Abstract Supplement

The following five abstracts were mistakenly omitted from the Abstract Booklet. We apologize for any inconvenience their omissions have caused.

03329

Status of Urban Health in India: Perceptions and Challenges
Agarwal V.

Background: History of health planning and development in India, strongly indicate a rural focus, as this was where most poor and underserved population groups lived. The concern for urban health is relatively recent, although Krishanan committee in 1983 recommended for establishing an elaborate urban health care delivery system. Government of India's National Population Policy (2000) and National Health Policy (2002) provides a framework for an urban health system, which is to be operationalized during the Tenth Five Year Plan. Urban growth rate in India has outstripped rural growth rate at 3.11 per cent. According to UN projections, it is very likely that urban India will march ahead of rural India in terms of population by 2025. In the last decade, population grew at 2% for the country as a whole, 3% for urban areas, 4% for mega cities and 5% for urban slums. Already there are 27 Million plus cities in India. *Urban Poor:* Rapid urbanization and migration have led to significant increase in no. of slum clusters, unauthorized colonies within urban agglomerations in last two decades. Current estimates suggest that around 30 percent of urban dwellers are poor and urban poverty contributes to approximately 25 percent of poverty in India. In many states of India migrant workers population is more than 10 percent of total worker population. Invariably these migrant workers especially in the organized sector settle in the slums and that fuels the growth of mushrooming slums. In many Indian states, 75 percent of slum population is without any toilet facility leading to the serious challenge of disposal of solid wastes. Supply of potable water is woefully inadequate. Inadequate availability of water does not augers well for personal hygiene. *Health of Urban Poor:* Several recent studies indicate that health of urban poor is as bad or worse, than that of their rural counterparts. Infant Mortality Rate among the urban poorest is 121.2, which is 108.9 in the rural poorest. Only 16.6% of children of urban poor received complete immunization as compared to 17.1% children of rural poor receiving immunization. Nearly 81 per cent deliveries are home delivery for urban poor as compared to 93.5 per cent for rural poor. Urban poor children also perform very poorly in terms of nutritional indicators.
Lack of basic civil amenities, including basic sanitation services has resulted in to the communicable diseases. Polio cases are reported from the urban slums and also there have been frequent media reports about outbreaks of viral infections. Studies for RTI/STI indicate high level of prevalence for these diseases for urban slum population and low knowledge levels. *Challenges to Health Care:* Krishan Committee in 1983 recommended a pattern of health care delivery system in urban areas as health posts, urban family welfare centers etc. However, despite inputs through India population projects and other donor funded programmes, urban health infrastructure is patchy and inadequate. Development of primary health care system has been constrained by lack of funding in many states. There is lack of access for, public facilities for the poor in urban areas. In this context, it is also crucial to understand, how multiplicity of agencies in urban areas, does not allow a strong mandate. Most of the poor goes to private sector, especially for curative care. There can be no uniform model for urban health care delivery in the country due to wide scale variations. Major challenge lies in identification and mapping of target population. There has to be some kind of vulnerability analysis, using a community based approach. Another challenge is to achieve convergence in package of services, which should include primary medical care along with other national health programmes etc. Urban slums have seen a proliferating private sector. Imaginative strategies need to be considered for greater engagement of private providers in terms of franchising mechanisms etc. So far issues of urban sanitation have not received desired attention. There are several models to address the problems of solid waste disposal that could be explored. There are larger issues of systems development that need to be addressed especially in area of health care. This will entail development of infrastructure for IEC, MIS and training systems.
Conclusion: Population and health policy goals as spelled out in the respective documents can be achieved by addressing issues of urban health care in a concerted manner. The programmatic interventions that need to be designed should invariably cater to urban poor and sustainable. There has to be greater involvement of primary and secondary stakeholders in management of such programs.

10060

Local level data informs public health policies and interventions
Shah AM, Williams CL, Silva A, Whitman S

Background: The lack of local community level data hinders the development of effective strategies to enhance the health of vulnerable populations, particularly in racially/ethnically diverse urban settings. Current public health practices and planning are made based on existing data from vital statistics and birth and death certificates. Such data does not accurately reflect a community's health profile, nor does it provide information on risk factors and health behaviors that a locally designed health survey could.
Methods: We collaborated with several local agencies to develop a culturally sensitive and relevant community survey. This face-to-face health survey was conducted in 1700 randomly selected households of six racially/ ethnically diverse communities in Chicago. The primary purpose was to inform and guide local efforts at improving health in some of Chicago's most marginalized communities.
Results: Results for the six highly segregated community areas demonstrate sharp disparities among Blacks, Whites, Mexicans, and Puerto Ricans on almost every indicator of health and well-being. Findings show large disparities exist within racial/ethnic groups. There are also substantial differences with national and even Chicago-

specific data. For example, smoking rates in some of these six communities are almost twice Chicago values as are estimates of self-rated health, pediatric asthma, obesity, depression, etc.
Implications: Local level data suggest that national or even citywide figures may underestimate prevalence rates and disguise the health needs of some urban communities. When shared with communities and local agencies, such data will begin to foster community development; effective health planning; and resource allocations for overall improved health outcomes.

12089

Health care utilization at inner city family practice clinics during the outbreak of Severe Acute Respiratory Syndrome (SARS)
Boyle E, Chow K, Grondin M, Kelly M, Malone L, Glazier RH

Background: During the outbreak of severe acute respiratory syndrome (SARS), St. Michael's Hospital, Toronto, Canada experienced closure of ambulatory services but three of four family practice clinics remained open. Objectives of this study were to determine if health care utilization changed at the open clinics and as well, to determine if there was a change in the case-mix.
Methods: Data from the Ontario physician billing database was used for the analysis. Visits during the SARS period were compared against the visits during the same period the year before. Additionally, two months before the SARS period was compared against the same two months in the previous year.
Results: Two months previous to the SARS period, 9,540 patients made 9,789 visits which was a 1.6% increase from the previous year. During the SARS period, 6,957 patients made 7,158 visits which was a 19.7% drop from the previous year. The rankings of the top five diagnoses (anxiety, hypertension, HIV, drugs addiction and common cold) changed slightly during the SARS period compared with the year before but were no different from previous months. There was a significant increase in the number of mental health disorders encounters during the SARS period (20.3% versus 17.2%). No major changes occurred in the number of annual physicals performed.
Implications: Utilization of health care services decreased during the SARS outbreak but there were only minor changes in the overall case-mix of the urban population. Patients did not appear to change their reasons for seeking medical care during the outbreak.

This abstract was mistakenly listed incorrectly with its subject topic number. Number 040106 should be listed as **04106**.

04106

Health perceptions and knowledge of preventive care in East African Women
Crafton C, Ibrahim Q

Background: There exist differences in traditional attitudes towards medicine among the immigrant communities. The differences, though less dependent on religious views, are largely due to differences in economic and cultural traditions. Secondary migration of immigrant and refugee communities into urban areas with resettlement into extended clan and family groups makes these communities somewhat 'hidden' populations. It is essential for these populations to be related to with a needs-assessment based approach that focuses not only on community deficiencies, but also cultivates the resources and talents within the community. This pilot project was funded through the Minnesota Women's Foundation and written by Leadership, Development and Empowerment Group (LEAD). LEAD realizes that generating community system building efforts, both from within and from outside of the community and strengthening the existing community organizations are of paramount importance. Women are traditionally and have been the health care providers, as well as the brokers and protectors of their families. There are a large number of women who are first-time heads of their households, who cannot read or write, and do not know about navigation of the health care system. They are also in need of health care services and use them more frequently than men, particularly during their childbearing years. The goal of the study is to increase the access to health care services, particularly breast and pelvic cancer screening, develop relationships with targeted communities, and health care providers systems, and educate the providers about culturally competent health care for these communities. Metropolitan State University School of Nursing with support from the Metropolitan State University Community-Based Learning Center partnered with LEAD on all aspects of this project.
Methods: The seven focus groups with East African older women, over thirty-five years of age, met at their perspective community organization's centers. The participants were gathered by the facilitator/interpreters from these communities including the Eritrean Community Center of Minnesota, Confederated Somali Community of Minnesota, and the Oromo Community Center. The Sudanese community was contacted several times through community leaders but declined to participate in the project. The women participants were asked questions about health perceptions, knowledge, beliefs, barriers to care, and their interaction with preventive care and the health care system.
Results: The focus group findings inevitably reflect the experiences and views from the women themselves. However, these findings provide some insight into East African immigrant women's perceptions, barriers, and experiences of the health care system in Minneapolis-St. Paul. The majority of women stated that they seek health care only when they are sick. Women were not aware of needing screening or have knowledge about illness for screening. Many said they waited until symptoms persisted for several weeks or until they were very ill before seeking care. Many women expressed that good health is a strong value that is embedded in the cultural and religious traditions of their ethnic communities. A few women expressed distrust of the American health care system because they believed that as refugees they were not given the best care or that they were subjected to experimental treatments or unnecessary surgery. Older women speaking in a group of women in their own community center, gave these women, some of them community elders, an opportunity to speak in a safe setting.
Implications: This information will be incorporated into development of health promotion, and culturally competent interventions. Interventions will be focused on the provider as well as community for education on the importance of preventive health care practices and screening, and to encourage women to discuss practices that they use to maintain or improve their health that are consistent with their culture. Idioms, sayings and unintended outcomes will offer insights into women's health beliefs.

The following abstract was not listed with its final author in the program, but the full authorship is included below.

06121

Health professional students launch "I Speak" Campaign with local community
Tam A, Shahid-Salles S, Laborico A, Van Isschot I, Hoar S.

Background: Title VI of the Civil Rights Act of 1964 requires medical providers who receive Federal funds to provide language assistance to limited English proficient (LEP) individuals in order to ensure equal access to services. This law affects an estimated 38,000 LEP residents in the District of Columbia. LEP individuals, especially recent

immigrants, are unlikely to be familiar with Title VI and an assessment of local providers suggested low understanding and compliance. A team of health professional students collaborated with a Latino community clinic and a regional interpreters association to develop and implement the "I Speak" campaign.
Methods: Strategies to educate both patients and providers about Title VI were formulated. A bilingual Spanish/English "I Speak" card was developed as a tool for LEP persons to 1) know their rights and 2) communicate their language needs. Presentation and resource materials were developed for providers.
Results: 170 of the 5000 "I Speak" cards produced were distributed at a community clinic and health fair. 45 community members were given education about Title VI. Community feedback indicates that the card is informative and useful. Provider feedback is pending.
Implications: Inadequate interpretation services can have serious health care consequences – delayed care, misunderstandings, and decreased patient satisfaction and compliance. The provision of language assistance in accordance with Title VI can minimize these consequences and diminish the disadvantages that LEP persons encounter. Provider presentations, assessments of patient utilization, and expansion of the campaign to include other languages are planned for the future.

06021

Delivering children's services in an urban center: The promise of partnerships
Rogers G, Matheson J, Este D, Lawson A, Tymchyshyn D

Background: During the past decade executive directors of child serving organizations in many cities have formed several partnerships based on mostly good will and enthusiasm but with limited attention to the responsibilities, accountabilities and liabilities of each relationship. These creations go by names such as, strategic alliances, consortiums or networks. Nonprofit agencies are collaborating with each other as well with business and government. Sometimes they are encouraged but more recently they are demanded or artificially forced into existence. Funding is increasingly contingent on coming to the table with your 'partners'. As a result, countless complicated relationships are created. However, much time and potential is lost because of the lack of a firm conceptual foundation upon which to negotiate and build these partnership arrangements. Along with this trend towards partnering is the underlying assumption that partnering will contribute to providing seamless service delivery and operational efficiency, will ease fund development and demonstrate fiscal responsibility and lead to a reduction of program duplication. However, do we really know what we are doing? Do partnerships really improve service delivery and lead to more efficient operation and better outcomes of children and family in urban centers? As part of a two-year federally funded study of partnership-making activity in children's services in Calgary Canada, this paper presents the findings to date that contribute to making sense of partnerships in the delivery of children's services in an urban setting. Calgary is a large metropolitan center in western Canada of close to one milling people.
Methods: Using a case study approach, the research is investigating partnership-making activities - how selected partnerships are created, maintained, and perceived by participants to better understand the practical experience of inter-organizational collaboration by child serving organizations and to conceptualize the partnership process. A case study approach is preferred because researchers, service providers, and funders are only just beginning to understand what is involved in the creation of partnerships and to determine if they actually result in improved service delivery to children in urban settings. A purposeful sampling method was used to identify the organizations to ensure a number and range of partnerships could be accessed across three levels of intervention in children's services. Lincoln and Guba's (1985) case study format outlining the problem, context, issues and lessons learned for each partnership-making activity is being applied. The qualitative software tool AtlasTI is being used to aid data analysis. The analysis is both aggregated and particular, searching for the common patterns within and across cases, as well as noting any unusual factors that affect practice.
Results: Even though working together is second nature, the creation of partnerships is difficult, sometimes unsuccessful and painful, and always complex. When it works, it is a wonder. The results reveal the struggles and challenges of making partnerships within the children's services in an urban setting as well as the reasons for success and sustainability. The results offer assistance to those who enter into partnerships by outlining the procedures best followed, the challenges that need to be negotiated carefully, and the pitfalls that should be avoided.
Implications: The study contributes to the limited existing empirical literature that analyzes the value and impact of partnerships in children's services.

Correction for the Contact Listing Page
The following was incorrectly entered into the contact listing page. We apologize for any inconvenience this might have caused.

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