Welcome to another issue of The Connection. We are settling into fall after another productive summer.

This summer we were pleased to welcome nine undergraduate interns in the 4th year of the Masonic Cancer Center Health Disparities Internship Program. Undergraduate students worked with researchers on lab and community-based research projects and attended seminar talks on a variety of health science disciplines topics. Be on the lookout for information for the 2013 program this winter!

In August, a group of PHDR members took an afternoon to serve with a local non-profit organization, Aeon. We had the opportunity to paint walls of an affordable housing apartment. It was a pleasure working with Aeon to “spiff up” the home of our downtown Minneapolis neighbors.

Earlier this fall we were excited to announce the Community Research Institute. This is a new initiative co-sponsored by PHDR, Clinical and Translational Science Institute. (continued on page 4)

Tobacco and Substance Use Among Youth

According to the Centers for Disease Control, more people die in the United States from lung cancer than any other form of cancer. Lung cancer is the second most diagnosed cancer in both men and women. Furthermore, more than 80% of adult smokers began smoking before age 18.

While smoking rates have declined among youth over recent years, the 2011 Youth Risk Behavioral Surveillance System (YRBSS) reports nearly half of youth have tried tobacco. The survey results indicate noticeable tobacco use among all youth, with white and Latino youth reporting the highest and most frequent rates. Latino (21%) and white youth (27%) report to have tried cigarettes or other forms of tobacco at least once in 30 days prior to the YRBSS questionnaire. In addition, 8% Latino youth and 12% white youth reported they had smoked at least one cigarette every day for 30 days at some point in their life.

Preventing youth tobacco use is an important public health topic. As cigarette smoking is the number one cause for lung cancer, smoking prevention efforts with young people may decrease lung cancer risk factors. “Padres Informados/Jóvenes Preparados” is one project working to address tobacco and substance usage among Latino youth. This project is a collaborative partnership between the multiple community agencies and the University of Minnesota. Their efforts focus on strengthening parent and youth relationships to prevent adolescent substance use.

Learn more about Padres Informados/Jóvenes Preparados in this issue. <<<
Spotlight Investigator

Michele Allen, M.D., M.S., Primary Investigator with Padres Informados, has been with the U of M’s Program in Health Disparities Research since its founding in 2006. Michele shares some thoughts and insights on the Padres Informados/Jóvenes Preparados study.

Why is a Community Based Participatory Research (CBPR) approach appropriate for this study and its audience?

“Part of the challenge is that a lot of effective programs are the brain-children of researchers but they have a difficult time translating these programs into something communities can use. A CBPR approach addresses problems that are important to the community and builds on community strengths. Programs are then relevant, useful and sustainable leaving lasting benefits in the community.”

Do you think it is important for participants, both youths and adults, to feel a part of the study and the process of research?

“The more you can have the people that are going to be using the program in the end involved in the process, the better the final product will be. Communities in the past often felt used when researchers came in, got what they wanted, and then left. Communities never

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were developed using Community Based Participatory Research (CBPR). Padres Informados collaborators feel using this approach may increase the effectiveness and sustainability of the program.

A CBPR approach involves trained researchers and community members working together to reduce and eliminate health disparities. “CBPR seems to be the most effective approach because both community members and researchers agree on what is needed,” reports Roxana Linares, Executive Director of Centro, Inc. “Researchers analyze data taking into account ‘real world’ variables, and are respectful of the environment where the intervention is provided. The intervention is designed for maximum effect thanks to community input.” This type of approach allows for the program to be tailored to the Latino community and enhance the dissemination of the program to community agencies.

In order to discuss key parenting skill topics and parent-youth relational factors, UMN researchers and agency partners developed eight, three-hour sessions and four youth sessions. All sessions are led by agency facilitators. Four sessions are only for parents, one session has different topics for parents and youth, and the final three sessions are for parents and youth in parallel topics and include a skill-building workshop. Sessions topics include:

- Adolescent Development
- Parenting Styles
- Discipline
- Conflict Resolution
- Monitoring
- Staying Connected
- Cultural Navigation
- Communication

Padres Informados/Jóvenes Preparados relies on the importance of family and the relationship that parents (caregivers) and youth share with each other. Family, or the traditional Latino value ‘familism’, which is the belief in the importance of immediate and extended family, serves as a protective agent against teen tobacco and substance use. Padres Informados targets this belief, and through the sessions parents and youth gain skills training and understanding to enhance familism and reduce risk. “Parents and youth learn some practical tools like communication strategies, conflict resolution steps, and many others they can use to improve the quality of parent-youth relationships,” explains G. Ali Hurtado, Research Fellow with UMN Extension and Padres Informados Study Coordinator.

This study is innovative because it addresses tobacco and substance use prevention for a large and growing immigrant population in the United States. It may also serve as a model for collaborative design, implementation, and evaluation of substance use prevention interventions with diverse community agencies. Veronica Svetaz, MD, MPH, Medical Director at Aqui Para Ti and Community Co-Investigator reports, “The program gives hope and ways parents should talk to each other to help them feel stronger while parenting. Being an immigrant parent is double the challenge, so we are here to support them.”

What do you hope participants will take away from their experience in Padres Informados/Jóvenes Preparados?
“I hope parents and youth develop stronger relationships. This should result in less substance use. We want to help parents hold onto values they want to convey to their children. The broader goal is to build on community strengths, enhance community/university collaboration and serve as an example for other CBPR projects in Minnesota and beyond.”

What has been one rewarding aspect of Padres Informados/Jóvenes Preparados thus far?
“A lot of pieces have been personally rewarding. It has been rewarding to see how positively parents are reacting to the program. It reminds me that our partnerships have created something worthwhile and useful, which happened because of the CBPR approach. We are developing a partnership that has lasted over 5 years and continues to do good work. Everyone is committed to serving as an example of a successful collaboration.”
Fairly Healthy

Health Equity for the LGBT Community

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

Advocating for health equity means addressing disparities experienced by the Lesbian, Gay, Bisexual, Transgender community. The IOM report The Health of Lesbian, Gay, Bisexual, and Transgender People and the article The Forgotten Minorities: Health Disparities of the Lesbian, Gay, Bisexual, and Transgendered Communities published in the Journal of Health Care for the Poor and Underserved offer valuable resources to better understand LGBT health disparities.

The IOM report examines challenges that may be experienced over the life course in the LGBT community, highlighting the historical interaction between LGBT communities and the healthcare system. One example is the inclusion of homosexuality in the Diagnostic and Statistical Manual of Mental Disorders since 1973. The IOM report acknowledges that the legal and socio-cultural experience of LGBT communities cannot be separated from an understanding of healthcare and outcomes.

The article by Mollon focuses on disparate health outcomes experienced by the LGBT community, including higher rates of alcohol, tobacco, and drug use; lower rates of breast and cervical cancer screening; higher rates of homelessness among LGBT youth and how a restricted definition of family directly increases rates of uninsurance. Discrimination, social stigma, and negative stereotypes run deep and while well documented, the LGBT community is not monolithic. As Mollon writes: “Many members of the LGBT communities are also part of other communities that face additional challenges and disparities. Their experiences are not uniform; they are shaped by race, ethnicity, primary language, socioeconomic status, geographical location, age, disability status, and other factors. Therefore, they may be vulnerable to the cumulative negative health impacts associated with these factors.”

We cannot consider a community’s legal and societal status in isolation of their well-being. History informs us that political, economic, legal and health disenfranchisement go hand in hand. Policies that seek to reinforce discriminatory practices, such as denying LGBT individuals the right to marry, hospital visitation rights, or insurance coverage should be roundly rejected by those who believe in the right to health equity.