It’s hard to believe that what seemed so far away a few months ago has now come and gone – the Minnesota State Fair. In a way, the closing of this annual event signals the beginning of another fall semester and plenty of activities in the Program in Health Disparities Research.

In the last issue of The Connection, we announced the new grantees for the 2010 Pilot Grants in Health Disparities Research program. I would like to invite you to our annual awards dinner and poster presentation that will be held Thursday November 4, 2010 at Lutheran Social Services at 2400 Park Avenue South in Minneapolis. The poster presentation, featuring earlier funded research teams and scholars with the Center for Health Equity, begins at 3:30 p.m. and the awards presentations commences at 5 p.m. The awards dinner will also feature awardees from the Clinical and Translational Science Institute’s 2010 Collaborative Pilot Grant Program.

This fall we will continue our education initiative begun last year that aims to inform current and future researchers on topics pertaining to health disparities research. The seminar series, Introduction to Health Disparities (continue on page 4)

U of M Extension Funded for Poverty Reduction Strategies

University of Minnesota Extension has been chosen by the Northwest Area Foundation (NWAF) to bolster poverty reduction strategies across the state, focusing on financial literacy education, leadership development, public policy engagement, and building awareness of poverty.

A total of seven universities nationwide will receive grants totaling $1.9 million to expand the work of Horizons, an 18-month leadership development program for rural towns with populations of 5,000 or fewer and poverty rates of at least 10 percent.

Extension will use the funding to continue work in up to 25 communities already taking part in Horizons. The work will extend through July 2011, emphasizing education, long-term capacity-building, and tangible results. “Horizons communities have valuable knowledge and civic engagement experiences to share with each other and with a broader statewide audience,” said Dick Senese, Extension associate dean for community vitality. “This grant will provide a platform for that teaching and learning.”

The grant will also fund collaborative efforts with Extension partners to help families access financial management training and tax preparation services. A new initiative will train local citizens to participate in public forums and communicate the concerns of small communities to public policymakers. Another program will encourage University graduate students to examine issues of poverty within the context of their fields. Adding to the NWAF grant, Minnesota communities have leveraged more than $1.5 million in funding for local projects through prior Horizons program participation, according to Senese.

Established in 1934 by Louis W. Hill, the son of Great Northern Railway founder James J. Hill, the NWAF supports efforts to reduce poverty and achieve sustainable prosperity across the eight states served by the railroad: Minnesota, Iowa, North Dakota, South Dakota, Montana, Idaho, Oregon, and Washington. <<<

For more information: www.extension.umn.edu/Community/Horizons
Minnesotans Without Health Insurance

The percentage of Minnesotans without health insurance rose by nearly 2 percent (from 7.2 percent to 9.1 percent) between 2007 and 2009, according to the results of a survey by the Minnesota Department of Health and the University of Minnesota School of Public Health.

An estimated 480,000 Minnesotans were uninsured in 2009, compared with 374,000 in 2007. In both years, about two-thirds of people who were uninsured reported having been without coverage for a year or longer. The increase was primarily due to a decline in the percentage of Minnesotans who had health insurance through an employer (57.2 percent in 2009, compared with 62.5 percent in 2007).

Minnesota has historically had one of the lowest rates of uninsurance in the nation, according to the Current Population Survey, a national survey that allows for comparisons across states. National uninsurance rates are published in August each year for the preceding calendar year.

Although the decline in employer coverage was partly offset by an increase in coverage through public insurance programs (28.7 percent in 2009, compared with 25.2 percent in 2007), the percentage of Minnesotans without any health insurance also increased. The share of the population that purchased

(continued on page 3)

Alcohol Availability and Predictors of Health Disparities

Neighborhood environments can directly impact health outcomes. Furthermore, alcohol availability is a risk factor that may negatively influence drinking behavior, social norms, and characteristics of a neighborhood. Published online in the American Journal of Public Health, Berke and colleagues examined whether the geographic density of alcohol retailers was greater in geographic areas with higher levels of demographic characteristics that predict health disparities.

Investigators obtained locations of all alcohol retailers in the continental U.S. and created a map depicting retail-outlet density at the U.S. Census tract (small, relatively permanent subdivisions of a county) level. U.S. Census data was used to provide Census tract-level measures of poverty, education, crowding, and race/ethnicity. The research team used multiple linear regression to assess relationships between these variables and retail-alcohol density.

Berke and colleagues found important relationships between retail-alcohol density and higher proportions of residents of Black race and Latino ethnicity, higher proportions of families living below the federal poverty level, and higher proportions of women with less than a high school education. In high-proportion Latino communities, retail-alcohol density was twice as high as the median density. In this analysis, retail-alcohol density had little or no relationship with the demographic factors of interest in suburban, large town, or rural census tracts. Researchers concluded that greater density of alcohol retailers was associated with higher levels of poverty and with higher proportions of Black and Latino residents in urban census tracts.

This research is believed to be the first work to create a nationally representative and continuous mapping of retail alcohol exposure at this level of detail. This research builds on earlier regional findings, including a 2007 study by Romely et al. that found the Black population in urban zip codes faced a higher density of liquor stores than did white residents in urban zip codes. Investigators of the present study suggest public health professionals and policy makers consider variations in retail-alcohol exposure among underserved populations because these associations may have implications at both the individual and community levels.

Read more online: http://ajph.aphapublications.org/cgi/content/abstract/AJPH.2009.170464v1
Neighborhood environments can have a direct impact on the physical activity levels of youth, setting a possible trajectory of an adult life unaccustomed to frequent exercise. In a six-year longitudinal investigation of the relationship between the environment and change in body mass index (BMI), Berry et al. found that age, neighborhood socioeconomic status (SES), and perceived traffic were significantly related to increased BMI over the 6 years. Published in the August 2010 *International Journal of Obesity*, investigators found younger participants and those in lower SES neighborhoods were more likely to have increased BMI, and study participants’ agreement with the statement that traffic made it difficult to walk also predicted increased BMI.

Other research indicates that residents of low SES neighborhoods are less likely to meet recommended levels of physical activity than residents of high SES neighborhoods. While these results are not surprising, evidence for a causal relationship between neighborhoods and physical activity mostly has been lacking until recently. Randomized clinical trials are considered a gold standard by which to assess causality; however, such trials are not possible with regard to neighborhood exposures. Thus, cost effective and practical “natural experiments” (occurring in natural and non-controlled environments) with good measures are a viable method for detecting causality between the environment and physical activity. Such a study was recently published and provides intriguing evidence of a causal link between changes in the neighborhood environment promoting increased physical activity.

In the September 2010 *American Journal of Preventive Medicine*, Fitzhugh and colleagues identified one experimental and two control neighborhoods in Knoxville, Tennessee to examine the impact of neighborhood connectivity on physical activity. The tested intervention was a retrofitted 2.9 mile-long urban greenway/trail to connect the pedestrian infrastructure with nearby retail establishments and schools in one neighborhood chosen for its unfriendly pedestrian environment. The research design included baseline and post-intervention (5 months before and 14 months after construction) assessments with direct observation of physical activity. The researchers found that residents in the experimental neighborhood significantly increased their level of walking, bicycling and overall physical activity from pre- to post-intervention, compared to the residents of the control neighborhoods for whom physical activity measurably decreased during this same time. The researchers did not track health indicators in this study, so it remains to be seen precisely what health gains were made from the increased physical activity resulting from the improved neighborhood pedestrian infrastructure. However, these results clearly document how neighborhood improvements can positively influence residents’ health behaviors.
and Community-Based Research, includes five individual sessions covering a wide range of topics relevant to Fellows in training programs at the Medical School. More information about this initiative is available on our Website under the “News” link.

August marked the end of our second cycle of the Summer Health Disparities Internships that we host in collaboration with the Masonic Cancer Center. This year we had 10 outstanding students from underserved populations join us for a summer education and job opportunity in cancer research. On Friday August 6, each student gave a poster presentation of their summer project at a special poster session for this program in the Masonic Cancer Research Building. The outcomes of the individual research projects conducted with the student’s mentors are available on our Website under the “Media” link.

We look forward to another productive academic year while continuing to build new relationships and expand current connections with those in Minnesota who share our goal of ultimately eliminating disparities in health. <<<

Fairly Healthy

Disparities in End-of-Life Costs

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

Mortality is an inescapable reality of life. However, not all communities have similar experiences when it comes to death and dying. These different experiences can lead to excess mortality. Excess mortality is defined as the number of deaths in excess of what would be expected based on a population’s average life expectancy or non-crisis mortality rate. The well documented burden of excess mortality in medically underserved communities affords us an opportunity to reflect upon the impact of health disparities and their implications on medical care for the underserved.

One particular example is the article “Racial and Ethnic Differences in End-of-Life Costs: Why do Minorities Cost More Than Whites?” which illustrates some significant differences in the costs of end-of-life care for different populations. Published in the March 9, 2009 Archives of Internal Medicine, Hanchate and colleagues examined the Medicare costs for beneficiaries who died in 2001; they found that raw costs in the last six months of life were 32 percent higher for Black Medicare beneficiaries and 57 percent higher for Hispanic Medicare beneficiaries compared with white Medicare beneficiaries.

One may assume that more care and spending means better care; however, the authors suggest that these differences do not necessarily translate into “life-enhancing” care given the context of excess mortality and unequal treatment. They write, “Are health care resources for non-whites misallocated over a lifetime, with racial and ethnic minorities receiving fewer life-extending and life-enhancing interventions than whites throughout their lives but more at the end, when there is less opportunity to improve the quantity and quality of life?”

Understanding how health disparities play a role in excess mortality and exert influence over end-of-life care is an opportunity to acknowledge a true consequence of health inequity. The challenge confronting our healthcare system remains – what can be done to ease unnecessary suffering for medically underserved communities? <<<

Read more online:
http://archinte.ama-assn.org/cgi/content/abstract/169/5/493