Welcome to the November issue of The Connection. We have quite a few activities going on this fall within the program that I’d like to tell you about.

About a year ago, we pulled together a large team of academic and community researchers and community organizational partners to submit a grant to the National Cancer Institute’s Center to Reduce Cancer Health Disparities to become a regional center focused on cancer health disparities in Minnesota. I am very pleased to inform you that we have received this grant. The overall goal of this center is to increase the knowledge of, access to, and use of leading practices for reducing cancer health disparities in Minnesota’s growing new immigrant and refugee populations.

The center will expand upon our previous work with established community partners through multiple activities, including one full research project on tobacco use in the Latino community and one pilot research project on cervical cancer screening in Minnesota’s Somali community. This new center will be housed within the Program in Health Disparities Research, and many more details will follow as the center begins laying its (continue on page 4)

Extra Weight Around Abdomen and Risk of Death After Colon Cancer Diagnosis

New research from the University of Minnesota School of Public Health and Masonic Cancer Center provides further evidence that maintaining normal body weight may reduce the risk of dying from colon cancer.

In a study funded by the National Cancer Institute, researchers have found that postmenopausal women who carry an increased amount of weight around their abdomen, known as the apple-shaped body type, are more likely to die after being diagnosed with colon cancer. This is among the first research studies to examine the link between waist-to-hip ratio (circumference of the waist to that of the hips) and waist obesity and survival of cancer patients.

Anna Prizment, Ph.D., M.P.H., and her colleagues used data from 1,096 women enrolled in the Iowa Women’s Health Study who were diagnosed with colon cancer and followed during a 20-year period. During that time, 493 of the women died, and 289 of them died specifically from colon cancer.

Investigators found that obese women with a body mass index (BMI) of at least 30kg/m2 had a 45 percent increased overall mortality rate; and women classified as underweight, with a BMI less than 18.5 kg/m2, had an 89 percent increased mortality rate compared to women with normal BMI.

“The exact mechanisms underlying the link between obesity and higher mortality in colon cancer patients are unknown,” Prizment said. “Obese people may be diagnosed at a later stage, receive different treatment, or have other health problems.” However, the facts that the increased abdominal obesity was associated with colon cancer death, and that those associations persisted after correcting for age, stage of cancer diagnosis, and other health problems, indicate that obesity may have a direct biological effect, she said. “Obese women, especially those with higher abdominal obesity, have higher hormone levels and may have a more aggressive cancer.”

More research is needed to determine the effect of obesity, and particularly abdominal obesity, on the prognosis of older women diagnosed with colon cancer. Meanwhile, Prizment encourages women to maintain a healthy body weight throughout their lives. “This may be especially beneficial for women diagnosed with colon cancer later in life,” she said. “It also looks like abdominal obesity may be an indicator of higher colon cancer mortality.”

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Disparities in Internet and mobile technology access between whites and other racial/ethnic groups are rapidly decreasing. This fact is best evidenced by several studies by Pew Internet Research. Their research shows U.S. mobile phone ownership in black and English-speaking Latino populations exceeds or is on par with that of whites. Furthermore, black and English-speaking Latinos are more likely to use advanced features on their devices such as text messaging, mobile phone applications ('apps'), and mobile web browsers. These trends have important implications in addressing health disparities.

Nearly 70 percent of black and English-speaking Latinos text message on a regular basis, compared with just over 50 percent of whites. Mass notification text messaging and text-for-answer

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Many academic and community-based researchers rely on grant funding to both begin and sustain their work. A recent article published in the journal *Nature* provides a unique perspective on the grant review and award decision process. In return for keeping the reviewers and applicants anonymous, the American Cancer Society (ACS) allowed a *Nature* reporter access to the deliberations of a panel of expert reviewers that determines which grants get funded.

The agenda for the 15 members of the peer-review panel was to discuss which of the six ‘outstanding’ grant applications (out of 17) of this session should be recommended for funding – with funds available for only two or three of the projects. Two applications were identified as standing above the others in quality – one noted for its innovation and another won praise for its ambition without being overreaching.

A thorough discussion led to two of the proposals being pushed out of the ‘competitive’ range of projects that originally stood a chance of getting funding. For the first proposal, the reviewer found that the investigator had submitted a nearly identical proposal to the National Institutes of Health (NIH) and stated: “Splitting the two to get two grants doesn’t seem right,” and continued, “I don’t want to support it if she’s not going to put all of her best things in there.” The second proposal to get pushed out of the possible funding range lost its strength after discussion because much of the grant was deemed to be open-ended and ultimately lacking scientific details.

Discussing what he learned from the review process, one member of the review panel, a physician scientist, states how a well written proposal can transform the two or three main grant reviewers who will read your application in depth, into your cheerleaders. He states, “If you wow those two people in the room of 20, the other 18 will vote similarly.”

The competition for grant funding typically is intensified in economic downturns. The research community must simultaneously face grantors with either static or reduced budgets and an increase in competing applications, resulting in a lower percentage of funding per grant opportunity. This article provides an interesting look into how grant funding decisions are made and some of the intricate details that often make the difference for funded research proposals.

Read more online:
www.nature.com/nature/journal/v467/n7314/index.html

The dramatic increase in mobile device ownership in underserved populations has helped to decrease the “digital divide” between racial and ethnic groups – and these groups are taking full advantage. Approximately 25 percent of Latino Americans look up health information on mobile devices, compared to 19 percent of black and 15 percent of white Americans.

These and other studies clearly show that black and English-speaking Latino Americans are as likely as white Americans to own a mobile phone and more likely to use text messages, mobile apps, and mobile Internet access. These findings should be embraced while addressing health disparities. We need to develop creative ways to build upon this information and utilize technology advances to develop interventions to address health disparities. By doing this, we can both help to further decrease the digital divide and improve the health of our communities.
foundation in the coming weeks. Further details on the new center are also on page 2 of this issue.

On November 4, 2010 we held our annual poster session and awards dinner for the 2010 Pilot Grants program. I would like to take this opportunity to thank our sponsors for this event and am pleased to say that the number of sponsors we have for this event are too numerous to list here, so please see our website for a full listing.

In October, we had a special visitor for our Distinguished Visiting Scholar Series Program. Meredith Minkler, Dr.P.H., M.P.H., from the University of California, Berkeley joined us for three days to visit with academic researchers and community members. Additionally, she presented on “Community-engaged research: What’s the value added for studying and addressing health disparities?” This presentation is available on the “Media” link of our website.

As 2010 nears its end and Minnesotans brace for the winter ahead of us, we look forward to what is yet to come. We’ll see you back here in January 2011; in the meantime, please feel free to visit us on the Web at www.healthdisparities.umn.edu.

The Unequal Distribution of Health in the Twin Cities

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

The World Health Organization (WHO), defines the social determinants of health as, “the conditions in which people are born, grow, live, work, and age, including the health system.” The social determinants of health relate the conditions in which we live to the health outcomes we experience as individuals or populations. Examining the social determinants of health in the Twin Cities reveals examples of disparities that we can work together to improve.

The report The Unequal Distribution of Health in the Twin Cities released by Wilder Research and the Blue Cross and Blue Shield of Minnesota Foundation, documents the differences in health status found within the Twin Cities. For example, the mortality rate for Twin Cities residents aged 25-64 in areas with the lowest educational attainment is approximately twice as high as in areas with many college-educated adults. Similarly, the areas where residents have the shortest life expectancies are all in the poorest areas of the Twin Cities, and adults of color aged 25-64 die at a 60 percent higher rate than do white adults in the Twin Cities. Of note whites living in low-income areas have substantially higher death rates than do whites living in higher income areas. The report concludes that race, income, education, and neighborhood conditions all impact health status for Twin Cities residents.

What can be done? In 2008, the WHO made three overarching recommendations regarding the social determinants of health: 1) improve daily living conditions; 2) tackle the inequitable distribution of power, money, and resources; and 3) measure and understand the problem and assess the impact of action. Together, individuals, communities, institutions, and government can address the social determinants of health to eliminate health disparities.

As newly elected politicians take office in the coming months, we must encourage them to work with Minnesota residents to make our state not just one of the healthiest, but one of the fairest. <<<

The Unequal Distribution of Health in the Twin Cities can be found at: www.wilder.org/download.0.html?report=2337