

Dual Enrollment Can Save College Students Time, Money

By Mary L. Churchill

Boston Univ

In a recent talk about new ways to do college admissions, Secretary of Education Miguel Cardona spoke about his own experience taking a college course while still in high school. He was referring to dual enrollment – an increasingly common practice in which high school students take college courses, simultaneously earning high school and college credit.

A 2019 report showed that approximately 88% of U.S. high schools offered dual enrollment and approximately 34% of high school students in the U.S. are taking college courses. That represents an increase from 2010, when 82% of high schools offered dual enrollment and approximately 10% of high school students took college courses.

At the state level, there is evidence of dramatic growth. In Indiana, for example, 60% of high school students graduated with college credit in 2018, up from 39% in 2012.

As a higher education administrator who has been involved with dual enrollment in Boston's public schools, I know there is strong evidence that dual enrollment programs make it more likely that students graduate from high school and earn a college degree.

How dual enrollment works

Dual enrollment programs may be known by different names, such as early college, concurrent enrollment, joint enrollment or dual credit programs. One study found the use of 97 different terms nationwide.

The courses are different from Advanced Placement and International Baccalaureate courses. While AP and IB courses cover college-level



el material, dual enrollment courses are college courses.

Students usually take these courses at their high schools, but they can also take them on a college campus, online or at another nearby high school. Some programs provide transportation to college campuses. The courses are offered in partnership with a college or university and taught by faculty from that college. Ideally, courses are offered during the standard high school day.

Academic and financial benefits

The North Carolina Career and College Promise dual enrollment

program found that students in the program were 2% more likely to graduate from high school and 9% more likely to enroll in college compared with similar students who did not take dual enrollment courses.

Dual enrollment programs also provide a practical way for students and their families to save time and money. Students are able to take college courses for free or at a discounted rate while still in high school instead of paying tuition for the classes during college. The programs often include books, materials and transportation. During

the 2017-18 school year, 78% of dual enrollment programs at public schools received full or partial funding from the school, district or state. Additional funding came from families, students or some other entity such as foundations and donors.

However, equity gaps exist within dual enrollment programs. Recruitment efforts that do not target equity, a lack of qualified faculty, and certain eligibility requirements – such as minimum GPAs and standardized test scores – create barriers for some students. Even

when dual enrollment programs are available at their high school, Black and Hispanic students participate at lower rates than their white and Asian classmates. In addition, students whose parents had earned at least a bachelor's degree were much more likely to take these courses than students whose parents had not earned a high school diploma.

Recruitment tool for colleges

Many colleges have experienced declining enrollments as of late, and some experts predict a looming "enrollment cliff" that some schools won't survive. Dual enrollment pro-

grams can benefit colleges by drawing more students to their campuses, where they often re-enroll after high school.

A recent study found that 60% of 18- and 19-year-old college students took dual enrollment courses at their college while in high school.

For community colleges, high school students in dual enrollment programs now make up close to 20% of their enrollments.

The American Association of Collegiate Registrars and Admissions Officers found in 2016 that 75% of colleges offering dual enrollment programs viewed them as an important form of recruitment.

However, the increased likelihood that a student will enroll in the college where they took dual enrollment courses in high school has raised concerns about "undermatching." Undermatching is a phenomenon in which high school students don't apply to a more selective college or university even though they have the ability. One study found that when dual enrollment students stay at a two-year college where they are undermatched – instead of transferring to a more selective school – they are 33% less likely to complete a bachelor's degree.

Still, dual enrollment programs have proven to be both successful and popular in states across the country. If current trends continue, and states such as Massachusetts continue to push for increased funding for dual enrollment, programs will continue to grow in high schools, on college campuses and online.

The hope is that growth in dual enrollment will lead to more students graduating from college and being able to get better jobs and live longer, healthier lives.

Rising Interest Rates, Prices Keep Homeownership As A Distant Goal

NNPA—In the wake of escalating mortgage rates and soaring housing prices, the dream of homeownership in the United States is slipping further from the grasp of many Americans, particularly African Americans. Recent reports from financial and real estate authorities reveal that prospective homebuyers, burdened by the growing costs of homes and borrowing at higher interest rates, face an increasingly challenging landscape. Meanwhile, disparities in homeownership persist, disproportionately affecting minority communities, and access to mortgages remains an uphill battle.

According to Bankrate.com, the current average 30-year fixed mortgage interest rate stands at a staggering 8.01%, marking a 12-basis-point increase over the past week. Mortgage refinance rates are also rising,



with the average 30-year fixed refinance interest rate reaching 8.09%, up by 4 basis points in the same period. The rising interest rates compound the difficulties those in search of a home loan face.

The surging home prices and escalating mortgage rates put immense financial strain on buyers, especially African Americans.

The National Association of Realtors (NAR) reported that, even as

millions aim to purchase homes, the reality is starkly different from just a few years ago. In December 2020, 30-year fixed mortgage rates hit an all-time low of 2.68%, down significantly from 3.78% a year earlier. In tandem with the lower rates, housing prices skyrocketed. The median sale price of a single-family home has now risen above \$416,000 in the second quarter of 2023, up from less than \$360,000 in late 2020. U.S. home price indexes have reached historic highs, surpassing the reach of many median-income households.

Lawrence Yun, the chief economist for the National Association of Realtors, noted that in late 2020, the monthly mortgage payment on a typical newly sold home was approximately \$1,100 in principal and

(See **HOMEOWNERSHIP** P. 2)



BRYCE YOUNG BEATS C.J. STROUD AS PANTHERS CLAIM FIRST VICTORY OF SEASON OVER TEXANS 15-13

CHARLOTTE, N.C. (AP) — Bryce Young has heard the criticism, the suggestion that Carolina made the wrong choice by taking him No. 1 overall instead of C.J. Stroud, who has put up big numbers for Houston.

It hasn't bothered the even-keeled Young.

He has been preoccupied with scenarios like the one he faced on Sunday: having a chance to lead his team to a victory in the fourth quarter.

The No. 1 overall pick did just that, moving the Panthers 86 yards in 15 plays to set up Eddy Pineiro's winning 23-yard field goal as time expired, giving Carolina its first victory of the season over the Stroud's Texans, 15-13.

"You love opportunities like that," Young said. "You go in and have a chance to end the game on your terms and just try to take the game. Down by one, what else would hope for? That's what we play for."

The winning drive included a clutch 3-yard completion in tight coverage to Adam Thielen on a fourth-and-2 to keep the chains moving.

"It was a man look 1-on-1 and Adam did a great job of creating separation and making a tough catch there," Young said. "That was a tough, contested catch with the game on the line. But it's not surprising at all with Adam."

The Panthers (1-6) snapped a 56-game losing streak in games they trailed at any point in the fourth quarter, the longest in NFL since at least 1991. Carolina's last fourth-quarter comeback win was Oct. 21, 2018, against the Philadelphia Eagles.

TEACHERS' ADVOCATES CHALLENGE PRIVATE SCHOOL VOUCHER PROGRAM IN SOUTH CAROLINA

COLUMBIA, S.C. (AP) — A group of South Carolina parents and teachers' advocates filed a challenge Thursday to a new Republican-backed law allowing taxpayer dollars to help families pay for private schools.

As it stands, up to 15,000 students will eventually access \$6,000 annually in publicly funded savings accounts that can be used toward private K-12 tuition. The South Carolina Education Association and state chapter of the NAACP want the state's highest court to toss out the program that they said runs afoul of a prohibition on the use of government funds to directly benefit private educational institutions.

Plaintiffs say the voucher program violates several other sections of the South Carolina Constitution. They argue the state is failing its duty to provide a "system of free public schools open to all children" by covering costs at private schools that are neither free nor open to all.

The challengers expressed concern that state money would make its way to private schools that could discriminate against their disabled or LGBTQ+ children, while also undermining support for rural districts and exacerbating segregation.

The law also "impermissibly" expands the authority of the state Superintendent of Education beyond her role overseeing public education by tasking her office with administering the program, according to the plaintiffs.

Republican Gov. Henry McMaster told reporters on Thursday that the money goes to parents, not schools — a move that makes him confident the law will stand. Plaintiffs noted that parents would only select the school where funds get sent from accounts controlled by the state Department of Education.

A conservative think tank called the Palmetto Promise Institute compared the accounts to existing state programs like tuition grants that college students can use for private higher education.

One lawmaker central to the effort also expressed certainty in the constitutionality of the program.

"On behalf of the parents and children of our state, I'm looking forward to a quick victory in favor of disadvantaged students who deserve better,"

(See **STATE BRIEFS** P. 2)

Supreme Court To Hear Arguments In Key Case About Gerrymandering

By Claire Wofford and Gibbs Knotts

College of Charleston

A South Carolina case about gerrymandering – the drawing of legislative district lines to maximize political power – that could affect voting rights around the country will be one of the cases decided by the U.S. Supreme Court during its upcoming 2023-2024 term.

The case, *Alexander v. South Carolina State Conference of the NAACP*, concerns the way state legislatures consider race and party when they are redrawing state voting maps.

The Supreme Court ruled in 1993 in *Shaw v. Reno* that racial gerrymandering – when legislatures draw district lines primarily based on race – is unconstitutional, regardless of legislators' intent, except in rare circumstances. Voters' party identification, however, is fair game.

At issue in the case before the Supreme Court is how the South Carolina Legislature redrew its 1st Congressional District after the 2020 census. The majority Republican lawmakers moved over 140,000 residents from the 1st Congressional District into the 6th Congressional District.

The NAACP argues the Legislature

moved over 30,000 of those residents because they were Black, in violation of the equal protection clause of the Fourteenth Amendment to the U.S. Constitution. In past cases, the Supreme Court has interpreted the equal protection clause to prohibit racial gerrymandering. But the South Carolina maintains the Legislature moved the residents to ensure the district was majority-Republican and that residents' race was not a major consideration.

In October 2021, the NAACP and a South Carolina voter challenged several of South Carolina's new state and congressional districts in federal court. A three-judge panel ruled in January 2023 that the Legislature, despite its protestations to the contrary, had moved residents primarily based on their race. The panel gave the Legislature until March 31, 2023, to submit a new map, but extended the deadline after the state appealed the decision to the Supreme Court, which announced on May 15, 2023, that it would hear the case.

As political scientists who research legislative and judicial politics, we study gerrymandering and how legislatures use the practice to ensure political and partisan control. We believe that the court's decision in the *Alex-*

ander case will affect how legislatures handle redistricting in the future.

No clear precedent

The issue of redistricting is not an area of settled law. In the spring of 2023, the Supreme Court issued two rulings on voting rights that surprised many court observers. In *Allen v. Milligan*, the court required Alabama to draw an additional district with a majority Black population to ensure Black voters could elect representatives of their choice.

In *Moore v. Harper*, the court reaffirmed that state legislatures do not have total control over redistricting – state courts can decide redistricting cases. Had the Supreme Court ruled the other way, there would have been no court that could hear claims of partisan gerrymandering in federal elections.

The *Alexander* case is like *Milligan* and *Moore* in that it involves challenges to state redistricting plans. But because the precise legal questions differ, the *Milligan* and *Moore* decisions tell us little about how the Supreme Court may rule in *Alexander*.

Because *Alexander* is about the equal protection clause, rather than, as in *Milligan*, the Voting Rights Act of 1965, different legal doctrines apply.

Under the Voting Rights Act, it

doesn't matter whether a legislature intended to discriminate against racial minorities. If the new districts significantly limited their voting power, it is illegal.

In equal protection clause cases, it's not just the impact on minority voters that matters; it's how the legislature thought about and used race when it drew districts. If the legislature used the race of voters as the predominant factor in drawing the district, then its redistricting plan, absent a compelling reason, is unconstitutional.

Many organizations celebrated the decisions by the conservative-leaning court to limit the ability of legislatures to shape elections. But state lawmakers in Alabama initially refused to comply with the *Milligan* ruling. On Sept. 26, 2023, the Supreme Court ruled that Alabama must redraw the map to create a second majority Black voting district.

Supreme Court has heard gerrymandering cases before

Drawing legislative district lines to maximize political power has been around since the early days of the republic. But despite the long history of gerrymandering in the United States, there is growing evidence that Ameri-

(See **GERRYMANDERING** P. 2)

Business & Finance

Magic Johnson Becomes Fourth Athlete Billionaire: Lakers Icon Joins Michael Jordan, LeBron James, & Tiger Woods

Magic Johnson is officially a billionaire, according to Forbes. This means the Lakers legend will be just the fourth athlete to achieve this benchmark, joining Michael Jordan, LeBron James and Tiger Woods.

Forbes now estimates Johnson's net worth to be \$1.2 billion. After becoming the first overall pick in the 1979 NBA Draft out of Michigan State, Johnson went on to have one of the most iconic careers in NBA history.

Johnson was the NBA's assists leader four times and steals leader twice. His many accomplishments include five NBA championships and 12 All-Star appearances.

However, Johnson earned most of money after he was done playing. In fact, Forbes reports he made \$40 million from his NBA

career, and he earned the rest by being a savvy business man who invests in multiple different areas.

Johnson has ownership stakes in three Los Angeles-based sports teams, including the WNBA's Los Angeles Sparks, MLB's Los Angeles Dodgers and MLS' LAFC. He also invested in the NFL's Commanders earlier this year. Johnson's non-sports investments include Starbucks, Burger King, 24 Hour Fitness and the life insurance company EquiTrust.

Interestingly enough, Johnson actually had a chance to become a billionaire sooner as Converse, Adidas and Nike approached him with shoe deal offers when he was entering the NBA.

Nike allegedly offered Johnson \$1 for each shoe they sold, as well as 100,000 shares in stocks at

\$0.18 per share. But at that time, Nike was still a new company and Johnson didn't know much about investing. He took a deal with Converse, which offered him \$100,000 a year, instead.

"My family didn't come from money, that's one thing that hurt us [sometimes]. When you don't come from money, you don't know. I didn't even know what stocks [were] at that time," Johnson said on the "All The Smoke" podcast earlier this year. "So I passed on the stocks. Can you imagine? 45 years, \$5 billion that stock would have been worth today."

But even if he missed out on that deal, Johnson has still become one of the elite athletes who have taken their financial achievements to new heights.



UAW Escalates Strike Against Lone Holdout GM After Landing Tentative Pacts With Both Stellantis And Ford

DETROIT (AP) — The United Auto Workers union has widened its strike against General Motors, the lone holdout among the three Detroit automakers, after reaching a tentative contract agreement with Jeep maker Stellantis.

The escalated walkout began Saturday evening at a Spring Hill, Tennessee plant, GM's largest in North America, just hours after the Stellantis deal was reached. Its nearly 4,000 workers join about 14,000 already striking at GM factories in Texas, Michigan and Missouri.

The UAW did not immediately explain what prompted the new action after 44 days of targeted strikes. The added pressure on GM is substantial

as Spring Hill makes engines for vehicles assembled in a total of nine plants as far afield as Mexico, including Silverado and Sierra pickups. One plant already on strike it supplies with engines, in Arlington Texas, makes full-size SUVs including the Tahoe and Suburban. Vehicles assembled at Spring Hill include the electric Cadillac Lyriq, GMC Acadia and Cadillac crossover SUVs.

"The Spring Hill walkout affects so much of GM's production that the company is likely to settle quickly or close down most production," said Erik Gordon, a University of Michigan business professor. The union wants to wrap negotiations with all three automakers so "Ford and

Stellantis workers don't vote down (their) tentative agreements because they want to see what GM workers get."

The Stellantis deal mirrors one reached last week with Ford, and saves jobs at a factory in Belvidere, Illinois, that Stellantis had planned to close, the UAW said.

On Sunday, presidents of the union locals involved voted to endorse their tentative contract with Ford after UAW President Shawn Fain explained it, said a union official who spoke on condition of anonymity because they were not authorized to make the information public. The vote count was not immediately known.

Fain was to address the full membership, which will now vote on the pact, on Facebook later Sunday.

GM said it was disappointed with the additional strike at the Spring Hill plant, which has 11 million square feet of building space, "in light of the progress we have made." It said in a statement that is has bargained in good faith and wants a deal as soon as possible.

In a statement, Fain lamented what he called "GM's unnecessary and irresponsible refusal to come to a fair agreement."

"Everybody's really fired up and excited," Spring Hill assembly line worker Larry Montgomery said by phone on Sunday. He said workers were taken by surprise by the strike call. "We thought it was going to happen earlier."

UAW Local 1853 President John Rutherford in Spring Hill didn't immediately return a telephone message.



Fain said in a video appearance Saturday night that 43,000 members at Stellantis would have to vote on the deal — just as Ford workers must. About 14,000 UAW workers had been on strike at two Stellantis assembly plants in Michigan and Ohio, and several parts distribution centers across the country. The company makes Jeep and Ram vehicles.

The pact includes 25% in general wage increases over the next 4 1/2 years for top assembly plant workers, with 11% coming once the deal is ratified. Workers also will get cost-of-living pay that would bring the raises to a compounded 33%, with top assembly plant workers making more than \$42 per hour. At Stellantis, top-scale workers now make around \$31 per hour.

Like the Ford contract, the Stellantis deal would run through April 30, 2028.

Under the deal, the union said it saved jobs in Belvidere as well as an engine plant in Trenton, Michigan, and a machining factory in Toledo,

Ohio.

"We have reopened an assembly plant that was closed," Fain said. The deal includes a commitment by Stellantis to build a new midsize combustion-engine truck at the Belvidere factory that was slated to be closed. About 1,200 workers will be hired back, plus another 1,000 workers will be added for a new electric vehicle battery plant, the union said.

Vice President Rich Boyer, who led the Stellantis talks, said the workforce will be doubled at the Toledo, Ohio, machining plant. The union, he said, won \$19 billion worth of investment across the U.S.

Fain said Stellantis had proposed cutting 5,000 U.S. jobs, but the union's strike changed that to adding 5,000 jobs by the end of the contract.

Gordon, the University of Michigan professor, said the Stellantis deal "shows that the car companies feel they are at the mercy of the UAW, that the UAW is not going to give any mercy, and that companies

will be co-governed by their boards and the UAW."

He said competing companies with non-unionized workforces, which include Toyota and Tesla, "couldn't have gotten a better year-end gift."

Under the Stellantis contract, a top-scale assembly plant worker's base wage will exceed all increases in the past 22 years. Starting wages for new hires will rise 67% including cost-of-living adjustments to over \$30 per hour, it said in a statement. Temporary workers will get raises of more than 165%, while workers at parts centers will get an immediate 76% increase if the contract is ratified.

Like the Ford agreement, it will take just three years for new workers to get to the top of the assembly pay scale, the union said.

The union also won the right to strike over plant closures at Stellantis, and can strike if the company doesn't meet product and investment commitments, Fain said.

Classifieds

NC Department of Adult Correction

ADVERTISEMENT FOR BIDS

The North Carolina Department of Adult Correction has the following contract in Pasquotank County out for bid: C-C11635 Pasquotank CI Shower Repair . The bid opening is scheduled for: Thursday, 12/07/2023 . To obtain the Notice to Bidders, any Pre-Bid Requirements, and any Addenda visit: <https://evp.nc.gov/solicitations/details/?id=0a74b31c-e874-ee11-8dee-001dd804e299>

NOTICE TO SUBCONTRACTORS

NC STATE UNIVERSITY: DOAK FIELD ENHANCEMENTS - PHASE 1 PREQUALIFICATION ANNOUNCEMENT

Notice to Subcontractors: Romeo Guest – Right Build, A Joint Venture, on behalf of NC State University, is seeking to gain subcontractor and vendor interest for enhancements to Doak Field (Baseball) at NCSU – Phase 1. We will be hosting a Preproposal/Information session to introduce this project and discuss the scope of work, timeline, expectations, and current project approach and prequalification form.

Project Description:
The overall project includes two phases of stadium enhancements to the existing baseball program at NCSU. The enhancements are focused on player development as well as fan experience. Phase 1 (+/- \$1.2M) is primarily enabling work that consists of construction of a pre-engineered metal building (PEMB) to house temporary indoor batting and pitching facilities. The second phase (+/- \$15M) of construction includes demolition of the existing batting/pitching facility in right field in preparation of the construction of a new indoor batting and pitching facility accompanied by additional athlete and fan amenities. Also, as part of Phase 2, left field enhancements are intended to provide additional terraced seating and concessions to enhance the fan experience.

Bid Packages for Phase 1 will include:

*BP 1-01A - General Trades	*BP 1-22A - Plumbing
BP 1-01B - Surveying & Staking	*BP 1-23A - HVAC
BP 1-02A - Demolition	*BP 1-26A - Electrical
*BP 1-03A - Cast-in-Place Concrete (Turnkey)	*BP 1-32A - Sitework
(Turnkey)	
BP 1-07A - Joint Sealants / Subgrade Waterproofing	BP 1-32B - Segmental Retaining Wall
BP 1-08A - Overhead Coiling Doors	BP 1-32C - Aluminum Fencing
*BP 1-11A - Sports Equipment & Netting	

*= Bid packages that will require prequalification

Important Items to Note:

- A Pre-Proposal/Information Session will be held **November 1st, 2023, @3:00 pm** Location: Administrative Services III – 2601 Wolf Village Way Raleigh NC 27607: Room 124A & 124B
- To Access the Prequal Form: <https://romeoguest.box.com/v/NCSU-Doak-Sub-Prequal-PH1>
- For Inquiries contact: **Scott Wolynec** at 919-683-1701 Swolynec@romeoguest.com or **Joshua Spells** at 919-651-8383 Jspells@rightbuildint.com
- Please submit prequal forms to **Joshua Spells** at 2232 Page Road, Suite 102, Durham NC 27703 (Hard Copies) Or projectcompliance@rightbuildint.com (Electronic Copies)
- To RSVP: <https://www.eventbrite.com/e/ncsu-prequal-announcement-preproposal-information-session-tickets-745556498557?aff=oddtcreator>

• **** Prequalification Deadline: Thursday, November 16th, 2023, by 3pm ****

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Health & Fitness

Syphilis, Other STDs Are On The Rise Across The US. States Lost Millions Of Dollars To Fight And Treat Them

(AP)—State and local health departments across the U.S found out in June they'd be losing the final two years of a \$1 billion investment to strengthen the ranks of people who track and try to prevent sexually transmitted diseases — especially the rapid increase of syphilis cases.

The fallout was quick: Nevada, which saw a 44 percentage-point jump in congenital syphilis from 2021 to 2022, was supposed to get more than \$10 million to bolster its STD program budget. Instead, the state's STD prevention budget went down by more than 75%, reducing its capacity to respond to syphilis, according to Dawn Cribb at the Nevada Division of Public and Behavioral Health.

Several states told The Associated Press that the biggest impact from having the program canceled in the national debt ceiling deal is that they're struggling to expand their disease intervention specialist workforce. These people do contact tracing and outreach, and are a key piece of trying to stop the spread of syphilis, which reached a low point in the U.S. in 2000 but has increased almost every year since. In 2021, there were 176,713 cases — up 31% from the prior year.

"It was devastating, really, because we had worked so hard to shore up our workforce and also implement new activities," said Sam Burgess, the STD/HIV program director for the Louisiana Department of Health. His state was slated to



Deneshun Graves, a disease intervention specialist with the Houston Health Department, walks to a client's residence for a visit in Houston on Thursday, Oct. 26, 2023. "When you have a mother who didn't know (she had syphilis), it can be very emotional trying to explain ... it could have been prevented if we could have caught it before," says Graves. (AP Photo/Michael Wyke)

receive more than \$14 million overall, but instead got \$8.6 million that must be spent by January 2026. "And we're still scrambling to try to figure out how we can plug some of those funding gaps."

While men who have sex with men are disproportionately impacted by syphilis, the U.S. Centers for Disease Control and Prevention and health officials across the

country also point to the increase in pregnant women who are passing syphilis to their babies. It can cause serious health issues for infants, including blindness and bone damage, or lead to stillbirths. In 2021, there were 77.9 cases of congenital syphilis per 100,000 live births.

Disease intervention specialists often link infected mothers and their partners with care for syphi-

lis, which has mild symptoms for adults, like fever and sores. Doing so in a timely manner can prevent congenital syphilis. The specialists also can help pregnant patients find prenatal care.

"When you have a mother who didn't know (she had syphilis), it can be very emotional trying to explain ... it could have been prevented if we could have caught it before," said Deneshun Graves, a public health investigator with the Houston Health Department.

Lupita Thornton, a public health investigator manager in the health department, said she is worried about being able to treat pregnant syphilis patients "before 30 days of delivery, for the baby's sake."

The Houston Health Department is in the midst of what it calls a "rapid community outreach response" because of syphilis cases increased by 128% among women from 2019 to 2022, and congenital syphilis cases went from 16 in 2019 to 151 in 2021.

Its STD/HIV bureau was set to receive a total of \$10.7 million from the federal grant, but will end up with about 75% of that.

The department has used the money to hire disease intervention specialists and epidemiologists — including Graves. But Thornton said she could use "double of everything," and had planned to bring down the caseload for her investigators by hiring even more people.

It would help Graves, who deals with more than 70 cases at a time.

"You got people that don't want to go in and get treatment. You have people that don't want to answer the phone, so you got to continue to call," Graves said.

Mississippi is also seeing an uptick in congenital syphilis cases, which a recently published study showed rose tenfold between 2016 and 2022. Health officials said a combination of funding shortages and poor access to prenatal care compounds their ability to stop the spread of syphilis.

The Mississippi State Department of Health was supposed to get more than \$9 million in federal grant money over five years to expand its disease intervention workforce. Agency head Dr. Dan Edney said one of his top priorities now is finding money from other parts of the state's health budget.

He said the state has been "challenged because of limited state funding" and will need to "cannibalize resources from every program we can so that we can increase our diagnostic rates or treatment rates,

and then close the loop with our investigations."

Arizona has the highest rate of congenital syphilis in the nation: 232.3 cases per 100,000 live births. The federal money helped the state Department of Health Services clear out a backlog of several thousands of non-syphilis STD investigations that had been stalled for years, said Rebecca Scranton, the deputy bureau chief of infectious disease and services.

"We were finally at the point where we were able to breathe again," Scranton said, "and start really kind of tackling it."

Scranton acknowledges syphilis will take awhile to fully address, and will look to preserve some of the unspent grant money for what lies ahead.

"You don't know what challenges are going to come. You know they're going to come, and you just keep getting creative because our job is really to get services to the folks," she said. "And that doesn't change just because you get a funding cut."

White Patients More Likely Than Blacks To Be Given Opioids



THE CONVERSATION—White people who visit hospital emergency departments with pain are 26% more likely than Black people to be given opioid pain medications such as morphine. This was a key finding from our recent study, published in the *Journal of General Internal Medicine*. We also found that Black patients were 25% more likely than white patients to be given only non-opioid painkillers such as ibuprofen, which are typically available over the counter.

We examined more than 200,000 visit records of patients treated for pain, taken from a representative sample of U.S. emergency departments from 1999 to 2020. Although white patients were far more likely to be prescribed opioid medication for their pain, we found no significant differences across race in either the type or severity of patients' pain. Furthermore, racial disparities in pain medication remained even after we adjusted for any differences in insurance status, patient age, census region or other potentially important factors.

Our analysis of prescribing trends spanning over two decades' worth of records found that opioid prescribing rates rose and fell, reflecting changing attitudes in clinical practice toward the use of opioid drugs. Notably, however, there appeared to be little change over time in the prescribing disparity across race.

Why it matters

These findings are important because they suggest that efforts to promote equitable health care in the U.S. over the past two decades, such as the Affordable Care Act, or "Obamacare," do not appear to have translated to clinical practice — at least with regards to pain management in hospital emergency departments.

There's no question that as the ongoing opioid crisis continues to escalate, a careful balance must be struck between the risks and benefits of prescribing opioids. But their appropriate use is an essential component of pain control in the emergency department, and they typically provide superior relief to non-opioids for short-term moderate to severe pain.

Undertreated pain produces unnecessary suffering and can result in a range of negative outcomes, even including a greater likelihood of developing long-term pain. There are over 40 million pain-related emergency department visits annually, so it is clear that equitable pain treatment is a fundamental component of a fair health care system.

What still isn't known

We do not know why such marked racial disparities exist. Some researchers have argued that prescribing fewer opioids may be beneficial for Black patients as it reduces the risk of addiction. But this argument doesn't square with the data, which show that overdose rates have traditionally been lower in Black populations compared with white people. However, this trend has started to change in recent years.

In addition, some evidence suggests that clinicians may hold unconscious biases, incorrectly believing Black patients to be less sensitive to pain or that certain racial groups are less willing to accept pain medication.

While there is preliminary evidence that these factors may be important, there is not enough research that examines the degree to which they influence clinical practice. Researchers like us also know very little about whether promising remedial strategies based on these factors — such as educational training during medical school that challenges stereotypical beliefs — are effective, or indeed even implemented, in the real world.

What's next?

The need for tackling racial disparities in health was brought into focus once more in February 2023, when the Biden-Harris administration signed an executive order on further advancing racial equity. Given the long history of these issues, it is clear that more research is needed to help develop better strategies for tackling health inequalities.

The most effective strategies for addressing racial disparities in pain treatment are likely to be those that target the underlying causes. We are currently undertaking research to try to better understand these causes, how they contribute to disparities in real-world clinical practice and whether strategies designed to address them are actually effective.

Affordable Care Act Premiums Rise, But Subsidies Protect Most Consumers

By Stacy M. Brown

NNPA

Premiums on the federal Affordable Care Act (ACA) exchange will increase in 2024, but the Biden-Harris Administration has pledged that generous subsidies will ensure that most consumers remain shielded from the rising costs. According to the Centers for Medicare and Medicaid Services (CMS), the average monthly premium for the benchmark silver plan in 2024 will see a 4% increase in the 32 states participating in the federal exchange, HealthCare.gov. The uptick mirrors the increase seen in the previous year and marks a shift from the four consecutive years of premium declines that preceded it.

U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra emphasized the administration's commitment to affordable healthcare coverage. "Millions of Americans have obtained affordable, high-quality health care coverage through the marketplaces," Becerra stated. He said everyone should visit HealthCare.gov to explore the available health insurance plans and learn more about the options that best suit their needs.

"The Biden-Harris Administration has made it a priority to continue to strengthen the ACA and build on its progress by reducing premiums for the millions of Americans enrolled in Marketplace coverage," Becerra added.

CMS Administrator Chiquita Brooks-LaSure also highlighted the



growth and strengthening of ACA Marketplaces in recent years. She encouraged consumers to explore HealthCare.gov and their state-based marketplaces to preview plans and premiums before the Open Enrollment period.

Administration officials have credited the Inflation Reduction Act for continuing the qualification criteria for health insurance coverage assistance and premiums, which will remain stable for the third consecutive year. The law has allowed four out of five HealthCare.gov consumers to secure plans for \$10 or less per month, thanks to expanded financial assistance.

Also, because of the Inflation Reduction Act and other reforms made by the Biden-Harris Administration, more people who were not eligible for financial help before can now get lower premiums through tax credits. That includes families whose

employer-based insurance was too expensive and people with low incomes.

For the first time, the Marketplace application will include optional demographic questions related to sex assigned at birth, sexual orientation, and gender identity. Officials added those questions to analyze health disparities in access to coverage to improve the consumer experience by enabling individuals to attest in a way that reflects and affirms their identities.

Consumers have the choice to answer, skip, or indicate their preference not to answer any or all three optional questions. Importantly, individual responses or decisions to skip these questions will have no impact on their eligibility results, plan pricing, or plan costs. Federal officials said they would protect the privacy of all shared information.

In 2023, a significant 96% of en-

rollees who selected plans on the federal exchange during open enrollment were eligible for expanded subsidies. For current policyholders who remain within their coverage tier, approximately two-thirds can find plans for less than \$10 per month for the upcoming year.

Overall, four out of five consumers will have the option to select plans on the federal exchange for \$10 or less per month, providing cost-effective healthcare coverage options for most Americans.

Nearly all consumers will have access to at least three insurers, with an average of just under seven options available to choose from.

For those seeking assistance with the application process, the HealthCare.gov call center is available around the clock, providing support in 200 languages. Additionally, consumers can find local assisters, agents, or brokers in their area by visiting HealthCare.gov and selecting the "Find local help" option.

The Marketplace Open Enrollment Period on HealthCare.gov will run from November 1 to January 15. Those who enroll by midnight on December 15 (5 a.m. EST on December 16) will secure full-year coverage starting on January 1, 2024. Given that January 15, 2024, is a federal holiday, the enrollment deadline will be extended until midnight on January 16 (5 a.m. EST on January 17) to allow consumers to enroll in coverage. Consumers enrolling after December 15 but before the January deadline will have coverage starting on February 1, 2024.

CVS Health Pulls Some Cough-And-Cold Treatments With Ineffective Ingredients

CVS Health is pulling from its shelves some cough-and-cold treatments that contain an ingredient that has been deemed ineffective by doctors and researchers.

The drug store chain said it will remove a small number of oral decongestants that contain phenylephrine as the only active ingredient. CVS also said it will still sell "many other oral cough and cold products to meet consumer needs."

A company spokeswoman declined to elaborate on how many products will be removed when contacted by The Associated Press Friday morning.

CVS Health runs more than 9,000 stores in the United States. Representatives of its national rival, Walgreens, has not pulled any products.

A Walgreens spokeswoman said the company is monitoring the situation and partnering with its clinical integrity office and suppliers "on appropriate next steps."

U.S. Food and Drug Administration advisers voted unanimously



last month against the effectiveness of phenylephrine, which is found in popular versions of Sudafed, Dayquil and other medications stocked on store shelves.

The FDA had asked its outside

advisers to examine the long-questioned drug ingredient. Studies conducted in the past few years by the drugmakers Merck and Johnson & Johnson have shown no difference between phenyleph-

rine medications and placebos for relieving congestion.

The FDA, which has not acted on the recommendation of its advisers, said the drug appears more effective when applied directly to the nose, in sprays or drops. Those products are not under review.

Phenylephrine had become the main drug in over-the-counter decongestants when medicines with an older ingredient — pseudoephedrine — were moved behind pharmacy counters. A 2006 law had forced the move because pseudoephedrine can be illegally processed into methamphetamine.

Those original versions of Sudafed and other medicines remain available without a prescription.

The CVS Health announcement comes shortly before another cold-and-flu season starts in the United States as winter sets in. Last year, an unusually fast start to the season led to shortages of Children's Tylenol and other medications customers can purchase over-the-counter, or without a prescription.