Welcome to the May issue of *The Connection*. As Minnesota enters a season of wonderful weather, we have some important updates to let you know about. Our 2010 Pilot Grants in Health Disparities Research Program is well underway. Full applications will be in on May 6 and reviewed by both the review committee and our advisory council by the end of the month. We anticipate making the final awards announcement in early June.

On May 10th and 11th, our Distinguished Visiting Scholar Series Continues with Barbara Israel, DrPH, Professor of Health Behavior and Health Education, University of Michigan School of Public Health, and Angela Reyes, MPH, Executive Director of the Detroit Hispanic Development Corporation. Dr. Israel and Ms. Reyes will present a talk on “Community-Based Participatory Research: A Partnership Approach to Examining and Addressing Health Disparities” on Tuesday, May 11 from 12:00-1:00 p.m. in room 2-530 Moos Tower. For those unable to attend in person, the talk will also be available to view online during the event time, please see (continue on page 4)

One in three adults are currently obese in the United States. In populations that have experienced both significant weight gain and weight loss, preventing weight regain has proven to be an extremely challenging task. Effective strategies exist for weight loss, but the majority of persons losing weight do not maintain their weight loss over time. Further, official recommendations for physical activity vary considerably, ranging from 150 to 400 minutes per week, and do not specifically address previously obese persons.

A recent cohort study by Lee et al in the March 24th *Journal of the American Medical Association* examined the association of different amounts of physical activity with long-term weight changes among women consuming a usual diet. Study participants were 34,079 healthy U.S. women followed up for 13 years and reporting their physical activity and body weight at the beginning and throughout the study. The women gained an average of 5.72 pounds throughout the study. Compared with women who engaged in the equivalent of 420 minutes per week (~ 60 minutes per day) of moderate-intensity physical activity, those with 150 to less than 420 minutes per week of activity, as well as those performing less than 150 minutes per week, gained significantly more weight. The two lesser active groups were significantly more likely to gain at least five or more pounds over a 3-year period. The women who successfully maintained their weight were identified as having normal BMI (Body Mass Index) at baseline and activity levels over 420 minutes per week at both baseline and during follow-up. There was an inverse dose-response relation between activity levels and weight gain among women with a BMI of less than 25, but no relation among women with a BMI over 25.

Participants of this study were not representative of the U.S. population, however, their rate of weight gain was similar to that observed among women in an 8-year nationally representative cohort study by He and Baker published in the July 2004 *American Journal of Preventive Medicine*.

The current study provides an interesting and important finding to consider for weight gain prevention in previously obese persons. Physical activity was inversely-related to weight gain only among normal weight women, and women engaging in considerable amounts of physical activity still experienced weight gain. These findings, and similar study results, illustrate the importance of individualizing physical activity programs and set the stage for discussing the importance of diet on weight loss and maintenance efforts. <<<
Healthier Menus for Chicago Schools

The Chicago Public School System which includes 655 schools and 408,600 students has recently announced plans to improve nutritional standards for its menus in the upcoming school year. Changes include eliminating “dessert or candy-type” ingredients at breakfast, new fiber requirements, sodium reduction goals of 5 percent annually, one whole grain offering each day, and limiting fruit juice to only twice a week as the fruit component of the meal. District documents also reveal that sweet packaged desserts will be reduced to weekly treats, doughnuts and Pop-Tarts will be eliminated, and nacho service will be reduced to once a week in high school and once a month in elementary school in the new school year which officially starts July 1.

The new guidelines are part of the district’s effort to gain gold certification for some of its schools under the USDA’s HealthierUS School Challenge. Chief logistics officer Louise Esaian states “All menus will exceed the gold standard for the HealthierUS Challenge. We offer

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Q: Why did you choose to focus on obesity among African American children in North Minneapolis?

We know from national statistics that children of color have a higher prevalence of obesity compared to their White peers. According to the Centers for Disease Control and Prevention, approximately 35% of African-American children age 6-19 are overweight or at-risk of becoming overweight, compared to 28% of Non-Hispanic White children. An additional 20% of African-American children in this age group are considered to be obese, compared to 13% of Non-Hispanic White children. These statistics reinforce the perception of leaders from NorthPoint Community Center of Excellence and W.I.S.E. school that obesity prevention is a priority for their community. Obesity is an especially urgent concern since the North Minneapolis rates of obesity-related conditions such as diabetes, high blood pressure, and cardiovascular disease are among the worst in the state.

According to the W.I.S.E. school health survey data collected in 2007, approximately two-thirds of all W.I.S.E. students were obese or overweight (one-third of which were obese and one-third of which were overweight). W.I.S.E. Charter School is a K-8 school located in North Minneapolis with a predominately African-American student body of 370 students.

Q: What were the main research findings from your project?

During the WISE Kids Eat Well project in 2007-2008, a 35-item fruit and vegetable intake survey was administered to a sample of 5th and 6th grade students. Survey results showed that students consumed a daily average of 2.4 servings of fruits and 2.7 servings of vegetables. A validated staff survey was used to assess current food practices and readiness for changes in the school food environment. Staff reported positive practices such as praising students for healthy choices. Most staff demonstrated some readiness for changes in the school food environment.

Focus groups with parents, staff and students provided qualitative information on food beliefs and practices at W.I.S.E. Parents expressed interest in having a variety of healthy options for their children offered at school. Parents also felt the school has a responsibility and opportunity to

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teach students about making healthier choices, and to share this knowledge with parents themselves. Teachers reported using a variety of non-food incentives, such as special privileges, along with food-based incentives. Teachers also acknowledged their role as role models for healthy eating and exercise for students. Students expressed a desire to have a greater variety of food options in school.

A review of school menu nutrition content and a survey of cooking staff were used to assess fat and sugar content and menu variety in the current menu. Opportunities were identified included adding variety to the menu to increase fruit and vegetable intake while considering kid-friendly color, texture and presentation.

Q: Did this project lead to further research on this issue?

In 2008, with support from the United Way, W.I.S.E. Charter School expanded the WISE Kids Eat Well program to reach W.I.S.E. parents and staff and also to expand focus increasing physical activity opportunities for students throughout and after the school day. As such, the initiative name changed to “WISE, Healthy and Fit” to more completely represent the focus and efforts of the initiative. The United Way has also committed to funding the continuation of the WISE, Healthy & Fit project during the 2009-2010 year.

In spring 2009, W.I.S.E. Charter School was awarded a General Mills Champions grant for the 2009-2010 school year, and was awarded three Wellness by Design Awards from the Hennepin County program that “recognizes schools and worksites in Hennepin County that go above and beyond in creating healthy environments for staff or students.”

More information is available online:
www.ahc.umn.edu/wmhlth
www.wiseschool.org
www.wiseschool.org/index.html
our website for more information. In addition, Dr. Israel and Ms. Reyes will present a talk on “Engaging Communities as Equitable Research Partners” on Monday, May 10 from 12:00-1:00 p.m. at the Urban Research Outreach and Engagement Center in North Minneapolis.

This year we will again offer the health disparities summer internship in collaboration with the University Of Minnesota Masonic Cancer Center. The purpose of this federally-funded program is to provide paid summer job opportunities in cancer research and education to 10 undergraduates from minority and underserved communities in Minnesota. The individual research projects conducted with their mentors from last year are available on our website under the “Media” link.

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: phdr@umn.edu.

>> Fairly Healthy

Equal Opportunities for Health

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

Medically underserved communities are disproportionately affected by a lack of health insurance, high health care costs, poor quality treatment, service gaps, barriers to care, and worse health outcomes. Healthcare reform provides an opportunity to make systemic improvements that move the nation toward providing equal access to high quality care for all populations.

Included in the health care reform bill are some important changes to the health care delivery system that support the elimination of disparities. In Summary of New Health Reform Law the Kaiser Family Foundation has identified the following aspects of reform: a significant Medicaid expansion, subsidies to help low-income individuals buy coverage through newly established Health Benefit Exchanges, expanded support for community health centers, and improved collection and reporting of data on race, ethnicity, sex, primary language, disability status, and for underserved rural and frontier populations.

The provisions included in the Patient Protection and Affordable Care Act represent a significant step forward in addressing health disparities by expanding public health insurance programs, expanding the insurance pool to include previously uninsured populations, improving access and resources to preventive primary care in marginalized communities, and allowing for improved measurement and data collection on health inequities.

While these efforts are a commendable step in the right direction, we must acknowledge that healthcare reform alone will not eliminate health disparities. True health equity will be achieved when all populations have equal opportunity to become healthy. Therefore policy cannot be limited to barriers in access to healthcare but must also address disparities in education, economic opportunity, and healthy environments.

Successful healthcare reform means eliminating the practices and polices that contribute to health disparities. The latest effort at healthcare reform has left intact a profit driven system that poses substantial obstacles towards equal access to healthcare. While much has been accomplished, there is much that remains to be done to ensure that all communities benefit equally from the promise of equal opportunity.