

Men's Health Center Baltimore City Health Department

Summary: Provides primary health care and social services to men (ages 19-64) who are residents of Baltimore; 8000 patient encounters in 2 years; 25-30 patient encounters per day; 80% do not have health insurance; 60% are unemployed; hypertension & diabetes are leading diagnosis; most frequent follow-up services are dental and vision.

Information about this program provided by: Alphonso Gibbs, MSW, Deputy Commissioner, Baltimore City Health Department

Objectives

The principal objective of the Baltimore City Health Department Men's Health Center is to provide the access to health care for members of an uninsured or underinsured male population within the City. This gender-specific effort, thus, improves the access to care for individuals who are not receiving the needed services, improving the City's health status, with the ultimate goal of enhancing community well being.

As the local health authority, the Baltimore City Health Department is mandated to protect the health of the citizens, and to serve as the architect and catalyst for policy development and change in the health care system of the City. Accordingly, the Baltimore City Health Department has designed and administers the services at the Men's Health Center. This innovative approach to health services targets males 19-64 years of age. The Center operates on a five-day schedule from 8:30 a.m. - 4:30 p.m. There has been a consideration for offering services during extended evening hours.

Identified Needs & Accomplishments

The Men's Health Center provides primary health care and social services to men (ages 19-64) who are residents of Baltimore City with incomes at or below 200% of the federal poverty level (FPL). According to a review of data collected at the Men's Health Center from July 2, 2001 – September 30, 2001:

- About three-quarters of patients had attained at least their high school diploma
- 80% (4 out of 5) did not have health insurance
- 60% (3 out of 5) were unemployed
- Average number of newly released inmates examined by clinicians per month: 16
- Hypertension and diabetes were the leading diagnoses
- Dental and vision services were the most frequent referrals for follow-up care
- One in seven patients examined by the provider admitted that they were having unprotected sex at the time of their visit to the Center

Since the Center opened its doors during the spring of 2000, there have been over 8,000 medical encounters representing over 6,000 individuals from throughout Baltimore City. Staff at the Center average between 25 -30 patient encounters per day and provide a range of services that include physical examinations, substance abuse counseling, and referrals for employment and training. Yet despite these strides over the course of the past two years, there still remains a gap in the availability of health services to a growing population within Baltimore City: *newly released inmates*.

Funding

The Men's Health Center is located in West Baltimore within the existing Baltimore City Health Department Druid Health Center. Funding has been made possible through the reconfiguration of existing Health Department

resources as well as through grant applications to such foundations as the Annie E. Casey Foundation, Open Society Institute, Abell Foundation, Enterprise Foundation, Bell Atlantic Foundation, Ben & Esther Rosenbloom Foundation, Office of Health and Human Service, Department of Human Resources, and the Department of Social Services.

The Department of Health & Mental Hygiene has agreed to expand the Baltimore City Health Department's Maryland Primary Care contract to include the Men's Health Center as a Maryland Primary Care provider. Existing exam rooms, dental and medical equipment have been refurbished to offer an attractive clinical service area. Personnel have been selected and trained in order to insure optimum quality of care. Other in-kind resources include, but are not limited to: technical assistance with respect to programmatic priorities, orientation for clinicians, clinical supplies, family planning referral services, dental services, immunizations, domestic violence prevention, substance abuse and mental treatment services and referrals, HIV / AIDS and other sexually transmitted infection (STI) screening, tuberculosis, high blood pressure, and diabetes diagnosis/treatment and lab services.

Service needs of newly released inmates

A recent article published in the Journal of Urban Health (June 2001) estimates that there are about 2 million people in the United States behind bars on any given day. In Baltimore in 2001, there were 88,930 arrests (includes both men and women) and this figure represents an 8% increase over the previous year (CFAR, 2002). Men constitute the largest proportion of the incarcerated although the proportion of women has been increasing at a faster rate than that of men. In addition, incarcerated individuals have significant health needs that transcend the traditional approaches to the provision of health and social services.

According to surveys conducted by the National Institutes of Justice, more than 70% of federal inmates and 80% of state and local jail inmates reported a history of drug use (Journal of Urban Health, June 2001). Drug crimes are the leading reason for incarceration of state prisoners convicted of crimes committed in Baltimore constituting about half of prison sentences in 2000. As of September 2000, nearly half of Baltimore's 30,150 parolees and probationers were under court supervision for drug offenses. Although an estimated 75% of state inmates are in need of substance abuse treatment, fewer than 20% actually receive it, and then it is usually short term and non-intensive (CASA, 1998). With this in mind, it has been estimated that four out of five convicted offenders in Baltimore need drug treatment which is reflective of the national trends (Smart Steps, 2000).

Also according to a national survey of jails and prisons, compared to the general population, rates of HIV infection among incarcerated individuals are 8 to 10 times higher, rates of hepatitis C are 9 – 10 times higher, and rates of tuberculosis are 4 – 17 times higher (Hammett, 1999). It has been estimated that one-quarter of all people with HIV infection and one-third of those with tuberculosis have been released from prison or jail in the past year (Butterfield, 2002). This has great implications for the design and implementation of aggressive interventions that address the needs of this underserved population as well as the spread of sexually transmitted infections.

Lastly, suicide is the leading cause of death in jails and prisons, and inmates have a suicide rate 11 to 14 times higher than the general population. Researchers suggest that high suicide rates in correctional facilities are associated with high rates of untreated depression (Journal of Urban Health, June 2001). Again a clear demonstration for the need for interventions that can help to address some of the mental health needs of this population.

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