Director’s Report

by Kola Okuyemi, M.D., M.P.H.

Thank you for picking up our newest edition of The Connection. In this edition, we are pleased to feature stories regarding birthing circles at the Cultural Wellness Center as well as research on school food environments in the newly funded Project breakFAST. The projects highlighted here are just a few examples of the innovative solutions that Program in Health Disparities Research members are dedicated to creating. I would like to especially commend Dr. Susie Nanney and her team on receiving one of the highest possible NIH scores on the grant proposal for Project breakFAST! The score is rare and is a reflection of the team’s hard work addressing the obesity epidemic.

In other news, we are excited to announce that our program website has been updated! Browse the site to find out more about research, education and community engagement initiatives as well as funding opportunities available through our program. Check it out here: www.healthdisparities.umn.edu.

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What’s Going On?

Twin Cities Birthing Project Pilot

by Akhmiri Sekhr-Ra, Cultural Wellness Center

Did you know African-American babies have a one in six chance of being born too soon? According to African tradition, the root of all fertility, productivity and wealth is “female.” Therefore, women hold a strong spiritual influence over the vitality of the community. Tradition also says that when a woman is pregnant, she should be surrounded by Elders, other pregnant women and sister-friends who can support and nurture her throughout the pregnancy.

The Cultural Wellness Center, Twin Cities Healthy Start and Southside Community Health Services are partnering to keep more babies alive and healthy through providing help and emotional support to mothers by starting the “Twin Cities Birthing Project Pilot.”

The Birthing Project USA is a volunteer effort that utilizes the inherent strengths of our community to encourage better birth outcomes by providing practical support to women during pregnancy and for one year after the birth of their child.

The project is a “sister-to-sister” model in which each volunteer, or Sister ♥ Friend, is paired with a pregnant woman. The volunteer maintains a relationship with her Little Sister ♥ Friend throughout her Little Sister ♥ Friend’s pregnancy and up until her child’s first birthday.

The Cultural Wellness Center is looking for Sister ♥ Friend mentors. As a mentor you will receive ongoing training and support. For more information, contact Akhmiri Sekhr-Ra at the Cultural Wellness Center at 612-721-5745 or akhmiri@ppwc.org. <<<
Disparities in Minnesota School Food Environments

by Kara Ulmen

Across the United States, rural and small-town obesity rates are as much as 50 percent higher than urban rates. Because school-aged children spend so much time at school, school food environments play a key intervening role in addressing childhood obesity rates. Susie Nanney, Ph.D., M.P.H., R.D., has begun to define the significant disparities within Minnesota secondary schools’ food policies and practices in rural and small-town high schools.

Nanney has dedicated years of research to examining the food environment in Minnesota schools and its contribution to the obesity epidemic. Her team used data from the 2008 School Health Profiles, which examined the food policies and practices among 6,432 U.S. secondary schools, to compare to the 300 Minnesota secondary schools that participated in the School Health Profiles. Among the findings, the team found that rural secondary schools were worse off in providing and promoting healthy eating policies and practices.

The nutritional policies and practices in schools include limiting the availability of low-nutrient (continued on page 3)

Moving Forward

School Breakfast Program: Grant Approved to Further Expand and Promote

by Kara Ulmen, Communications Aid within the Program in Health Disparities Research

In the United States, the School Breakfast Program is highly underutilized despite the various benefits associated with participation. With funding from a National Heart Lung and Blood Institute grant for $2.5 million, principal investigator Susie Nanney, Ph.D., M.P.H., R.D., and participating partners will further explore the association between SBP participation rates and weight in 16 rural and small-town high schools.

Among high school students, there are a myriad of benefits associated with breakfast consumption, such as better academic performance, fewer trips to the nurse’s office and better eating habits. There are also financial rewards for schools that have high SBP participation rates. However, despite these benefits, participation remains very low. Nationally, only 17.1 percent of students participate in the SBP, and by high school, this number decreases to 10.1 percent.

Dr. Nanney’s recently funded grant comes from extensive prior research, which began with a case study in 2008 in a Minnesota middle school. The primary aim of that study was to test the feasibility of implementing a healthy grab-n-go menu served in the entryway, a hallway breakfast delivery service and in-classroom eating strategies. The study found that overall SBP participation increased in both girls and boys, and among them the most pronounced rate increase was seen in low-income students. This finding was of particular importance because past research shows low-income youth have a higher risk of obesity. The case study provided evidence that convenient serving and eating locations were feasible in the school and increased SBP participation rates.

The next phase of research, the six-month Project BREAK! study, took place in four Minnesota high schools. Two schools received the intervention and two served as the control. In addition to using the same strategies as the case study, Project BREAK! partnered with Community BluePrint, a social marketing agency, to develop handouts, videos and other creative materials to advertise school breakfast. By addressing students’ attitudinal beliefs around the SBP, the study was better equipped to engage youth through promotion.

Project BREAK!’s findings proved the program was able to reach subpopulations that are at higher risk of obesity. Research has shown that girls, low-income students and students of color have higher rates of obesity but have a better chance of combatting these risks by eating breakfast. For example, a student who skips breakfast tends to weigh more than one who eats a breakfast every day. Girls in particular tend to skip breakfast in an effort to lose weight. Study evidence proves to address this issue as rates increased by 62 percent among girls, by 63 percent among low-income students, and by 5 percent among students of color. (continued on page 3)
Nanney describes the benefits of eating breakfast, “It has the unique effect of protecting the most vulnerable in minority and low-income students from excess weight gain.”

Project breakFAST is the next phase of research. Educators and coordinators from University Extension are joining the team. Their expertise lies in training school district food-service directors on all aspects of implementing the SBP practice strategies, facilitating the coordination of community resources, and providing food service training to food service staff within the study’s high schools. Extension educator Mary Caskey explains, “A good breakfast gives students a jump-start on their ability to learn. The training will provide school food-service directors and school staff tools and materials to help them expand their breakfast program to reach more high school students.”

Coordinators will work alongside The Midwest Dairy Association, who will provide equipment, and Jeff Schuster, educational food service consultant, who will provide expertise on how to purchase low-cost, yet healthy breakfast foods.

The study team has also partnered with the Minnesota Department of Education. A new ruling, the Healthy, Hunger-Free Kids Act of 2010, requires that the USDA increase nutrition standards to match those of the 2005 Dietary Guidelines for Americans. For the SBP, this ruling will, among other standards, double fruit servings and require half of grains served to be whole grain. These standards will be implemented on a staggered timeline. MDE will ensure that the new act and other federal requirements are met during the intervention. They will also play a critical role in translating and disseminating final study results and training materials to high schools across Minnesota.

Other contributing partners include colleagues at the University of Minnesota’s School of Public Health and School of Nursing, as well as St. Catherine University.

From one middle school to sixteen high schools, the study’s growth would not be possible without the contribution of partners. Dr. Nanney reports, “We all have unique expertise that addresses specific niches within the study. Together, we are much more able to and can better develop a top-notch intervention and confidently answer our research questions.”

Nanney and her team were recently awarded funding to increase access to the School Breakfast Program in rural Minnesota high schools. The new work will be an important contribution to addressing disparities between rural and urban schools. Read more about the project in the adjacent article.
In February, a new series, Community Dialogues on Clinical Research, was launched with the visit of Dr. Harriet Washington. Dr. Washington is author of “Medical Apartheid,” an important piece of literature regarding the history of African-Americans and medical experimentation. She delivered a powerful talk and led discussion about the “untrustworthiness of the medical system.” Her candid comments certainly gave the audience a lot to think about. Her talk is available on our website.

Dr. Jeff Henderson was the January 2013 Distinguished Visiting Scholar on Health Disparities. Dr. Henderson met with community and academic groups and gave a talk on “The Curious Case of Cancer: Profound Geographic Variation in American Indian/Alaska Native Cancer Incidence, and Lessons to be Learned.” During his visit, he reminded us that health equity work needs to be approached from an asset rather than deficit-based perspective.

In addition to looking forward to spring, we look forward to continuing to make strides towards eliminating health inequities. If you have a moment and have yet to do so, consider joining us by filling out a membership application on the website.

Fairly Healthy

Doula Care, Birth Outcomes and Cost Savings

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

In “Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries,” published in the American Journal of Public Health, the authors compare birth outcomes for racially/ethnically diverse Medicaid recipients who received prenatal education and childbirth support from trained doulas with those for a national population of similar women who did not receive doula care.

Unlike physicians, midwives and obstetrical nurses, who provide medical care, a birth doula is trained to provide support in the nonmedical aspects of labor and delivery such as physical and emotional support. Kozhimannil and colleagues found that women on Medicaid who give birth with the support of a trained doula are 40 percent less likely to have a cesarean section.

While doula care has the potential to improve birth outcomes, there is a lack of access to doula care, particularly for women of color and low-income women. Most women who currently use doulas come from white, upper-middle-class households, primarily because doula services, which range from $300 to $1,800, are typically not covered by health insurance policies. Also, there is a lack of diversity in the trained doula workforce, making cultural and language barriers more difficult to overcome.

The authors propose that were state Medicaid programs to offer coverage for birth doulas the cost savings would be substantial. Further, broadening the payer base for doula care will likely enhance the feasibility of a doula care business model for a wider range of women and facilitate recruitment of doulas from communities of color, immigrant communities and low-income communities.

The authors conclude that supporting the Medicaid population that tends to be at higher risk will translate into improving disparities in adverse birth outcomes as well as significant cost savings.

Katy Backes Kozhimannil, Rachel R. Hardeman, Laura B. Attanasio, Cori Blauer-Peterson, and Michelle O’Brien. (2013). Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries. AJPH. e-View Ahead of Print. doi: 10.2105/AJPH.2012.301201