The Connection

Program in Health Disparities Research

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Director’s Report
by Kola Okuyemi, M.D., M.P.H.

Welcome to the newest edition of The Connection. In this edition, we are pleased to share SoLaHmo’s work with radio stories for health education as well as our partnership with the Robbins Urban Wellness Retreat on the Scandal Season Premiere Party: Pinked Out Edition. We also address prescription pain medication and health disparities.

Our program continues to work on community engagement and education initiatives, such as the summer undergraduate internship program, the Community Research Institute, and pilot grants in health disparities research. The theme of the 2013 annual poster session and awards dinner, held November 20, was “Power of Partnerships” and the event highlighted ongoing education and research initiatives as well as community-university partnerships. PHDR and co-sponsors Center for Health Equity and the Clinical and Translational Sciences Institute were pleased to host nearly one-hundred (continued on page 4)

The Scandal Season Premiere Party: Pinked Out Edition

A creative approach to community engagement

As part of our ongoing commitment to find innovative ways to connect and engage with the community, we partnered with the Robbins Urban Wellness Retreat to present the Scandal Season Premiere Party: Pinked Out Edition!

In observance of Breast Cancer Awareness Month, the event highlighted the challenges and advancements in breast cancer research as presented by Dr. David Potter from the Masonic Cancer Center. He highlighted the need for access to care for patients diagnosed with breast cancer. Dr. Potter was introduced by Dr. Okuyemi, Director of the Program in Health Disparities Research (PHDR). Comments from Huda Ahmed, Program Coordinator for PHDR, highlighted the significance of partnering with community organizations like the Robbins Urban Wellness Retreat to engage effectively with communities of color.

The event pulled out all the stops: a mini runway show, delicious treats, and special product giveaways. The first 20 attendees each received a complimentary pink sequined purse containing makeup and grooming products. Also highlighted was the work of an energetic group of Twin Cities African-American breast cancer survivors, the African American Breast Cancer Alliance (AABCA). Through their tireless efforts, they’ve heightened awareness and increased access to resources for African-Americans who’ve experienced breast and other forms of cancer.

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Use of Radio Stories as a Health Education Tool for Type 2 Diabetes
Preliminary results from a SoLaHmo pilot study

by Khalid Adam

Minnesota has experienced a radical and sustained transformation of its demographic landscape. Since the 1990s, state officials have noted an increase in its racial and ethnic diversity, much of it attributable to an influx of immigrants, of which Somali, Latino and Hmong make up a large share. Because of this, Minnesota is positioned as home to the second largest diaspora of Hmong people and the largest population of Somalis outside of Somalia. Hispanics/Latinos are the fastest-growing ethnic group in Minnesota, having experienced an increase of approximately 75% between 2000 and 2010. With the knowledge that the risk for the development of diabetes and associated complications among immigrants increases in the years after arrival in the United States, a collaboration of researchers from the University of Minnesota, West Side Community Health Services’ SoLaHmo Partnership for Health & Wellness (SoLaHmo), and Gustavus Adolphus College worked together to conduct a study that investigated the effectiveness and acceptability of an entertainment education health program.

Entertainment education has been successfully utilized around the world to introduce health education in a wide range of health topics. Entertainment education has also been more successful with audiences from collectivist cultures (Ethiopian, Somali, Thai, Vietnamese, Alaska Natives, to name a few) where storytelling is the major mode of communication to transmit knowledge and cultural values. Interested in understanding how effective entertainment education strategies were in improving the self-reported intention to adhere to lifestyle changes, the researchers worked with Dr. Beatriz Torres of Gustavus Adolphus College who had developed 24 radio novellas (stories) that were broadcast in southwest Minnesota. The novellas conveyed health information in Spanish in the form of entertainment and on a wide variety of topics that spanned the spectrum of chronic conditions. Dr. Torres, a health communication researcher, was especially interested in trying to understand innovative ways of measuring the effectiveness of the stories she helped develop. The research group used her approach to create new ones that specifically tackled issues related to diabetes, and they compared the effectiveness against that of audiotaped brochures of diabetes health information.
Utilizing a CBPAR (Community Based Participatory Action Research) approach, the community-academic research team identified and interviewed 3 families (1 Somali, 1 Latino, and 1 Hmong) with successful health-related stories to share for the development of 39 radio scripts. Community researchers from SoLaHmo were trained in radio production and wrote scripts for a distinct 25-minute program in each language that incorporated challenges and successes from the family interviews. The study was designed as a two-arm randomized controlled trial involving intervention and control groups from Somali, Latino, and Hmong ethnic communities. To test the effectiveness of and acceptability of radio stories, researchers recruited 123 participants (40 Somali, 40 Latino, 43 Hmong). The intervention group listened to the radio story, whereas the control group listened to audiotaped information from a brochure. Participants from both groups completed pre- and post-intervention questionnaires about their content knowledge, intentions, and self-efficacy related to implementing family-based changes. Participants who listened to the radio stories also evaluated their emotional and cognitive responses to the messages.

At baseline, more than 60% of all participants reported strong intentions to engage in healthful dietary and physical activity behaviors. Preliminary results also showed that Somali and Latino participants were more likely to improve intentions after listening to radio stories, whereas Hmong participants were more likely to improve intentions after listening to the brochure. After listening to the radio story Somalis improved their intention to have their families drink fewer sugary drinks, eat less fast food, and eat more healthy grains. Latinos improved their intention to find ways to manage their stress. While the researchers stress the preliminary nature of their results, they acknowledge potential use and effectiveness of radio stories with other health conditions and in clinical settings.

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Pinked Out, continued

“We are overwhelmed by the outstanding support we received for this event!” says Anika Robbins, producer of the Pinked Out Edition Party and co-owner of the Robbins Urban Wellness Retreat with her husband, Dr. Juneau Robbins. “Our goal is to create opportunities that engage authentically with our community...within their comfort zone.”

Dr. Robbins, the event’s MC, highlighted the need to stay current with changes in research and prevention protocols—in particular, the need to get mammograms earlier than formerly suggested. The event drew a wide range of community members, with many attending in pairs, and groups of aunties, cousins, mothers and daughters, and some grandmothers!

“This is what effective community engagement looks like!” says Robbins. “We are grateful to PHDR for allowing us to design it our way!”
The Prescription/Pain Paradox

by Rachel Hardeman, M.P.H., School of Public Health and Eduardo Miguel Medina, M.D., M.P.H., North Memorial UMN Family Medicine

Narcotic pain medications are the most frequently prescribed drugs in the United States. The abuse of opioid pain medication has grown considerably, accounting for 14,800 overdose deaths in 2008, more than cocaine and heroin combined. Increased utilization of opioids has meant balancing appropriate use against potential and actual abuse. This concern was echoed in the FDA’s recent decision to recommend a more restrictive classification of certain opioid medications.

Disparities in the diagnosis and management of pain are well documented. Anderson1 writes, “[There is a] persistence of racial/ethnic disparities in acute, chronic, cancer, and palliative pain care across the lifespan and treatment settings, with minorities receiving lesser quality pain care than non-Hispanic whites.” Disparities extend beyond the provider–patient relationship and include systemic issues such as the lack of availability of prescription opioids in pharmacies in underserved neighborhoods. There is also evidence that certain populations have a greater likelihood of being prescribed narcotic pain medications. The CDC found that in several states opioid prescribing rates among Medicaid enrollees are twofold higher than for persons with private insurance.

How should we reconcile the underdiagnosis and treatment of pain with the overprescribing of pain medications?

Some answers lie in understanding the influence of stereotypes on how pain is perceived. Wandner2 found that perceived pain sensitivity and willingness to report pain differed by gender, race, and age, concluding that “…one’s expectations of the pain experience of another person are influenced by the stereotypes one has about different genders, races, and ages.”

Secondly, we must acknowledge that prescribing pain medications does not preclude poor communication or lack of understanding between patient and provider. Perhaps the most powerful tool in preventing misuse, underuse, or abuse of pain medication is an open and trustworthy relationship between the two parties.

The challenge set forth in pain management is another example of the need to improve how our system perceives, communicates, and engages with all patient populations and particularly with those that are at the highest risk for experiencing health disparities.