



A Research Center at the University at Albany, SUNY

CEMHD Welcomes the Trinity Alliance and Albany SNUG as Community Partners

Partnering with community-based organizations is key to fulfilling the Center's mission of identifying and eliminating health disparities. We work with our community partners to develop and disseminate health information, plan and implement research projects, and empower members of our communities to take ownership of their health.

Violence is one of the leading causes of death and disability around the world. As such, it is a public health issue. Like many cities, Albany has experienced its share of gun violence. In 2009, the State chose Albany to host of one of ten anti-violence pilot projects, but then cut all funding in its 2012 budget. The Albany City Council stepped in with funds, which were combined with a grant from the State Division of Criminal Justice Services to save this program this year.

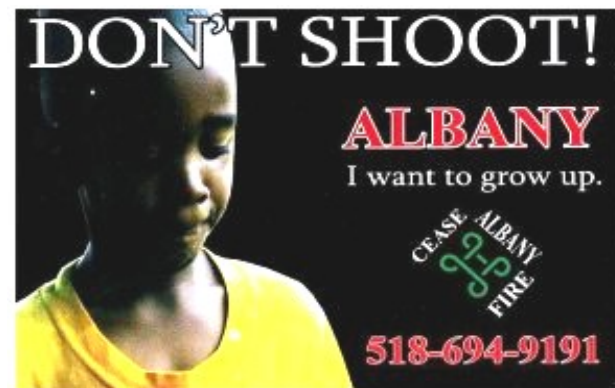
Housed in the Trinity Alliance, the program is called SNUG ("guns" spelled backwards). Modeled on the famous Chicago CeaseFire program, SNUG aims to stop violence at its

source. With a staff trained by Chicago CeaseFire trainers, it takes a holistic approach to violence reduction. SNUG mediates disputes and prevents retaliation. It also provides alternatives to people who want to get away from a life of violence by connecting them with employment, education, training, and social service resources. In addition to staff, volunteers help with community projects. The program also maintains excellent relationships with local religious leaders and the police, although the police do not get involved in its activities.

When SNUG operated at full capacity during the first four months of this year, the number of shootings fell by 29 percent. When it was briefly shuttered due to the funding cuts, the rate started to rise.

SNUG's ambitious plans include: developing cadres of youth mentors and academic tutors, creating employment, training and development teams, and developing a coalition to expose youth to the world outside of their neighborhoods. A "Peace in the Streets" campaign will assist people in reclaiming their neighborhoods.

The Center's new partnership with CEMHD will bring in additional University resources to help SNUG reduce violence in our community.



Newsletter

Summer 2012

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FAST FACTS ON YOUTH VIOLENCE

√ Worldwide, violence is one of the leading causes of death among people ages 15-44, and a major cause of non-fatal injuries.

√ In the U.S., youth violence is the second leading cause of death for people between the ages of 10 and 24.

√ Risk factors for youth violence include: prior history of violence; drug, alcohol, or tobacco use; association with delinquent peers; poor family functioning; poor grades in school; poverty in the community.

√ Homicide is the number one leading cause of death among African Americans, the number two cause of death among Hispanics, and the number three cause of death among American Indians.

√ 84% of homicide victims age 10-24 are killed with a firearm.

Source: Centers for Disease Control. www.cdc.gov/ViolencePrevention/youthviolence/index.html

Recent Publications

Jurkowski JM, Green-Mills LL, Lawson HA, Bovenzi MC, Quartimon R, Davison KK. Engaging Low-Income Parents in Childhood Obesity Prevention from Start to Finish: A Case Study. *Journal of Community Health*. 2012; Jun 20. (Epub ahead of print).

Chatterji, P, Joo, H., Lahiri, K. Beware of Being Unaware: Racial/Ethnic Disparities in Chronic Illness in the USA. *Health Economics*, Jun. 2012 (ePub ahead of print).

Chatterji P., Lahiri K., Song J. The Dynamics of Income-related Health Inequality Among American Children. *Health Economics*. 2012; Apr 18.

Schell, L.M and Gallo, M. V. Overweight and Obesity Among North American Indian Infants, Children, and Youth. *American Journal of Human Biology*. 2012; May -Jun; 24(3):302-13

Schell, L.M and Gallo, M. V. What's NOT to Eat -- Food Adulteration in the Context of Human Biology. *American Journal of Human Biology*. 2012; Mar-Apr; 24(2):139-48

Chatterji, P., Joo, H., and Lahiri, K.. Education-related Disparities in the Control of Risk Factors for Cardiovascular Disease Among Individuals with Diabetes. *Diabetes Care*, February 2012, 35: 305-312 .

Identifying Factors Causing Minority Health Disparities

By Pinka Chatterji and Betsy Campisi

In addition to the community-based research in which most of our Associates are involved, the Center has a research team working to estimate and understand the sources of health disparities by analyzing data sets.

Drs. Kajal Lahiri and Pinka Chatterji, along with a group of graduate students from the Economics Department, have been analyzing data from five nationally representative surveys in order to understand the sources of health disparities in two vulnerable populations: people with chronic health conditions, and children.

In two recent papers published in *Health Economics* and *Diabetes Care*, the researchers examine the disparities in the screening, diagnosis, and control of chronic disease. Their results suggest that prior studies have underestimated racial/ethnic disparities in the diagnosis of hypertension and diabetes because they did not account for non-random selection of survey participants and they used a potentially misleading definition of "undiagnosed."

When one considers disease among undiagnosed individuals, racial and ethnic disparities are much starker. While overall control of diabetes has improved over time, new disparities have emerged because improvements

were concentrated among non-Latino white and more educated individuals.

When they examined child health data, the researchers found that the relationship between family income and child health is complex. While initially poor children make more health gains over time than initially rich children, it is still true that declining income over time is associated with worse child health over time. In a companion paper, the researchers examine income-related health inequality by race and ethnicity.

The team is now preparing two papers on the effects of early health on later academic achievement and how this relationship may vary by race and ethnicity. They are also studying the effects of early health on later academic achievement and how this relationship may also vary by race and ethnicity.

Currently, the team is examining educational disparities in chronic disease; the effects of diabetes on labor market outcomes; and how disparities in cancer screening may vary across the urban/rural continuum. They are also analyzing state and local health data.

These findings are useful to both community members and researchers working to examine health disparities and ways to address them in our communities.

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Community Partners and Supporters

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