Welcome to the March issue of *The Connection*. I am pleased to announce that we have just begun the third cycle of our Planning Grants in Health Disparities Research Program. We’re very appreciative for the tremendous amount of feedback that we have received about this grant mechanism during its first two years. This correspondence is important to us all, so please keep it coming. I enjoy seeing the synergy that takes place when researchers learn about and meet like-minded individuals, and agree to collaborate on research projects that make a real difference in our local communities.

I would like to take this opportunity to thank our funding partners in this initiative: Masonic Cancer Center, University of Minnesota and Office for Business and Community Economic Development, in partnership with *The Community Health Initiative* with Medica.

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**Current Initiatives**

**Planning Grants in Health Disparities Research Program**

On February 18th 2009, a request for proposals was announced and released for PHDR’s 2009 Planning Grants in Health Disparities Research Program. Entering its third year, this grant funding program is designed to foster community and academic collaboration on research topics identified by community members to reduce local health disparities. To better promote community and academic collaboration on research, all grants are required to have two investigators – one from a community organization, and one from the University of Minnesota.

This grant mechanism consists of two phases. In the first phase, letters of intent on research proposals are requested from community organizations. These intent letters are one-page statements (300 words) identifying a local health disparity effecting Minnesotans, and an initial proposal on how the researcher proposes to address the problem. Intent letters are accepted from community organizations with established research relationships with University faculty, and from organizations that would like assistance in finding academic research partners with similar research interests. The deadline for intent letters is March 31, 2009. Once intent letters are received, a matching process will be undertaken to introduce community organizations without University research partners to academic researchers with similar interests.

In the second phase, successfully matched community organizations and groups that have pre-existing research relationships will be invited to submit a full application (due September 31, 2009). Research proposals will be reviewed by a committee of University faculty and community members. Special thanks to funding partners on this initiative: Masonic Cancer Center, University of Minnesota and Office for Business and Community Economic Development in partnership with *The Community Health Initiative* with Medica. <<<

Community Works

The Harms of Secondhand Smoke to Infants and Young Children

According to the United States Surgeon General, millions of American children and adults are still exposed to secondhand smoke (SHS) in their homes and work despite substantial progress in tobacco control. Exposure to SHS causes disease and premature death in children and adults who do not smoke. There is an insufficient amount of knowledge about parental SHS exposure among infants and young children within the African American population of Minneapolis.

Program in Health Disparities Research member, Jennifer Warren, PhD, is working in partnership with local community members to address child exposure to SHS. In her study, funded by Clearway Minnesota, *Mobilizing African American Parents to Address the Harms of Secondhand Smoke: A Community-based Participatory Research Project*, the main objective is to learn more about SHS exposure among lower income, inner-city, African American young children 6 weeks to 5 years of age with the ultimate goal of motivating parents to address harms due to SHS exposure. Says Dr. Warren, “This research is essential because African American children are disproportionately impacted by illness and disease resulting from exposure to secondhand smoke, especially within lower income urban communities.”

This project is conducted in partnership with La Crèche Early Childhood Centers, a provider of services to children ages six weeks through twelve years at centers within the areas of North, South, and Bryn Mawr in Minneapolis. As Co-Principal Investigators, La Crèche’s Executive Director Phyllis Sloan, M.A., and Dr. Warren are seeking to engage parents into the active role of researchers in an equal collaboration with academic researchers. Throughout this project, the Eliminating Secondhand Smoke Parent Advisory Board has been active in the entire research process and will be integral to disseminating project findings.

In the inner-city of Minneapolis, 32% of African Americans smoke compared to 20% within the state of Minnesota. Minneapolis also has a high population density of children under five living in poverty at 72%. Dr. Warren states, “We will learn a great deal about how African American families are dealing with secondhand smoke exposure among infants and young children. We expect to come out of this study with viable strategies with which to develop an intervention based in daycare settings, both centers and family care.”

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Matthea Little Smith is a tireless advocate for mental health in the African American community and a member of the Program in Health Disparities Research. Ms. Smith is African American Outreach Director for the National Alliance on Mental Illness (NAMI) of Minnesota. NAMI is dedicated to improving the lives of adults and children with mental illness, including their families, through programs of education, research, support and advocacy.

Ms. Smith’s current work is to develop and maintain collaborations with community organizations and members, conduct public awareness and anti-stigma campaigns, and provide education and support in the African American community through a generous grant from the Minneapolis Foundation. Additionally, she is organizing an African American speaker’s bureau and has placed mental health disparities directly on her radar. “While this is a very aggressive agenda, it’s critical to ending the mental health disparities in the African American communities. One of my goals is to get a research project started in partnership with the University of Minnesota to address mental health disparities in the African American community.” Research is essential to opening up dialogue on mental health in the community. She envisions, “The research project would enable dialogue and movement on this topic that has been both a problem and off-limits for discussion for too long.”

Ms. Smith is committed to reducing stigma and discrimination associated with mental illness and it is the greatest challenge she sees in her work. “It’s overwhelming. Not just in the general community, but people living with mental illnesses feel that if one is identified as having a mental illness, they will be labeled as being weak, or having a character flaw.” This challenge leads to the topic of mental health being ignored and often never discussed at all – even within the family.

While the tasks at hand can seem daunting, she has accumulated success stories based on community partnership. “Although it is usually a slow process, I find that developing relationships with individuals, organizations, and faith-based communities helps establish the trust needed to provide helpful information on mental illness.” She is very confident that this strategy will help to reduce stigma attached to mental health and open up the doors for treatment and recovery for so many.

Learn more about NAMI Minnesota: www.namihelps.org
Another thing I take pleasure in is the fact that our program membership continues to increase. The Program in Health Disparities Research now has over 60 members ranging from University faculty members, staff, and students, community members from multiple organizations, and governmental agencies. We are also seeing a steady increase in website visits and visitors from around the globe including Africa, Asia, and Europe. To learn more about the benefits of program membership and to apply online, please visit our membership Web page at: http://www.healthdisparities.umn.edu/ccr/hdresearch/membership/home.html

I hope you'll enjoy reading this issue of The Connection and we look forward to receiving any feedback or suggestions that you may have. Feel free to visit us on the Web or contact us at: healthdisparities@umn.edu.

Fairly Healthy
by Lannesse O. Baker, M.P.H., and Eduardo Medina, School of Public Health, Cardiology Division, Department of Medicine

In Minnesota, Native American communities experience significant health disparities. American Indians shoulder a disproportionate burden of incidence and mortality of cancer, cardiovascular disease, diabetes, and also sexually transmitted infections, unintentional injury, homicide, and suicide. Any effort to address these disparities must acknowledge Native American diversity, and balance knowledge of history with an understanding of contemporary American Indian experiences.

The relationship between the U.S. government and American Indian communities can be divided into six historical periods, each characterized by federal initiatives dealing with American Indians: ‘Discovery and Conquest’, ‘Removal and Relocation’, ‘Allotment and Assimilation’, ‘Reorganization’, ‘Termination’, and ‘Self-Determination.’ Embedded within this history are federal policies that have denied American Indian communities control over their land, children, civic and cultural organization, and even their own bodies. Examples of these transgressions include the transfer of communal ownership of land to individuals, systematic forced removal of Indian children from their families and communities, the use of boarding schools to destroy American Indian cultural identity, the imposition of foreign governance structures, the sterilization of American Indian women, and structural inequity that denied American Indians legal rights, fair treaties, and equal opportunity.

Analogous to struggles over natural resources, political rights, and economic development, the issue of American Indian health is characterized by a battle for sovereignty and self-determination. American Indian communities have long had to contend with outsiders trying to define problems and solutions without participation from affected communities. We contend that this marginalization in itself helps drive health disparities within American Indian communities. American Indian communities are increasingly advocating for true partnerships that build capacity for outsiders who wish to work with native communities. Equally if not more important, is the empowerment of American Indian people to work on behalf of their own communities.

The fight for health of American Indian communities cannot be separated from the struggle over autonomy and sovereignty. The control of land, culture, education, environment, governance and economy has fundamental impacts on the health status of American Indian communities. The incorporation of local knowledge and experience will produce meaningful and relevant solutions for eradicating health disparities. Co-learning, communication, and cooperation serve to build stronger partnerships for raising health status of American Indian communities. Addressing these issues is essential to improving the health and quality of life for the American Indian community.