors?
- c. Does our program increase a young person's sense of civic responsibility and their vision of continuing to make a positive change in their lives and the world around them?
- d. Does our program reinforce a positive image of youth, who are overwhelmed with negativity about them.

6. Other useful information (optional):

We have been running this program for 5 years in selected middle schools throughout the city but due to excessive budget cuts currently need this program's assistance to prove that this program works and should be fully funded

1. Organization/agency's mission and goals:

Mission: To improve the oral health status among at risk Baltimore City residents

Goal: To reduce dental disease through education, prevention & treatment

2. Summary of the organization's prior work:

a. Clinic Based Programs: TICKLE (Head Start partnerships); YAWHS/Carrera (partnership with Adolescent & Reproductive Health Bureau); GRAMS (providing dental services to older adults); Ryan White (services for persons living with HIV disease)

b. Off-site/Outreach Programs: Dental Sealant (school based oral health prevention services); EPDST (fluoride varnish program – partnership with WIC/ Early Head Start and child care centers)

3. Target population of organization/agency:

Low income, uninsured and Medicaid enrolled Baltimore City children and adults

4. Current research needs:

Dental Health Provider Shortage Assessment Score (i.e., HPSA score) for each of the dental clinic sites (Druid (West Balto.) / Eastern (East Balto.)) – need done to have opportunity to employ National Primary Health Service providers

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

a. Concerning the emerging immigrant population within the City:

b. What is the priority vs. need of dental care for children?

c. What is the priority vs. need of dental care for adults?

6. Other useful information (optional):

1. Organization/agency's mission and goals:

Abstract

Purpose

The Baltimore City Health Department has operated school-based health centers (SBHCs) since 1985 and currently manages fourteen centers, which serve the children attending twenty-four Baltimore City public schools. The school-based health centers provide students with a comprehensive range of health services including: sports physicals, treatment of minor illnesses and injuries, reproductive health care, mental health and substance abuse services, management of chronic health conditions, health education, and case management.

Asthma is one of the most prevalent health care problems of Baltimore's children. It is the third most common cause for emergency department visits and the most common cause of hospitalizations (38.9 per 10,000 in 2006). Asthma care results in a significant cost to Baltimore's health care system (over 4 million dollars for hospitalization and ambulatory care in 2000).

The program has the following research needs:

- Evaluate the effectiveness of the current asthma management practice in reducing asthma morbidity
- Demonstrate the value of the SBHCs in reducing hospitalizations, emergency department visits and school absenteeism for children with persistent asthma to the City and potential funders

Methodology

The proposed study population will be children identified with persistent asthma who receive care for their asthma at the SBHCs located in four schools serving children in first through eight grades. The study population will be matched with a control group of children with persistent asthma who do not receive asthma care from a school-based health center.

Variables to be measured include: the number of days hospitalized secondary to asthma, the number of emergency department visits related to acute asthma, the number of missed school days resulting from acute asthma, and the number of visits to the SBHC for acute asthma. Parent surveys will be utilized to obtain the information about hospitalizations, emergency room visits, and school absenteeism. A chart audit will be conducted to determine the number of health center visits for acute asthma, the treatment required and if the student was referred for additional treatment to their primary care provider or the emergency room.

2. Current research needs:

The following research needs have been identified:

- Assistance with study design to minimize threats to validity
- Identifying and enrolling the control and study groups
- Data collection and analysis

1. Organization/agency's mission and goals:

The After-School Institute's mission is to build the capacity of after-school program providers so that they can deliver high quality services in a caring, supportive environment that empowers children and youth to develop civic, academic, artistic, and athletic talents and skills.

2. Summary of the organization's prior work:

In 2006, we participated in and produced a report about a project of the Robert Wood Foundation, titled the "Healthy Children, Healthy Futures Initiative." This project involved implementing a fitness and nutrition program in twelve after-school programs in Baltimore. In 2008, we assisted the Association of Baltimore Area Grantmakers and Associated Black Charities in the publication of "The Baltimore Blueprint for Healthy Outcomes in Children: Addressing Childhood Obesity."

Also in 2008, we received funding from the Maryland Department of Health and Mental Hygiene to complete a report about health promotion in after-school across Maryland, focusing mainly on abstinence. As part of this grant, we held a Maryland Abstinence Youth Summit; held focus group discussions with youth across the state about abstinence; distributed hundreds of abstinence surveys to youth; and completed a report about after-school programs focusing on obesity prevention, abstinence, HIV prevention, and Positive Youth Development, including our thoughts about promising practices and gaps in service. Currently, we are in conversation with DHMH about another grant, to fund an abstinence social marketing campaign.

For the past seven years, we have received funding from the Maryland AIDS Administration and Baltimore City Health Department to hold an annual Maryland HIV Prevention Youth Summit, and to conduct HIV prevention trainings with youth, youth workers, and parents. We use the Becoming a Responsible Teen (BART) curriculum. We also participate in the Mayor's Office of Employment Development's After-School Matters II program, training youth to be BART peer educators. In 2007, we started a social marketing campaign called "Spread the Word, Not the Disease: AIDS is NO Joke." The campaign was so successful it was extended through 2008, and as of 2009, the CDC is using it as part of a national campaign.

3. Target population of organization/agency:

Our target population is both youth and youth workers, particularly after-school programs.

4. Current research needs:

As stated in number two, we have had a variety of experiences doing health-related work. We are, however, a very small organization, and thus we cannot always fully evaluate the effects of our work. Also, while we pride ourselves on staying up-to-date on the latest research and information about best practices, it can be difficult to translate this information into practical ideas for use in Baltimore.

5. Three questions about the work or target population that, if answered, would advance the organization/agency's mission. Provide an explanation for each question.

- a. What are best practices in promoting abstinence among youth?
- b. What are elements of effective health-related social marketing campaigns?
- c. How can out-of-school time programs best ensure that food they serve is both nutritious and cost-effective? What are suggested after-school snacks or meals?

6. Other useful information (optional):

TASI is a leader in the field of after-school nationally, and the only organization of its kind in Maryland. Our work is frequently looked to as an example, and we are regularly in contact with hundreds of other organizations. Therefore, any information we receive is quickly disseminated not only throughout Baltimore City, but throughout the state and region as well.

1. Organization/agency's mission and goals:

The vision of the Baltimore City Health Department, as the local health authority, is to serve as an architect and catalyst for policy development and change in the health and human services systems of Baltimore City. The Baltimore City Health Department provides the advocacy and leadership necessary to ensure the protection and promotion of the health of Baltimore's citizens. The Baltimore City Health Department TB Control Program mission is to prevent the transmission of Tuberculosis (TB) and eliminate TB in Baltimore City.

2. Summary of the organization's prior work:

The TB Control Program provides, free of charge, a comprehensive range of clinical and public health TB services including prompt identification of TB cases and suspects, prompt and effective treatment for active TB, quarantine of infectious cases, prompt contact investigations of infectious disease, and treatment of latent tuberculosis infection among persons at high risk for progressing to active TB disease. The TB Control Program also provides TB-related education and awareness to the community and local health providers, and monitors and reacts to local TB trends. The TB Control Program has a long history of integrating medical care, public health, and research, dating to the first program for directly observed TB treatment several decades ago. The program has hosted many students undertaking research projects, and has active collaborations with the Centers for Disease Control and Prevention.

3. Target population of organization/agency:

The target population is individuals with, or at risk for, TB. Recent TB trends in Baltimore City indicate that major risk groups are homeless individuals, individuals with ongoing or prior substance abuse, and Latinos.

4. Current research needs:

1. Systematic survey of TB screening policies at drug treatment centers in Baltimore City. In Baltimore City, drug use is a risk factor for latent TB infection and TB disease. Drug treatment centers are therefore important partners in TB control efforts. Current TB screening policies at drug treatment centers are unknown. A systematic survey of current policies would provide the foundation for TB prevention interventions in this important population.
2. Determination of outcomes from an existing program of latent TB screening in Latinos. The TB Control Program, in collaboration with a student group, implemented a program for latent TB screening at the Hispanic Apostolate approximately 3 years ago. Over five hundred individuals have been screened, but the data have not been analyzed to determine the outcomes of screening. Understanding the screening outcomes would provide a foundation for future TB prevention activities in this important population.
3. Assessment of the impact of a shorter-duration latent TB treatment on treatment completion rates. The CDC-recommended 1st line regimen for latent TB treatment is 9 months of daily isoniazid pills. This long duration regimen is associated with very poor completion rates. Approximately 3 years ago the TB Control Program started prescribing a shorter 4 month regimen to some patients. There is a need for analysis of data on treatment completion rates for the two treatment regimens in order to guide local decision-making as to which regimen should routinely be used.