Welcome to the April edition of The Connection newsletter. As we enjoy our warmer-than-usual spring season, we have plenty of updates on our program activities.

In early January, we announced the request for proposals for our 2012 Pilot Grants in Health Disparities Research program. We are pleased to offer this program again this year and look forward to the research projects that will follow. I would like to especially thank our sponsors for this program: Clearway Minnesota; the University of Minnesota Masonic Cancer Center; Office of Business and Community Economic Development (in partnership with Medica); and Minnesota Center for Cancer Collaborations.

Earlier this month we hosted our third Clipper Clinic. We are very pleased with the direction this initiative is going and the feedback that we’re getting from participants. It is always a pleasure to see people from different organizations and locations come together for a good purpose.

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2012 Pilot Grants in Health Disparities Research Program

We are very pleased to announce the 2012 Pilot Grants in Health Disparities Research Program, administered in partnership with the Academic Health Center’s Minnesota Center for Cancer Collaborations. These grants are designed to encourage community-initiated research and foster sustainable long-term collaborations between community-based organizations and academic researchers on research projects focused on reducing and eliminating health disparities.

For this funding cycle, we are seeking to fund projects that focus on cancer or tobacco-related health disparities in Minnesota, or any health disparities topic in North Minneapolis. Cancer-related pilot grants can focus on disparities relative to specific cancer risk factors, including lifestyle factors such as tobacco use, diet, and physical activity; environmental exposures to different types of chemicals and radiation; and, certain types of infections.

The 2012 Pilot Grants in Health Disparities Research program is supported by our generous sponsors: Clearway Minnesota; and the University of Minnesota Masonic Cancer Center; Office of Business and Community Economic Development (in partnership with Medica); and Minnesota Center for Cancer Collaborations.

Although the deadline for submitting a letter of interest will have passed by the date of this publication, interest letters are not required to submit a full application - research teams consisting of community-based and academic researchers can submit a full application by April 25.

For more information, please visit us online at www.healthdisparities.umn.edu/pg/hd/.
According to a new report by the Pew Center on the States, already stressed state budgets are shouldering an extra burden to cover expensive emergency room (ER) treatment for toothaches and other avoidable dental ailments. The report, *A Costly Dental Destination*, estimates that preventable dental conditions were the primary reason for 830,590 ER visits by Americans in 2009—a 16 percent increase from 2006.

Dental-related hospital visits are primarily driven by the difficulty under-served populations have getting regular preventive care from dentists and other types of providers. In 2009, 56 percent of Medicaid-enrolled children did not receive dental care—not even a routine exam. The issue of dental care access is driven by multiple factors, including a shortage of dentists in many locations and the fact that many dentists do not accept Medicaid-enrolled children.

The cost of ER care can be substantial. For example, in Florida, dental-related, emergency hospital visits produced charges exceeding $88 million in 2010. States are saddled with some of these expenses through Medicaid and other public programs.

In one 12 month period (2004-05), 7 Minnesota hospitals received (continued on page 3)
Campus-Wide

HOPE Clinic: Caring for the Underserved and Uninsured

In October 2008, University of Minnesota, Duluth campus medical and pharmacy students opened the HOPE Clinic, in conjunction with the Churches United in Ministry (CHUM) homeless shelter in Duluth.

The Mission
HOPE, short for Health of People Everywhere, is a free, student-run clinic with faculty supervision. The mission of HOPE Clinic is to provide access to medical care and referral services to underserved and uninsured populations in the Duluth area. The clinic also benefits students by increasing their awareness of community needs, fostering interprofessional working relationships, and helping them practice doctor-patient communication skills.

What Does HOPE Look Like?
A team of three medical and pharmacy students sees patients and presents evaluations to a licensed physician and pharmacist. Then the students and on-duty physician and pharmacist discuss treatment and referral options with patients. The whole process takes 45 minutes.

The Impact
Medical School Department of Family Medicine Duluth Campus Chair and HOPE Faculty Advisor Ruth Westra, D.O., M.P.H., co-authored a recent Minnesota Medicine article on the HOPE Clinic and its impact on students and the Duluth area. The article notes 250 patients with concerns ranging from sore throats to diabetes have been seen since the clinic opened its doors in fall 2008. In surveys, students have reported gaining confidence in physician-patient communication, better relationships with students of other disciplines, and feeling more comfortable working with patients who are underserved and uninsured.

Give HOPE
For more information or to make a donation, please contact Heather Heart at 218-726-6876 and/or maj@mmf.umn.edu.

Research Briefs, continued.

more than 10,000 emergency room visits for dental ailments, including toothaches and abscesses.

“The fact that so many Americans go to hospitals for dental care shows the delivery system is failing,” said Shelly Gehshan, director of the Pew Children’s Dental Campaign. “The care provided in an ER is much more expensive, and it generally doesn’t solve dental problems. Most hospital ERs are not staffed with dentists, and the medical personnel who work there are not trained to treat the underlying problems of patients with untreated dental issues.”

The Pew report identifies research-based, cost-effective policies that states can enact in order to improve access to preventive dental care and save taxpayer dollars, including: focus on preventive care by investing in dental sealants, expand water fluoridation, and provide incentives for pediatricians to offer basic dental services; address the dentist shortage by licensing new types of practitioners who work under a dentist’s supervision and reach more children who aren’t getting care; and, encourage more dentists to participate in Medicaid by keeping reimbursement rates high enough to cover the actual cost of care.

Heart Health Screening, continued
eating a healthier diet, or stopping smoking. Among the participants screened by SagePlus, 34 percent are non-white Hispanic women and 12 percent are black women. SagePlus is available to women at 16 clinics across the state with more than half of the clinics located in under-served and low-income communities.

To find out if you qualify for Sage or SagePlus, call toll-free at 1-888-6HEALTH (1-888-643-2584). Mention promotional code UM1 to see if you qualify for a $20 incentive!
I want to particularly thank the partner organizations that have been of tremendous value in conducting these clinics, and also the barbers that have opened up their shops to us all. We will continue to seek new ways to improve this program and expand our efforts at community engagement that makes an impact on reducing health disparities. Please visit our website for more information about future events and to contact us for future collaboration.

Finally, I would like to remind you that there is still time to register for the conference that we are co-sponsoring with the Minnesota Center for Cancer Collaborations and the Center for Health Equity on April 23-24 at the Earle Brown Heritage Center in Minneapolis. We have a full roster of speakers and presentations on eliminating health disparities and hope that you can join us for this special event.

Please visit our website to contact us or for more information about our programs. Thanks for your continued interest in reducing and eliminating health disparities. 

Fairly Healthy

Understanding Adverse Birth Outcomes

by Rachel Hardeman, M.P.H., School of Public Health and Eduardo Miguel Medina, Medical School and School of Public Health

Disparities in adverse birth outcomes among poor and minority communities are well established. Infant mortality (death of live-born infant within first year of life), low birth weight (<2500g), and preterm delivery (<37 weeks) are not only more common among poor and minority populations, but this gap has been documented since at least 1935.

Minnesota is not immune to disparities in adverse birth outcomes. Between 2001 and 2005, on average, African American Minnesotans experienced 9.2 infant deaths per 1,000 births compared to 4.4 infant deaths per 1,000 births for white Minnesotans.

In *Killing the Black Body, Race Reproduction and The Meaning of Liberty*, Dorothy Roberts documents the trajectory of policies and attitudes regarding fertility in the black community. From maximizing fecundity during slavery to punishing black women for exercising their reproductive rights in the post-civil rights era, reproductive health has been inextricably linked to the social determinants of health. This historical context demonstrates that adverse birth outcomes are beholden to economic, social, cultural, and political influences, and cannot be understood in isolation.

Current research on adverse birth outcomes has focused on the life course perspective - the notion that each stage of life is influenced by all the life stages that preceded it. This perspective favors understanding adverse birth outcomes as highly integrated along a continuum from childhood through adulthood, pregnancy, and postpartum.

The Best Babies Zones Initiative is a place based systems approach that aims to eliminate adverse birth outcomes through the transformation of healthcare, education, economic, and community systems. Major elements include: a patient-centered medical home model; an educational system that provides high quality early childhood education; and an economic system that combines macroeconomic policies with capital development, job readiness, and high-functioning safety net programs.

Eliminating disparities in adverse birth outcomes will require interventions that synthesize medical, cultural, and sociopolitical knowledge. Achieving equity in reproductive health will at once signify a greater commitment to fairness in our society and a demonstration that we value each individual and community as equal and deserving.