

Johns Hopkins Bloomberg School of Public Health

Department of Population, Family, and Reproductive Health and the Johns Hopkins Urban Health Institute

Baltimore Youth through a Global Lens: Lessons from the WAVE Study

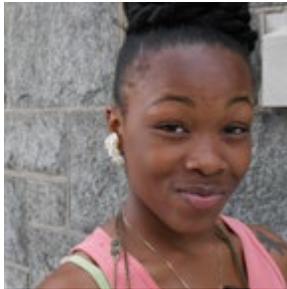
Wednesday, Feb. 17, 2016

4:30 - 7 PM

Feinstone Hall, E2030

Bloomberg School of Public Health

615 N. Wolfe Street



JOHNS HOPKINS

BLOOMBERG SCHOOL
of PUBLIC HEALTH

Reception

Welcome

Robert Wm. Blum, MD, MPH, PhD

William H. Gates Sr. Professor and Chair of Population, Family and Reproductive Health
Johns Hopkins Bloomberg School of Public Health

Young Health Programme and WAVE

Helen-Marie Seibel

Senior Manager, Corporate Responsibility Young Health Programme Lead
AstraZeneca Canada

Background to WAVE

Robert Wm. Blum, MD, MPH, PhD

William H. Gates Sr. Professor and Chair of Population, Family and Reproductive Health
Johns Hopkins Bloomberg School of Public Health

How Context Shapes Health

Kristin Mmari, DrPH

Assistant Professor, Population, Family and Reproductive Health
Johns Hopkins Bloomberg School of Public Health

What does Trust Have to Do with it?

Beth Marshall, DrPH, MPH

Assistant Scientist, Population, Family and Reproductive Health
Johns Hopkins Bloomberg School of Public Health

Community Violence and Sexual Risk taking

Hannah Lantos, PhD

Research Scientist, Child Trends

Intimate Partner Violence

Sarah Peitzmeier, MSPH, PhD Candidate

Population, Family and Reproductive Health
Johns Hopkins Bloomberg School of Public Health

Panel Discussion

Reception to Follow

Young Health Programme and WAVE



Helen-Marie Seibel

The Young Health Programme is AstraZeneca's global community investment initiative. It has a unique focus on young people and primary prevention of the most common non-communicable diseases (NCDs), such as type 2 diabetes, cancer, heart and respiratory disease.

Working with other expert organisations and combining on the ground programmes, research and advocacy, it targets the risk behaviours such as tobacco use, alcohol abuse and unhealthy eating that can lead to these diseases in adulthood.

For more information, please visit <http://www.younghealthprogrammeyhp.com/home>.



Background to WAVE

Robert Wm. Blum

The Wellbeing of Adolescents in Vulnerable Environments (or WAVE) study was a component of a global initiative in adolescent health of the AstraZeneca Company. Entitled Young Health Programme the intent has been to provide the knowledge and experiential bases for improving the wellbeing of adolescents who reside in the poorest sections of their communities. As the thought leader, Johns Hopkins Bloomberg School of Public Health partnered with Plan International as the implementation partner. WAVE was conducted in the lower income sections of 5 cities: Baltimore, Delhi, Shanghai, Ibadan and Johannesburg. At each site there was a qualitative as well as quantitative component. The qualitative phase collected data from young people and key stakeholders in the community as well as engaged young people in a photo voices project. The quantitative phase interviewed over five hundred 15-19 year olds from each site.

Tonight we will learn about Baltimore in a Global Lens.

Background and Rationale

Much research has been done on easier to reach adolescents through schools and traditional family units, but to date there is limited data available on young people who don't necessarily go to school or live in a typical home environment. Transformations in the world, which include changes in the global economy, education, family formation, and technology, are altering societies in every region, and in turn, are reshaping the contexts of adolescents' lives.

What is unknown is the extent to which these changes, regions and gender differentially impact young people's health and their ability to obtain the resources they need to maintain health.

Study Description

The objectives of the study were to:

- Describe the health of adolescents in very economically distressed communities within the five cities, particularly sexual and reproductive health, mental health, substance abuse and physical safety
- Identify the factors influencing adolescents' health within each city and across the sites

Key Findings

Across sites, there was a general consensus of the top health concerns among adolescents:

For adolescent girls: sexual and reproductive health problems are prominent.

For adolescent boys: tobacco, drug and alcohol consumption was a huge problem, which further led to violence.

WAVE demonstrated that young people, both males and females, who grow up in vulnerable environments live with persistent fear, increased sense of vulnerability, less social capital and more environmental distress.

These factors predispose to more chronic mental health disorders, more cigarette smoking and alcohol consumption, more precocious sexual behavior with less protection against HIV, STIs and pregnancy.

Adolescents who were most vulnerable (those who had the least amount of social support) were also the least likely to know where to access help or services.

How Context Shapes Health



Kristin Mmari

Dramatic trends in urbanization across the globe and the enormous growth of urban slum settlements make it imperative that we better understand the extent to which neighborhoods, and the specific factors within the neighborhood, influence the health of adolescents. To date, however, we have limited understanding about how factors within these urban environments operate and affect the health and wellbeing of adolescents living in different urban contexts around the globe.

Using both qualitative and quantitative data from the WAVE study, we sought to compare the perceptions of neighborhood-level factors and their associations to health among adolescents living in disadvantaged urban neighborhoods. Results show that across sites, there was great variability in how adolescents perceived their neighborhoods. Overall, adolescents from Ibadan and Shanghai held the most positive perceptions about their neighborhoods, while adolescents from Baltimore and Johannesburg held the poorest. In New Delhi, despite females having positive perceptions about their safety and sense of social cohesion, they had the highest sense of fear, as well as the poorest perceptions about their physical environment. The study also found that one of the most consistent neighborhood-level factors across sites and outcomes was witnessing community violence, which was significantly associated with smoking among adolescents in New Delhi and Johannesburg, and with violence victimization across all five sites. No other neighborhood-level factor exerted greater influence.

This study confirms the important associations between perceptions of a neighborhood and adolescent health. At the same time, it demonstrates that not all neighborhood-level factors are associated with adolescent health outcomes in the same way across different urban contexts. Further longitudinal research is needed to examine the direction of causation between adolescent health neighborhood contexts and health outcomes, and the reasons for why different urban contexts may exert varying levels of influence on the health of adolescent.

What does Trust Have to Do with it?



Beth Marshall

In April, the world was looking at the young people of Baltimore through the lens of their actions after Freddie Gray's death. Poverty, racism, and unemployment were raised as underlying factors that contributed to the Uprising. Another theme, which we often heard reflected in our qualitative work was the lack of trust between youth and law enforcement.

A quick look at the WAVE data in Baltimore revealed that more than half of the young people in our Baltimore sample had no trust in the police and a high proportion had no trust in other types of authority. With a more in depth analysis, we aimed to determine whether there were differences between young people who do and do not trust and how trust is associated with health. We examined both Institutional Trust, which included trust in government, public authorities, courts, and police and Community Trust, which included trust in churches, the educational system, and one's own family friends and neighbors.

Among girls, those with higher levels of community trust were less likely to be victimized and involved in binge drinking. Meanwhile, girls with higher levels of institutional trust were more likely to use a condom and less likely to have used marijuana.

Among boys, those with higher levels of community trust were more likely to use a condom, while those with higher levels of institutional trust were less likely to use marijuana, but more likely binge drink.

While we note the importance of trust for adolescent health, there are surprising gender differences in how trust is associated with health behaviors and outcomes.

Community Violence and Sexual Risk taking



Hannah Lantos

Results found around sexual activity can be interpreted to mean that although engaging in sexual activity is a normal and healthy step in the process that adolescents must go through as they transition to adulthood, that sexual activity can be complicated. It can be both wanted and scary. It can be both safe and unsafe. It can be forced and willingly engaged in.

With these results the relationships between violence and sexual intercourse are interpreted to mean that those who experience violence are more likely to engage in complicated, unsatisfying, coerced, or painful sex. This does not always mean the patterns are consistent. For example, there are important gender differences to note. In particular, fear is associated with more sexual activity (marginally) for girls and with less for boys. This suggests that boys who are fearful may be disengaging from healthy – and in this population – normative behaviors suggesting a disconnect for some of these boys. Additionally it might suggest that girls who are fearful are particularly unable to engage in healthy types of romantic sex and that they may be the ones who are having scary, forced, unenjoyable, unprotected, or painful sexual encounters.

Understanding more about the types of sexual encounters that these young people are engaging in and supporting young people to find healthy ways to cope with violence are essential.

Intimate Partner Violence



Sarah Peitzmeier

Globally, adolescent women are at high risk for gender-based violence, including sexual violence and intimate partner violence (IPV), often at the hands of their adolescent male peers. Those in economically distressed settings are considered uniquely vulnerable.

In this study, adolescents aged 15-19 were recruited from disadvantaged neighborhoods in Baltimore, USA; New Delhi, India; Ibadan, Nigeria; Shanghai, China; and Johannesburg, South Africa. Among ever-partnered women, past-year IPV victimization prevalence was 27.7% in Baltimore and ranged from 10.2% in Shanghai to 36.6% in Johannesburg. Further, 6.2% of women in Baltimore had experienced sexual violence from someone who was not their partner in the past year, the highest prevalence of any site besides Johannesburg (9.1%). Among ever-partnered men, past-year IPV perpetration was 17.2% in Baltimore and ranged from 9% in Shanghai to 40% in Johannesburg. In Baltimore, women who experienced IPV were more likely to engage in drug use and risky sexual behaviors, namely having multiple sex partners in the past year and having anal sex. Men who perpetrated IPV were more likely to binge drink and have a history of being physically harmed themselves by a household member or by someone in their community.

Findings affirm that IPV victimization and perpetration are both prevalent, even in this young age group, across international settings. Baltimore was no exception. A multisectoral response is needed to work with adolescent men and women to prevent gender-based violence and mitigate its health impact.

Biographies



Robert W. Blum, MD, MPH, PhD – William H. Gates Sr. Professor and Chair, Department of Population, Family & Reproductive Health, Johns Hopkins Bloomberg School of Public Health. Director of the Johns Hopkins Urban Health Institute – rblum@jhu.edu

In July 2007, Dr. Blum was named the Director of the Johns Hopkins Urban Health Institute. He is a Past-President of the Society for Adolescent Medicine; has served on the American Board of Pediatrics; was a charter member of the Sub-Board of Adolescent Medicine is a past chair of the Alan Guttmacher Institute Board of Directors and served as chair of the National Academy of Sciences Committee on Adolescent Health and Development. In 2006, The National Academy of Sciences' Institute of Medicine elected Dr. Blum into membership.

He is a consultant to The World Bank and UNICEF as well as the World Health Organization where he has served on the Technical Advisory Group of the Child and Adolescent Health Department as well as the Scientific and Technical Advisory Group of the Human Reproductive Program. He received the Society for Adolescent Medicine's Outstanding Achievement Award in 1993; and in 1998 was the recipient of the American Public Health Association's Herbert Needleman Award "for scientific achievement and courageous advocacy" on behalf of children and youth. He has edited two books, and has written nearly 250 journal articles, book chapters and special reports.



Biographies



Hannah Lantos, PhD – Research Scientist – hannah.lantos@gmail.com
Youth Development research area at Child Trends

Hannas recently completed her PhD from Johns Hopkins Bloomberg School of Public Health. Her talk today is a component of her Ph.D. dissertation, which explored the associations between adolescents' experiences of community-level violence with sexual behavior in both Baltimore and Johannesburg. This work not only analyzed the relationship between non-sexual violence and sexual health but also compared adolescents in two low-income settings to assess whether there were similar patterns in different places. Her work more generally explores how the social and physical environments that adolescents live in affect their health. She is particularly interested in how context shapes the choices available for adolescents as they learn about and try to engage in healthy decision-making. She is passionate about applied, multidisciplinary research on adolescent health, well-being, and positive development.



Beth Marshall, DrPH, MPH – Assistant Scientist – bmasha2@jhu.edu
Department of Population, Family, and Reproductive Health at JHBSPH

Beth serves as the Associate Director of The Center for Adolescent Health. Currently, Dr. Marshall is the lead evaluator on citywide project to implement evidence based sexual and reproductive health education in schools and Title X clinics in Baltimore City. During her tenure with the Center, Dr. Marshall has collaborated with community partners on a variety of projects including a school health video project, the development of a high school health curriculum, the development of a health triage system for the Baltimore City Health Department, the development of the Center's mental health agenda, and evaluations of local middle school supplemental programs.

Dr. Marshall has extensive experience in health education and was awarded her masters in public health in 2003 and her doctorate in public health in 2010 both from the Johns Hopkins Bloomberg School of Public Health.



Kristin Mmari, DrPH, MA – Assistant Professor kmmari1@jhu.edu
Department of Population, Family, and Reproductive Health at JHBSPH

With a degree in medical anthropology and a doctorate in international health, Dr. Mmari has been extensively trained in cross-cultural research, qualitative methods and analysis, and program evaluation all related to adolescent health.

For nearly two decades, her research has focused on identifying contextual factors related to the health and well-being of vulnerable adolescents and evaluating intervention strategies aimed at improving health among diverse populations of adolescents.

For the WAVE study, Dr. Mmari was the lead qualitative investigator and subsequent co-principal investigator.

Biographies



Sarah Peitzmeier, MSPH, PhD Candidate – speitzm1@jhu.edu
Department of Population, Family, and Reproductive Health at JHBSPPH

Sarah's research uses quantitative and qualitative methods to examine HIV and other sexual health issues in marginalized populations, with an emphasis on understanding the effect of structural factors such as discrimination, stigma, and gender-based violence.

She is currently analyzing data from two studies in Baltimore, including an ethnographic study exploring interactions between sex workers and police, and an intervention study seeking to promote sex workers' health and safety. Sarah is also a co-investigator on a clinical study investigating alternative screening strategies for cervical cancer for transgender men.

She previously conducted research in The Gambia and Mongolia on the health and human rights of men who have sex with men, transgender women, and female sex workers. Her dissertation work analyzes the independent and synergistic contributions of client, police, intimate partner, and pimp-perpetrated violence to HIV risk among sex workers in Russia.



Helen Seibel – Senior Manager – Helen.Seibel@astrazeneca.com
Corporate Responsibility Young Health Programme Lead, AstraZeneca Canada

Helen has more than 15 years' experience delivering corporate citizenship, reputation management and communications programs nationally and internationally across corporate and non-profit sectors that deliver value to both the business and society.

Helen was first introduced to the concept of social marketing in her role as Global Program Manager of an international awards initiative that aimed to promote the use of internet and communications technology to the nonprofit sector. She designed and implemented a program that engaged employees and resulted in sustainable solutions for the nonprofit award recipients. With successful projects in Fiji, Australia, South Africa, the UK and the US, the program cemented in Helen a desire to focus on corporate citizenship and work with organizations to build and run programs that do good – both for the organization and for the community.

From there, Helen moved to work in the nonprofit sector and then in consulting, with a focus on corporate citizenship programming in both instances. She developed strong experience with partnership development, stakeholder engagement and management, measurement and evaluation, volunteerism, and employee engagement. In 2013, Helen was invited to develop and teach a CSR course at Ryerson University's Chang School of Continuing Education. The course is designed to provide PR students and practitioners with a basic foundation of knowledge about CSR.

Helen volunteers as a Director of the Community Foundation of Mississauga and also on Endeavour Volunteer Consulting.

Johns Hopkins Bloomberg School of Public Health
Department of Population, Family and Reproductive Health
Office of the Chair
615 N Wolfe Street, E4527 – Baltimore MD 21205
T: 410-955-3384
<http://www.jhsph.edu/departments/population-family-and-reproductive-health/>

Photo credits:
PhotoVoice Project– Tykwan Bernie, Martika Benjamin, Jerry
Designed and Produced by Deenah Darom – PFRH



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH