Director’s Report

by Kola Okuyemi, M.D., M.P.H.

Welcome to the May 2011 edition of The Connection, the newsletter of the University of Minnesota Medical School’s Program in Health Disparities Research.

March of this year has marked the five-year anniversary of our program. Established in spring 2006, PHDR was created to build a world-class multi-disciplinary program dedicated to research addressing health disparities in the state of Minnesota and beyond.

Minnesota makes national headlines as one of our nation’s healthiest states – but once you get to know the communities and diversity that exist here, it becomes clear that certain communities are experiencing several health inequalities that are not only largely unpublicized, but also unacceptable.

In early April, we held a Community Open House at Lutheran Social Services in North Minneapolis to showcase some of our remarkable community partners and the collaborative work we are engaged in to address health disparities. Thank you to all of the organizations and individuals who (continued on page 4)

Nation-Wide

The Changing Face of America’s Population

According to the U.S. Census Bureau, Latinos now outnumber African Americans for the first time in most U.S. metropolitan areas.

Recently released data from the 2010 Census show that 308.7 million people resided in the United States on April 1, 2010, an increase of 27.3 million people, or 9.7 percent, between 2000 and 2010. The vast majority of the growth in the total population came from increases in those who reported their race(s) as something other than white alone and those who reported their ethnicity as Hispanic or Latino.

More than half of the growth in the total population of the United States between 2000 and 2010 was due to the increase in the Latino population. Between 2000 and 2010, the Latino population grew by 43 percent, with an increase of 15.2 million between 2000 and 2010 for a total of 50.5 million Latinos, or 1 in 6 Americans. Latinos became the largest minority group in 191 out of 366 U.S. metropolitan areas last year, an increase from 159 metro areas when the previous Census was taken in 2000.

The Census Bureau reports that the Black population increased a modest 11 percent to 37.7 million, with declines particularly evident in big cities such as New York, Detroit, Cleveland, and St. Louis, Mo.

The figures, released in March 2011, show that the white share of the population declined in all 366 metro areas, while all but five showed gains in Asian population shares. U.S. metro areas showing the biggest drops in white shares due to rapid Hispanic growth over the last decade were Napa, California (69 to 54 percent); Las Vegas, Nevada (60 to 48 percent) and Orlando, Florida (65 to 53 percent). These census figures highlight the ever-changing face of the U.S. and should encourage investigators to aim for diversity in their population-based research that reflects these changes.

More information: www.census.gov
Growing up, I remember insulin bottles in the refrigerator, the needles with the orange caps, and the disease – type II diabetes -- shared by my mother, father, and sister. Years later, I am very aware of the complications and devastating effects of diabetes. The results are a cascade of illnesses which seem to compound and lead to the most debilitating endpoints, including death. One such condition that is associated with diabetes that I have come to know very well is peripheral arterial disease (PAD).

PAD is poor blood circulation in the arteries of the lower extremities. According to the Centers for Disease Control and Prevention (CDC), PAD affects approximately 8 million Americans, with the highest prevalence among those 65 years or older. Risk factors for PAD include smoking, diabetes, hyperlipidemia, hypertension, atherosclerosis, and older age. Symptoms of PAD include cold feet, leg discomfort during exercise or walking, leg numbness and fatigue, and lack of leg or foot pulses. However, some PAD patients do not experience any symptoms.

Diabetics have almost four times the risk of PAD compared to (continued on page 3)
Sustaining Weight Regulation, Part I
by Michael Golden, M.P.H., Medical School

In the May 2010 issue of The Connection, we discussed the challenge of sustaining weight loss by highlighting a long-term cohort study that showed an increase in weight over time in a population that was physically active.

In this study by Lee and colleagues, 34,079 U.S. women were followed for 13 years and compared by activity levels; and women in all activity level groups (up to 420 minutes per week) experienced an increase in weight.1 This study is not alone in identifying the phenomenon of extreme difficulty in weight loss efforts with moderate and high levels of physical activity.

In the December 15, 2010 issue of the Journal of the American Medical Association, Hankinson and collaborators evaluated habitual activity levels and change in body mass index (BMI) and waist circumference over 20 years for 3,554 men and women aged 18 to 30 years.2 They found an increase in weight and waist circumference among participants at all activity levels, including those meeting the 2008 U.S. Department of Health and Human Services recommendations of 150 minutes per week.

It is important to note that physical activity at levels recommended by the federal government appears sufficient to lower the risks of chronic diseases and has been consistently associated with improvements in biomarkers, such as serum lipids, blood pressure, and fasting plasma glucose. The purpose of this text is to move the conversation beyond disease risk and the aforementioned measures to successful weight regulation and long-term maintenance.

Study results that universally show an association between high levels of physical activity and weight loss are commonly used as a prescription for overweight and obese populations. However, the problem with this generalization is that it runs the risk of labeling those struggling with weight as slothful and implies that regardless of their current physical activity levels, significantly more is required. In the physical activity recommendations published by the American College of Sports Medicine and American Heart Association in 2007, Haskell and colleagues described the data supporting the hypothesis that persons with relatively high energy expenditures would be less likely to gain weight over time, compared with those with low energy expenditures, as “not particularly compelling.”3 In our next issue we’ll examine the evidence for diet being a major factor to weight regulation and sustained weight loss.

Please visit us online for references at: www.healthdisparities.umn.edu/newsletter/refsmay11
Director’s Report continued

participated in this event to make it a success. It was truly inspiring to see such a large sample of the current ongoing works that are improving the lives of Minnesotans.

The last five years have gone by in the blink of an eye. At the same time, this time period has been filled with many examples of accomplishments and collaborations of our program members that really inspire me for what the future holds.

In October of this year, we will hold a strategic planning retreat for program leaders to establish our mission and goals for the next three years. During this process, we would like to have as many voices from our local communities participate in the planning stages. If you have any ideas, suggestions, or recommendations on what our research focus should be for the next three years, please contact us and let us know.

It has been a rewarding experience to discuss our initiatives over the past five years in this newsletter. Thank you for reading and your dedication to reducing health disparities.

Fairly Healthy

Childhood Poverty

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

Childhood poverty indices lend insight into how we value all members of our society. They also reveal how we envision our future as either being that of shared prosperity or of sacrifice of the less powerful. Childhood poverty also happens to be within our means to eradicate and prevent. The Children's Defense Fund-Minnesota 2011 KidsCountDatabook is a valuable resource for anyone who cares about Minnesota families and its future.

The report issues the following sobering findings about children in Minnesota:

- 14 percent of all children were living in poverty in 2009 - an increase of 53 percent from 2000.
- Black children (47 percent) are almost six times more likely than white children (8 percent) to be poor. Our state has the highest rate of black children living in poverty in the country, an increase of more than 10 percentage points from 2008.
- We have the highest rate of Asian children living in poverty (22 percent) among all 50 states.
- 32 percent of Hispanic children and 39 percent of American Indian children in the state are poor; and 27 percent of the state’s immigrant children lived in poverty in 2009.

Aside from the moral imperative we have as a society to protect a vulnerable population, like children, from poverty and suffering, there is a very real consequence for our own self-preservation when we ignore childhood poverty. Poverty impacts all areas of child development including education, health status, and social emotional growth. In spite of all the adversity, many poor children and families still find ways to succeed, but not all do. Condemning Minnesota’s children to less opportunity and less capacity to succeed means we all pay the price for a society that is less productive, less healthy, and less fair.

Will the individuals and systems under which childhood poverty increased 53 percent be held accountable? Will we support and protect equitable education, childcare, economic opportunity and equal access to quality health care – all powerful tools in the fight against childhood poverty? Will we fulfill the promise to every Minnesotan child that he or she be given the opportunity to succeed? Our future depends on it.