Welcome to the March issue of *The Connection*. I am pleased to announce that we have just begun the fourth cycle of our Pilot 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 three years. This correspondence is important to us all and helps to improve the program for future years. I enjoy seeing the synergy that takes place when university researchers and community members collaborate on projects that make a real difference in our local communities. I would like to take this opportunity to thank the sponsors of this year’s initiative: The University of Minnesota’s Center for Clinical and Translational Science Institute, and the Masonic Cancer Center. The full applications are due on May 6. After a review by a committee of university and community experts, we expect to announce this year’s awardees in early June.

The coming months will hold some important speaking events that I’d like to share with you. Our next Community Dialogues Series will be held March 18th at the Martin (continue on page 4)

On February 8th 2010, a request for proposals was announced and released for the 2010 Pilot Grants in Health Disparities Research. Entering its fourth 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 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 has passed and we’re now in the second phase of introducing these organizations to academic researchers here at the University interested in similar research.

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 May 6, 2010). Research proposals will be reviewed by a committee of University faculty and community members. Special thanks to collaborating organizations for this year’s pilot grants initiative: University of Minnesota Clinical and Translational Science Institute and the Masonic Cancer Center. This initiative was identified as the Planning Grants in Health Disparities Research Program in previous years.

More information about the 2010 Pilot Grants are available online: www.healthdisparities.umn.edu/2010_Pilot_Grants/home.html
**Community Works**

In this issue of *The Connection*, we interview 2008 Planning Grants in Health Disparities Research Program (currently called 2010 Pilot Grants) awardees Linda Kingery, M.S., executive director of Northwest Regional Partnership and Pat McGovern, Ph.D., professor, University of Minnesota, School of Public Health, Division of Environmental Sciences. Their project is called *Using Photovoice to Document Perceived Routes of Pesticide Exposures and Health Concerns among Mothers from Minnesota’s Red River Valley*.

**Q:** Why did you choose to focus on pesticide exposure in Minnesota’s Red River Valley?

**A:** Our project arose from an established relationship between the University of Minnesota’s Regional Sustainable Development Partnerships (UM Partnerships) and local stakeholders in the region. The UM Partnerships is a citizen driven program that engages UMN researchers to address community articulated needs and links citizens to their land grant university. One of the regional partnerships is located at a UMN coordinate campus at Crookston, Minnesota; it serves the citizens of the Red River Basin. Located in northwestern Minnesota and eastern North Dakota, the Red River Basin is one of the major wheat, sugar beet, soy, and potato-growing regions of the United States. Residents in the Red River Basin had expressed both concern and lack of information about pesticide exposure which triggered a desire by the UM Partnerships to collaborate with University researchers to work with communities on issues of pesticide use and exposure, especially as it affects pregnant and preconception women raising small children who are among the groups at the greatest risk of adverse health effects from exposures.

**Q:** What were your main research findings from this project?

**A:** The results of our needs assessment revealed that the study participants had many concerns about their families’ exposures to pesticides including aerial exposures from crop spraying and mosquito fogging which affected their families, in particular, their young children who played outdoors. They were also concerned about how to safely use pest control and cleaning products in their homes, yards and gardens. The participants also identified their community’s assets such as how they protect their children from pesticide exposures, and the resources they use, such as Community Supported Agriculture and community gardens. The participants requested additional information on the health effects of pesticides and prevention strategies (e.g., safe use and storage of pest control products, minimizing environmental exposure to pesticides, and purchasing or growing organic foods) which led to the development of another proposal described below.
Q: Has this project lead to other research on pesticide exposure?

A: Yes, the next project was an educational intervention addressing pesticide exposure assessment, prevention and control strategies to be delivered by public health nurses serving young families in the region. This second project was awarded funding by Blue Cross Blue Shield Foundation of Minnesota (2008-2011) and Linda Kingery, M.S., from the Northwest region of the UM Partnerships is the Principal Investigator, and Ruth Rasmussen, M.P.H., R.N., Education Specialist with the Centers for Public Health Education and Outreach, is the Co-Principal Investigator.

Q: How can we learn more about your research and outcomes in this area?

A: For details on our research, the outcomes, and future work described above, please see www.redriverkids.blogspot.com. Additionally, the National Children’s Study Center for the University of Minnesota is one of approximately 40 centers nationwide which will conduct the National Children’s Study, one of the largest studies of children’s health and development ever to be conducted in the U.S. The study is designed to investigate the role of environmental factors, including pesticide exposures, with birth defects and adverse birth outcomes, behavioral, learning, and mental health disorders, including autism; injuries; asthma; obesity; and diabetes in a nationally representative sample of 100,000 children that will be followed for 21 years. Our Study Center will be enrolling families in Ramsey County, one of 105 locations nationwide. Pat McGovern, Principal Investigator, and Wendy Hellerstedt, Co-Principal Investigator, are leading the University’s Study Center. For details see the national website: www.nationalchildrensstudy.gov. **

**Smoking Cessation, continued.**

This combination of smoking cessation medications trial is a phase 2 research study to test the combined use of the FDA-approved prescription medications varenicline (Chantix) and bupropion hydrochloride (Zyban) versus the use of Chantix alone to determine which approach is more effective for smoking cessation. University researcher Dorothy Hatsukami, Ph.D. is collaborating with principal investigator Jon Ebbert, M.D., physician-researcher and associate director of the Nicotine Dependence Center’s research program at Mayo Clinic. Funded by the National Cancer Institute, this trial will be offered at Mayo Clinic in Rochester, Franciscan Skemp-Mayo Health System in LaCrosse, Wisconsin, and the University of Minnesota.

More information about both studies is available online: www.tobaccoresreach.umn.edu. **
Luther King Center in Saint Paul on the topic of “Stretching the Food Dollar,” selected by Urban Partnership and Community Development Center. On April 23rd we will co-sponsor the School of Public Health’s Public Health Roundtable to bring in Dr. David Williams, professor of public health from Harvard University and Dr. Alice Ammerman, professor of nutrition from the University of North Carolina Chapel Hill. The theme for this year’s presentation is “Interdisciplinary Approaches to Reducing Health Disparities: Where to go from Here?” This event will be held at the Coffman Union Theater. Finally, on May 10th Dr. Barbara Israel, professor of health behavior and health education from the University of Michigan and her community partner, Angela Reyes, executive director of Detroit Hispanic Development Corporation will visit us for a Distinguished Visiting Scholar Series. These latter two events are part of our Distinguished Visiting Scholar Series and is co-sponsored by the Center for Health Equity. These events will also include special presentations within the local community. More information will be available via our website and email notices in the coming weeks.

Communities that experience health disparities are both underserved by and underrepresented in the health care system. While there is compelling evidence for the need to increase diversity within the physician workforce, few gains have been made. As noted by U.S. Surgeon General, Dr. Regina Benjamin, the proportion of minority physicians has not improved in a century.

The paucity of minority physicians has implications beyond health disparities. It is a symptom of a larger problem: the structural inequity of the U.S. educational system. In the article The Educational Pipeline for Health Care Professionals: Understanding the Source of Racial Differences, Hinton et al. conclude that, “On net, differences in the representation of blacks and whites at the post-baccalaureate stage of entry to a health profession can be traced to gaps generated much earlier in the educational pipeline.” These gaps may be driven by a variety of circumstances, however the underlying forces that limit opportunity for entrance into the physician workforce cannot be divorced from the forces that also drive disparities in health outcomes.

If efforts to reduce the underrepresentation of minorities in medicine focus solely on identifying the highly motivated and successful students, who have often succeeded in spite of significant structural inequities, the result will fall short of what is necessary.

Disparities in the physician workforce and in health outcomes must be acknowledged as a continuum. Resolving health disparities necessitates a comprehensive approach that addresses the structural inequities in our society that sustain health inequity and social injustice.