Director’s Report
by Kola Okuyemi, M.D., M.P.H.

Welcome to the January issue of The Connection, and Happy New Year!

I am very excited by what the new year represents: new opportunities and challenges, and a time to reflect and build upon the past. As in earlier years, I am extremely impressed by the work that our team has done and how we are seeing collaborations grow and become more fruitful.

This year is also special for our program. March of this year will mark the five year anniversary of the Program in Health Disparities Research. In the coming weeks, we will have a few announcements on programs that we will hold throughout the year to mark this time in the program’s history.

We also are very pleased to report that our pilot grant program will continue this year. In late January, we will release a request for proposal for this funding mechanism. This year will be structured similarly to prior years with one new addition. In an (continue on page 4)

Campus-Wide

Using Technology to Help Young Adults Achieve and Maintain Healthy Weight

Statistics show young adults are at high risk of becoming overweight or obese, dramatically increasing their risk of obesity and health complications such as heart disease later in life. A new University of Minnesota clinical trial aims to combat the growing obesity trend in a new way: by capitalizing on technology and social media’s impact and influence on young adults.

In the new CHOICES trial (Choosing Healthy Options in College Environments and Settings), the University of Minnesota will test a for-credit course model that incorporates web-based social networking as a way to prevent unhealthy weight gain in 440 student participants attending two-year community colleges.

“The question we’re hoping to answer is: how can we engage two-year college students over the course of 24 months and help them avoid unhealthy weight gain?” said School of Public Health Professor Leslie Lytle, Ph.D. “We’ve designed a for-credit class that provides them the tools to improve their sleeping habits, help them eat a healthier diet, get more physical activity and manage stress.”

The CHOICES trial, one of seven clinical trials nationwide to test the role of technology-based weight management approaches targeting young adults, will be offered at three Minnesota colleges: Anoka-Ramsey Community College, Inver Hills Community College, and St. Paul College. Half the 440 students will be randomized into a control group offering fewer interventions and no social networking. Trial participants will benefit from activities such as cooking demonstrations, yoga and stress management exercises. <<<

Read more online:
http://ahc.umn.edu/media/releases/technology-to-combat-obesity/index.htm
Member News

Children of Smokers Have Tobacco Carcinogens in Urine

U.S. researchers reported that about 90 percent of children between 1 month to 10 years who live with an adult smoker had tobacco-related carcinogens present in their urine. The average level of carcinogens found in the children was about 8 percent of the amount seen in smokers, researchers said. “This finding is striking, because while all of the researchers involved in this study expected some level of exposure to carcinogens, the average levels were higher than what we anticipated,” lead researcher Janet L. Thomas, Ph.D., an assistant professor of behavioral medicine at the University of Minnesota and member of the Medical School’s Program in Health Disparities Research, said in an American Association for Cancer Research (AACR) news release.

States Thomas, “Almost one-third of young children in the United States live in a house with at least one smoker. My concern is that parents and family members may not truly understand the risk they pose to these children.”

Read more online: www.healthdisparities.umn.edu/member_news/home.html

Nation-Wide

The Silent Epidemic of Oral Health Disparities

Dental caries (tooth decay) is the most common chronic disease affecting children in the U.S. One-third of children ages 2-5 living in the U.S. have experienced caries. According to research by Dye and colleagues in the March 2010 International Journal of Paediatric Dentistry, the proportion of poor children with severe caries in this age group is more than four times greater than for non-poor children. Untreated dental caries can lead to serious health complications and have detrimental effects, including potentially disabling or fatal infections.

A major challenge to addressing this problem is the poor access low-income children have to oral health services. While close to three-quarters of low-income children have public insurance coverage, the U.S. Government Accountability Office (GAO) has reported that this coverage fails to translate into proper use of dental services, even when the coverage includes dental benefits. In 2008, the GAO reported that only 37 percent of children who are enrolled in Medicaid receive any dental care in a year, and an estimated 6.5 million children with Medicaid coverage have untreated tooth decay.

Speaking of these disparities in the November 2009 Academic Pediatrics, former Surgeon General David Satcher, M.D., M.P.H., states “In this country there is a gap between what we know and what we do. We have a remarkable record of achievements in basic science, but when it comes to conducting the translational research to move that science into services we fall short. When I was at the Centers for Disease Control and Prevention, we coined the term silent epidemic to describe serious health problems that were not getting the attention they deserved. The term very accurately applied to what the data were telling us at the time of our report about the oral health status of Americans: 80% of childhood dental disease is concentrated in 25% of children, and the burden falls heavily on low-income families. We are talking about tooth decay, a disease that is completely preventable. Yet since 2000, we have been alerted to the deaths of children because of complications of tooth decay: that is the gap between what we know and what we do.”

This level of oral health disparities represent a major challenge to public health officials, caregivers, community leaders, and other stakeholders. New thinking, efforts, and collaborations may be needed to reduce and eliminate this completely preventable disease.
Although recent evidence has shown that cigarette use has been declining in the general U.S. population over the past decade, certain populations still experience higher cigarette use than the population as a whole. Furthermore, research is increasingly documenting that many populations have far greater access to tobacco products than other groups. For example, in Chicago, Novak and colleagues found that retail outlets were more heavily concentrated in areas of economic disadvantage, and retail tobacco outlets were more highly concentrated in areas where a large proportion of residents were younger than 18 years.

Community-based participatory research (CBPR) has proven to be an effective method for addressing neighborhood-level disparities. The primary focus of CBPR is to eliminate health disparities through research conducted as an equal partnership between traditionally trained researchers and community members.

One such partnership between a youth group and local university is detailed in the December 2010 issue of Tobacco Control. This research was driven by a community youth group concerned about tobacco and alcohol companies targeting youth of color in urban areas. The aim of this study was to compare the density of stores that sell tobacco to those selling alcohol in order to explore whether stricter regulation on tobacco permits would result in fewer tobacco outlets and a lesser concentration of them in neighborhoods characterized by social and economic disadvantage. Investigators applied Geographic Information Systems and regression analysis to neighborhood demographics and vendor location to predict the density of tobacco vendors compared to alcohol vendors at the neighborhood level and in relation to the location and demographic composition of public schools in Worcester, Massachusetts.

The research team found that there are more than double the number of stores that sell tobacco as compared to alcohol in the city of Worcester. Neighborhoods with median household incomes greater than $75,000 had 0 stores that sell tobacco per 1000 people and neighborhoods with household incomes less than $25,000 had 3.03 stores per 1000 people. Additionally, the likelihood of having a tobacco outlet located near a school was greater than having an alcohol outlet as the percentage of minority students in schools increases.

This research, led by community members, supports findings from other studies that show low-income and under-served populations are significantly more exposed to tobacco vendors than other population groups. The findings have been presented to city and state officials along with other stakeholders which has led to the Worcester Board of Health unanimously voting to limit the number of tobacco permits issued each year.

Translating Research

A Community-based Approach to Tobacco Availability

Research Team Recognized for Outstanding Abstracts

Cari Clark, Sc.D., M.P.H., University of Minnesota Medical School Program in Health Disparities Research, and Jeannette Raymond, Director of Violence Prevention and Youth Development, The Family Partnership, were recognized at the 7th Annual Powell Center for Women’s Health Research Conference on Monday, September 20, 2010 as one of three outstanding abstract submissions. They are co-investigators on a project, entitled A Community-University Partnership to Examine Family Violence in the African American Community of North Minneapolis. This research project is one of the 2009 recipients of Pilot Grants in Health Disparities Research program. Raymond gave a brief presentation to the entire conference audience. Raymond and Alice Lynch, a community member who assisted with the analysis, also shared their poster at the Nov. 4, 2010 Health Disparities Research Program Awards and at a Nov. 15 presentation that was open to all community members. For more information, please contact Jeannette Raymond, 612.728.2093 or jraymond@thefamilypartnership.org.
Fairly Healthy

The Latino Paradox

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

Poverty, education, and access to health care are closely associated with life expectancy. Typically, the worse off a population is in terms of these factors, the lower the life expectancy. The U.S. Centers for Disease Control (CDC) and Prevention report United States Life Tables by Hispanic Origin is the first-ever national study of Latino life expectancy conducted by the CDC. The report summarized the evidence that shows contrary to the U.S. Latino population’s high rates of poverty, low levels of education and access to health care, life expectancy is higher than would be expected. This is known as the Latino Paradox.

The CDC statistical analysis found that life expectancy at birth for the Latino population is 80.6 years—2.5 years longer than the non-Hispanic White population, and 7.7 years longer than the non-Hispanic Black population.

The CDC study illuminates several areas of inquiry needed to better understand the Latino Paradox.

Almost two-thirds of Latinos in the U.S. have Mexican roots; however, because the new data do not distinguish between place of origin, we are unable to identify any relationship between origin and life expectancy within the Latino community. Understanding how origin as well as culture and migration history impacts life expectancy merits further investigation.

Despite comparable levels of income and access to health insurance, Blacks have lower life expectancy than Latinos. The CDC reported that the difference in life expectancy between Latina women and Black men is a stunning 13.9 years. Elucidating the reasons behind this disparity will help us better appreciate the mechanisms by which disparate health outcomes are perpetuated for different groups.

A better understanding of the Latino Paradox is essential to the examination of health in the U.S. and merits deeper investigation; this can only be achieved in partnership with Latino communities. Eliminating health disparities will require an acknowledgment of this mutual shared interest and working together to ensure that all communities have equal opportunity for good health.