2008 Planning Grants in Health Disparities Research
Letters of Intent

1. Addressing the higher rates of diabetes complications in the Hispanic/Latino community
2. African immigrant youth in Minnesota to establish tobacco use prevalence
3. African women's Participation in Breast Cancer Prevention with Clinical Trials
4. African-American children and the impact of stress on their lives
5. Contributing factors decreasing the health disparities of sexually transmitted disease in the African/African American Population in the Twin Cities
6. Effective means to create and disseminate culturally-appropriate resources addressing cervical cancer prevention in the East African community
7. Effective means to create and disseminate culturally-appropriate resources addressing colorectal cancer prevention in the Native American community
8. Efficacy of integrating Primary Care and Mental Health Services as a method for reducing disparities in access, utilization and outcomes for low income, highly mobile, ethnic minority youth
9. Enhancing Physical Activity and Nutrition in Residential Environments for Adults with Severe and Persistent Mental Illnesses
10. Exploratory survey on adolescents living in North Minneapolis/ Near North neighborhood
11. Factors decreasing the health disparities of depression (cause in unintended death), cardiovascular disease and diabetes among the Hmong Population in the Twin Cities
12. Hypertension prevention in African Americans and African and Caribbean immigrants
13. Impact of word-of-mouth social marketing on community norms and actions that discourage domestic violence and promote domestic peace
14. Paraprofessional Intervention to Delay Diabetic Onset and Improve Disease Management of Diabetics with Developmental Disabilities
15. Patients Pay for performance strategy
16. Physical health disparities among persons with brain injuries
17. Reducing the harm of tobacco among East African Immigrants and Refugees in Minnesota
18. Somali community mental health service utilization
19. Support Refugee Health Program for Hmong and Korean women refugees/new arrivals in relation to health disparities of cancer, heart disease, diabetes, mental health and other health-related education
20. Supporting Smoke-free Residences for Adults with Severe and Persistent Mental Illness
21. Under-served population feedback on community specific alcohol, tobacco and other drug use and consequence

1

Hispanic Advocacy and Community Empowerment through Research (HACER) is submitting this letter in response to your request for proposals regarding health disparities research. As a nonprofit community-based research organization, HACER conducts timely, qualitative research with the goal of improving the lives of Hispanics/Latinos. Given HACER's strong relationships with organizations serving the Hispanic/Latino community, our experience conducting qualitative research, our ability to collaborate with academic and community partners as well as the proficiency of our bilingual and culturally competent staff to work with diverse populations, HACER is in a unique position to join a collaborative effort to investigate health disparities. Specifically, HACER proposes addressing the higher rates of diabetes complications in the Hispanic/Latino community as compared to the non-Hispanic white community.

Addressing this disparity at the current time is crucial because an increasing number of Hispanics/Latinos are being diagnosed with diabetes and much can be done to minimize or prevent complications through education and early intervention. Even so, according to the Minnesota Department of Health, among Hispanics/Latinos with diabetes the rate of eye disease is two times greater than among non-Hispanic whites.[1] By investigating barriers of receiving effective diabetes care, HACER would like to work to determine the most effective ways of making inroads toward eliminating this disparity.

We would greatly appreciate the opportunity to submit a complete proposal in order to provide you with a comprehensive outline of our research plan. Thank you for your consideration.

[1] Priority Health Areas of the Eliminating Health Disparities Initiative, Minnesota Department of Health (2008), http://www.health.state.mn.us/ommh/priority.html.

2

We are anticipating to do a research among African immigrant youth in Minnesota to establish tobacco use prevalence. Prima facie, we are seeking to develop a strategy plan for the implementation of our goal.

Minnesota is a home to over 80,000 African immigrants. Some came from countries where the use of tobacco has its traditional significance. For others, smoking serves as a means to mitigate stress and to "fit in" without knowing its health consequences. 87% of West African immigrant interviewed in Minnesota said quitting tobacco is difficult to do *(Wilder/ClearWay Minnesota 2006).*

With a huge African immigrant residents, the State of Minnesota lacks statistics on smoking prevalence among **African immigrant youth and adults** unlike in Washington DC, where a 2001 study of West Africans found that 16 percent of their respondents (primarily men) were currently using tobacco, and smoking rates were rapidly increasing among second and third generation West African immigrants. While smoking is said to be a serious and growing health challenge in African immigrant communities, there is no established research data to show the use of tobacco prevalence among African immigrant youth in Minnesota neither is there any national statistics available. **"***over ninety per cent of the African immigrant communities are not actively involved in tobacco control as compared to HIV/AIDS." (Consortium of African Community Organizations informal survey 2004/2007).*

Currently, there are only three African immigrant agencies: Liberian, and the Somali communities that are actively pursuing tobacco outreach and education on secondhand smoke, while the Minnesota Oromo Music and Arts Organization concentrates on the use of water pipe (hookah) within its community. Gizaw Tsehai, MD, of the Ethiopian community serves as LAAMPP Coach and Interim Board Chair of the Minnesota African Immigrant Tobacco Free Coalition.

The Minnesota African Immigrant Tobacco Free Coalition-MAITFCO was founded by community leaders from the four largest African immigrant groups in Minnesota: Liberia, Oromo, Ethiopia and Somali communities. They were trained for two years in tobacco control and research through a ClearWay (MPAAT) established LAAMPP Institute.

3

Investigating Individual Readiness to Promote African women's Participation in Breast Cancer Prevention with Clinical Trials

Background: The high breast cancer (BC) mortality rates that exist among African women are a health disparity burden that needs to be addressed.

Prevention from clinical trials is a proliferating area of cancer prevention efforts and may serve to promote parity. Unfortunately, African women, along with other ethnic minority women, continue to be under-represented in this form of research.

According to the National Cancer Institute (2006)**,** cancer prevention is defined as the reduction of cancer mortality through reduction in the incidence of cancer. Preventing or combating cancer illness in African women can be accomplished by investigating an individual African women's readiness in participating in breast cancer prevention with the use of clinical trials. Clinical trials that will investigate on how African women avoid carcinogen, alter method of eating; pursue healthy lifestyles or dietary practices (chemoprevention) to adequately maintain healthy body changes will definitely reveal pertinent information for cancer prevention in African women.

The research Question:

- *How can Individual Readiness Model (IRM) be used to investigate African women's perspectives about Clinical Trials for Breast Cancer prevention and death reduction?*

- This research study will examine individual barriers that are contributing to African women's under-representation in clinical trials.
- The study will use Individual Readiness Model (IRM) to explore the factors that inhibit African women's participation in clinical trials, specifically breast cancer.

Methodology: Twenty individual women from Africa that live in Minnesota will be interviewed. The women will be selected from five communities of African regions (East, West, Central, North and South).The key informant assessment will involve an interview that will measure the level of individual participation in clinical trials. Data will be collected and analyzed qualitatively.

4

The Minnesota Association of Black Psychologists would like to indicate our interest in the above Request for Proposal.

The Minnesota Association of Black Psychologists is a nonprofit organization focusing on influencing and effecting social change and developing programs through which Black psychologists can assist in solving problems of African-American and other minority people. We have as part of our goals the enhancement of psychological well-being of African-American people and promote constructive understanding of African-Americans through positive approaches to research.

The research area that our organization is interested in collaborating and supporting involves African-American children and the impact of stress on their lives. A common clinical observation is that stressors (whether through abuse, neglect, severe childhood illness, natural disasters, etc) in early childhood can and often leads to adverse early experiences and serves as a major risk factor in further development. Stress in children may also influence the vulnerability to a variety of neuropsychological, behavioral, and social pathologies which often times becomes misdiagnosed and interpreted. We would like to propose that “stress” and subsequent interventions with African-American children is a major health disparity that has not been well investigated.

5

According to the 2007 Eliminating Health Disparities Legislative Report, the disparities rate for Chlamydia and Gonorrhea and new HIV infection rate is extremely high for African/African American. In 2005, the new HIV infection rate was 56.2 to 3.7 for whites. Chlamydia rate was 1,535 for African American and 115 for white. Gonorrhea rates are 775 African American to 23 for whites. During 2007, Minnesota family planning waiver increased the number of uninsured African/African American women of childbearing age screened and treated for STDs. This provided a means to generate larger numbers of previously unscreened African/African Americans to have access to STD screening, prevention and education.

This research project will answer the question: What contributing factors assist in generating improved measurable outcomes in decreasing the health disparities of sexually transmitted disease in the African/African American Population in the Twin Cities?
Contributing factors measured will include:

- Coordinated care: health provider, community health worker, behavioral health provider
- Health providers would seek to understand the person's condition from the 'emic perspective – a description of belief in the person's own voice and stories and manage STD in way that helps develop culturally specific population management goals.

The information will be gathered in interviews; health status data; and health records. The results in this study will be transferable to improve any health disparity or population of color. OCHC provider / research staff are multicultural thus we can provide the development of cultural researcher that includes an African born and African American providers and African/African American staff that will lead to both valid research and culturally aware practice by health care professionals. We will share our knowledge with other organizations and providers.

6

International Health Education Alliance (IHEA) is proposing to research and identify the most effective means to create and disseminate a culturally and linguistically appropriate resource addressing cervical cancer prevention in the **East African** community.

IHEA has a documented history and expertise in creating culturally and linguistically appropriate resources for disenfranchised communities including recently arrived immigrants and refugees, as well as minority populations. IHEA recently completed a breast cancer resource for the Oromo and Amharic community. IHEA's preliminary research indicates there is a higher incidence of cervical cancer within the Ethiopian (both Oromo and Amharic speaking) communities of the Twin Cities. Yet there is a need to understand the specifics of the incidence within the Twin Cities East African population, and also a culturally appropriate resource and methodology for dissemination of messages on disease prevention and early detection, so that they are received. From recent focus groups convened to evaluate a breast cancer and mammography booklet created by IHEA, respondents voiced many concerns about the lack of culturally and linguistically appropriate health educational resources. They maintain that the Oromo community has been ignored when it comes to receiving appropriate health education, unlike the Somali community. As we learned through the process of creating the breast cancer educational resource, we believe the success of this project will involve working closely with community leaders from the Ethiopian communities.

If selected for this project, Executive Director, Dr. Niccu Tafarrodi will collaborate with the assigned U of MN Principal Investigator (1) to conduct the primary and secondary on incidence of cervical cancer in Oromo and Amharic speaking populations of the Twin Cities and Greater MN, (2) create the educational resource on prevention, and (3) then prepare training workshops for community leaders and health service practitioners who provide services within the target population. After the needs assessment is completed and resource is created, IHEA will seek funding from local, state, and federal sources to achieve sustainability of a "Train the Trainer" type workshop program to continue the training component of this project. IHEA believes that empowering communities at the grassroots level is the key to ensuring reception of sensitive and crucial health information.

7

International Health Education Alliance (IHEA) is proposing to research and identify the most effective means to create and disseminate a culturally and linguistically appropriate resource addressing colorectal cancer prevention in the **Native American** community.

IHEA has a documented history and expertise in creating culturally and linguistically appropriate resources for disenfranchised communities including recently arrived immigrants and refugees, as well as minority populations. Colorectal cancer is one of the most preventable cancers, yet in Minnesota it is the second leading cause of cancer death. IHEA's preliminary research indicates there is a higher incidence of colorectal cancer in the Native American community. Furthermore colorectal cancer mortality among Native Americans in Minnesota is twice that of American Indians in the U.S. as a whole. Yet there is a need to understand the specifics of the incidence within the Twin Cities' Native populations, and also a culturally appropriate resource and methodology for dissemination of messages on disease prevention and early detection, so that they are received. We believe the success of this project will involve working closely with community leaders within the Native American communities. IHEA has collaborated with the White Earth Band of Ojibwe community in the past, and plans to draw upon this relationship for this project.

If selected for this project, IHEA's Executive Director, Dr. Niccu Tafarrodi will collaborate with the assigned U of MN Principal Investigator and community leaders from the White Earth Band of Ojibwe community (1) to conduct primary and secondary research on incidence of colorectal cancer in Native populations of the Twin Cities and Greater MN, (2) create the educational resource on prevention, and then (3) prepare training workshops for community leaders and health service practitioners who provide services within the target population. After the needs assessment is completed, and resource is created, IHEA will seek funding from local, state, and federal sources to achieve sustainability of a "Train the Trainer" type workshop to continue the training component of this project. IHEA believes that empowering communities at the grassroots level is the key to ensuring reception of sensitive and crucial health information. Thank you for considering IHEA for the Program in Health Disparities Research. Feel free to contact me should you have any questions.

8

St. Joseph’s Home for Children is interested in the efficacy of integrating Primary Care and Mental Health Services as a method for reducing disparities in access, utilization and outcomes for low income, highly mobile, ethnic minority youth. In conjunction with UM faculty we would like to determine the best practice standards for providing integrated primary care and mental health services to children; implement these practices; and study their impact.

St. Joseph’s programs include a primary care health clinic, emergency shelter, residential treatment, day treatment, occupational therapy, and comprehensive mental health counseling. St. Joseph's provides intake and shelter services for Hennepin County children removed from their homes due to abuse or instability. Last year, 1,423 children were admitted to St. Joseph’s through Hennepin Central Intake for crisis intervention, intake assessments, and placement services.

The primary care clinic at St. Joseph’s Home for Children is one of a handful of clinics nationwide that provides health services for youth in foster care and other out-of-home placement situations. The clinic program is a partnership between St. Joseph’s, the University of Minnesota Department of Pediatrics, and Hennepin County, under the direction of Dr. Peter Scal, MD. The vast majority of children seen in the clinic meet criteria for severe emotional disturbance. A significant portion of patients present with serious physical health concerns (e.g., asthma) and/or developmental challenges. Every child admitted to intake at St. Joseph’s Home for Children receives a health screen/medical exam from the clinic. This clinic is ideally situated to study the impact of primary care and mental health integration on the uptake of services to this very vulnerable population.

We understand that PHDR funding is only for start-up and we look forward to seeking NIH or foundation funding to continue this work once our integration model and research protocols are established.

9

Enhancing Physical Activity and Nutrition in Residential Environments for Adults with Severe and Persistent Mental Illnesses

We aim to improve quality of life and relieve the burden of psychiatric disability for adults who have serious mental illnesses. We believe we can accomplish this goal, in part, by improving the nutrition and physical activity environments of adults with severe and persistent mental illnesses (SPMI) who live in congregate boarding care or lodging facilities in Hennepin County.

The SPMI population experiences significant stigma and discrimination based on their mental illness. They also experience health disparities, including higher rates of obesity, related to their low income and, often, ethnicity.

Seriously mentally ill adults are more likely to be overweight or obese than the general population, often due to psychiatric medications, poor nutrition, and lack of physical activity. Some research shows that a lack of peer and residential support for healthy behaviors is a barrier to health improvement. Fortunately, this population often indicates high interest in becoming physically active, although they may be somewhat more likely to drop out of structured programs than the general population. Unfortunately, Minnesota nutrition regulations for boarding care facilities are 40 years out-of-date, and they are virtually nonexistent for physical activity.

HSPHD staff provides case management services to individuals with SPMI living in boarding care and lodging facilities in Hennepin County. HSPHD Public Health Promotion staff would like to work with the facilities to encourage healthy eating and active living (i.e., incorporating physical activity into daily life), and support access to and utilization of structured exercise programs for adults with SPMI. We propose primarily environmental strategies, targeting the food and physical activity environments in boarding care facilities.

If we can demonstrate the feasibility, cost effectiveness, and behavioral or health improvements of our interventions, we will have the evidence to support the state in updating nutrition guidelines and instituting physical activity guidelines for boarding care facilities.

10

We are applying for funding to conduct an exploratory survey on adolescents living in the 55411 and 55412 zip codes (North Minneapolis/ Near North neighborhood).

While several studies have examined adolescents, very few have focused specifically on the North Minneapolis population. In addition, many programs have been created for teens in recent years, however very few were evidence-based services. The requested funding would allow NorthPoint Inc., a comprehensive health and human services agency located in the heart of North Minneapolis, the opportunity to focus on our North Minneapolis teen population and use the study's findings to guide current programs and resources. Through this study, we hope to understand the demographics of our current teen population, the issues that are currently affecting them, and what additional teen services are needed in our community.

North Minneapolis is comprised of a unique population. Recent statistics from the City of Minneapolis illustrates that:

- 80 percent of Near North residents are people of color. Recently, more immigrants and people of color have moved into North Minneapolis (a 200% increase in the Asian community and a 400% increase in the Hispanic population).

- Over 25 percent of Near North residents speak a language other than English. Hmong and Spanish are the most common of these languages.

- Individuals between 5 and 19 years old have increased by 37 percent since 1990.

- Almost 60 percent of households have an income below 200 percent of the federal poverty guideline.

NorthPoint, Inc. believes that programs need to be contextualized and specified to a community's unique needs in order for services to be effective. As a result, we hope such a study that specifically examines North Minneapolis teens will better guide and improve current teen services and programs in North Minneapolis.

11

The Hmong population in Minnesota is estimated at 45,443. Hmong elders entered the U.S. with traumatic and multiple losses, including deaths of many family members and losses of home, way of life, status, and ancestral connections. Radical changes in the U.S. enhance mental illness. Stroke, diabetes, hypertension and cancer are rising among Hmong in U.S. contributing to health disparities. Many are disabled by their mental conditions that impact their able to work, attend language classes or comply with health care regimens. As a result, they may not seek treatment for diseases that do not present acute symptoms; may not take medication as prescribed; may utilize both shamanic treatments and bio-medical care to address physical and mental symptoms.

The research information we seek to address for health disparities is answering the question: What contributing factors assist in generating improved measurable outcomes in decreasing the health disparities of depression (cause in unintended death), cardiovascular disease and diabetes among the Hmong Population in the Twin Cities?
Contributing factors measured will include:

- Ability to communicate openly with providers: working with Hmong physicians and staff
- Coordinated care: health provider, community health worker, behavioral health provider
- Health providers would seek to understand the person's condition from the 'emic perspective – a description of illness or belief in the Hmong person's own voice and stories and manage illness in way that helps them develop culturally specific self-management goals.
- Learning coping skills in pain management, stress/anger management.

The information will be gathered in interviews; health status data; and health records. OCHC provider/research staff is multicultural thus we can provide the development of cultural research that includes a Hmong providers and Hmong staff that will lead to both valid research and culturally aware practice by health care professionals. We will share our knowledge with other organizations and providers.

12

Crown Medical center was opened in Minneapolis in April 2005 with the desire to bridge the gap in healthcare services disparities, particularly of minorities and immigrants with the main-stream society. Crown Medical support Services is the non -profit independent branch of Crown Medical Center set up to provide urgent & primary care services on a wide variety of acute and chronic diseases.

Our target population for this grant includes immigrants from the continent of African, the Caribbean, and African Americans. Persons of African decent living in the US experience hypertension rates that are double those experienced by US whites. About 65 million American adults have hypertension and more than 40% are African Americans. Mortality rate is also higher for people of African descent it is also more likely to develop at a younger age among African Americans. Compared with whites, hypertension in African Americans develops earlier in life and average blood pressures are much higher. African decent in the US, have an 80 percent higher rate of death from stroke, a 50 percent higher rate of death from heart disease and a 320 percent greater rate of hypertension related end-stage renal disease than those in the general population,

If untreated, high blood pressure could lead to coronary artery disease, heart attack, congestive heart failure, kidney damage and death. The mortality and morbidity rates are so high because people who survive a first heart attack have a 1.5-15 times higher chance of illness or death than the general population. Because the social and economic burdens of heart disease due to undiagnosed and untreated hypertension are so high in people of color, which otherwise can be reduced through simple preventative health education measures, we were compelled to apply for this grant.

13

North Minneapolis experiences a significant health disparity regarding intimate partner violence (IPV). In 2004, rates of hospital-treated IPV for North Minneapolis residents were 71% higher than for the city overall and six times higher than statewide (1). In 1999, a North Minneapolis organizer joined us to convene a community action team to address violence in relationships and counteract the trend that violent behavior is accepted as "normal." The team promotes messages that relationship violence is not acceptable and can be prevented. Family & Children's Service, with community partners, implements violence prevention strategies through the **100 Men Take a Stand for Domestic Peace** project**.**

We propose to **assess the impact of word-of-mouth social marketing on community norms and actions that discourage domestic violence and promote domestic peace.** With a university investigator, we will follow the trail started by "information catalysts" who participate in **100 Men –** men committed to project outcomes and who communicate their ideas, beliefs and actions to others.

In 2007, the World Health Organization reported that "well-designed programs with men and boys show compelling evidence leading to change in behavior and attitudes." (2) However, WHO also stated, "Relatively few programs with men and boys go beyond the pilot state or a short-term timeframe."
100 Men was planned in 2002, started in 2003, and has produced steady, meaningful results for four years, continually learning and refining.

This research can strengthen efforts to reduce health disparities in communities that rely on oral communication. We will explore the power of "information catalysts" and identify promising practices in designing and implementing waves of behavior-changing communication through word-of-mouth campaigns.

(1) Minnesota Department of Health. "Age-adjusted rate of hospital-treated intimate partner violence cases, Minnesota residents, 1999-2004."
(2) World Health Organization. (2007) Engaging men and boys in changing gender-based inequity in health. pp. 3-5. Geneva.

14

Paraprofessional Intervention to Delay Diabetic Onset and Improve Disease Management of Diabetics with Developmental Disabilities

In Hennepin County, over 200 individuals with developmental disabilities (DD) live with semi-independent living services (SILS) provided by agencies contracted through the county. SILS clients live independently, without the medical safety-net that live-in boarding care settings provide. The personal care needs of SILS clients, including financial, household, and transportation, are addressed through a three-hour weekly visit by SILS staff. A recent focus group conducted with SILS providers revealed that SILS staff do not have the expertise or time needed to provide the preventive health care and monitoring necessary for good disease management. As a result, SILS clients do not receive the support that would help them develop and maintain healthy behaviors that could prevent chronic disease or their sequelae.

Due to a combination of their developmental disabilities and, often, low-income status, the DD population experiences a cascade of disparities in health and medical care utilization. Adults with DD have a higher rate of diabetes than the general population. Approximately 64 percent are overweight or obese. Over time, this increased risk of diabetes and untreated excess weight can lead to additional cases of diabetes and an increasing number of long-term chronic effects.

We propose a healthcare management component using trained paraprofessional staff to assist in the adoption of healthy lifestyle behaviors to improve health and prevent disease. This component would be delivered weekly, through additional service hours to SILS clients who meet the criteria for overweight/obesity or pre-diabetes/diabetes. Success of this intervention would be determined by a decrease in body mass index, a decrease in the incidence of pre-diabetes or diabetes, and improved metabolic control for those with diabetes.

If successful, we will have the evidence to support reimbursement for additional service hours to individuals with DD that will improve health, reduce disease, and control costs.

15

Our community is challenged with a wide range of health disparities. At NorthPoint Health & Wellness Center, we are dedicated to addressing these challenges and working to improve the health outcomes of our patients, particularly those with chronic diseases such as diabetes. We currently participate in the Minnesota Community Measurement Program “D-5” -- a strategy to improve the health outcomes of diabetic patients by consistently measuring five key clinical outcomes.

Pay for Performance is a strategy to improve patients’ health by rewarding providers for positive patient health outcomes; however, the missing link in this strategy is the patient. As a healthcare team, our patients are the key players and their active participations are perhaps the most important element of improving health outcomes. As a result, unlike Pay for Performance, NorthPoint would like to pilot an innovative research program that rewards *our patients* for their performances. As we participate in the D5 initiative, we hope to offer our patients the following incentive: if a patient achieves the D5 criteria, NorthPoint will offer him/her a $100.00 gift card at the end of the study period.

We have had significant successes in using patient incentives for attaining various health outcomes – mammograms, prostrate cancer screening, and pap smears. Furthermore, financial incentives have had the greatest impact among patients with a lower socio-economic status; patients who have also experienced the greatest health disparities.

Therefore, we are requesting funding from the Health Disparities Research Program to help in moving this project forward. Such a grant will assist in the development of a practical research approach to improve health outcomes using financial incentives, fund the incentive program, and assist in the collection of important North Minneapolis health data.

16

Improving the Health of Persons with Brain Injuries

According to the Office on Disability of the U.S. Department of Health & Human Services "substance abuse prevalence rates approach or exceed 50% for persons with traumatic brain injuries, spinal cord injuries, or mental illness," a rate five times that of the general population. Vinland National Center, a national leader in the specialized treatment of substance abuse disorders among persons with brain injuries, has found that nearly 40% of its participants also present with a co-occurring physical disability.

Through comprehensive, complementary (and often low-cost) therapies, Vinland's participants achieve significant improvement in their physical, mental and social health, of those with brain injuries. Six months post-discharge, 94% of participants report reduced hospital admissions for medical reasons, 99% report reduced hospital admissions for emotional reasons and 100% report improved employment status.

While we know from experience that most of Vinland's participants with brain injuries present with some undiagnosed or untreated physical impairments, we have yet to formally quantify these disparities and specific improvement. It is our intent, through a research-focused partnership with the University of Minnesota, to quantify 1) the disparities in physical health and conditioning of persons with brain injuries (including the impact of those disparities), 2) and the impact on those disparities of appropriate therapies to address underlying, untreated impediments (e.g. pre- and post- treatment evaluations), and 3) the down-stream impact of improved health and functioning.

A study conducted by Vinland in the 1990's pointed up the disparity in chemical health treatment among Minnesotans with brain injuries, leading to the creation of a now nationally-recognized chemical health program. It is our expectation that a study of physical health disparities among persons with brain injuries will yield like results, ultimately leading to new levels of on-going programming for these persons.

17

It is with great pleasure that New Americans Community Services, in partnership with three African community-based organizations[2] submits this letter of intent in response to Program in Health Disparities Research's planning grants RFP. We offer "**Reducing the harm of tobacco among East African Immigrants and Refugees in Minnesota"** for $20,000 in direct cost in response to your RFP.

We propose a community-academic research collaborative to address the issue of tobacco use and exposure within the East African community. This innovative partnership, initially comprised of the primary host organization and three community organizations, is designed to develop research capacity among African organizations and to initiate tobacco control research efforts within this community. Our collaborative is participatory in nature—we envision a Community-based Research Partnership that is inclusive in its ownership and process, assets-focused and efficient in its approach, capacity-building and credible in its research, and sustainable in the future.

Our proposal will be based on the tenets of community-based participatory research (CBPR). CBPR equitably involves a variety of individuals and organizations in all components of the research process. The partnership is involved in initial community assessment and problem definition, development of research methods, data collection and analysis, interpretation of data, dissemination of results, development of interventions and establishment of sustainability of the process.

We propose a four phase project to continue solidifying the Partnership, develop research capacity among the partners, identify specific research questions to be addressed, and implement pilot studies to guide future research efforts.

[2] East Africa Health Project; American Oromo Community of Minnesota; and Gambela Relief Organization (Sudanese)

Different mental health utilization studies, research findings, and studies consistently suggest that although refugees and immigrants population in the U.S. experience high level of mental health issues, particularly PTSD and depression, they remain to be low utilizers of mental health services. These findings suggest that structural, not culturally, based barriers are the most critical obstacles to MH care in these communities.

A recent study of Somali mental health by Mayo Clinic College of Medicine ***(When the Poetry No Longer Rhymes: Mental Health Issues Among Somali Immigrants in the USA, Transcultural Psychiatry, Vol. 44, No. 4, 581-595.Dec.2007),*** states that Somalis rarely acknowledge psychiatric problems and common traditional treatments have become ineffective in the new context. This study recommended the need for alternative health approaches such as utilizing family values, bargaining and educational approaches to acculturation.

Another epidemiological study of Somali and Ethiopian (Oromo) refugees in Minnesota to determine torture prevalence and associated problems ***(Somali and Oromo Refugees: Correlates of Torture and Trauma History. American Journal of Public Health, Vol. 94, No. 4 (591-598). April 2004)*** indicated high prevalence of torture experience in these two ethnic communities. This study indicated that although most research participants are suffering torture related health problems, including PTSD, most survivors reported not being interested in seeking mental health services.

Our Research hypothesis

This study proposes a new hypothesis contrary to the preceding studies by asserting that some immigrant populations, particularly the Somali community, have low mental health service utilization because of their culturally based perception of what constitutes a mental disorder.

The purpose of this study is to examine the mental health utilization patterns of Somali immigrants and refugees. The Somali cultural attitudes toward mental distress play a critical role in their help seeking culture. Somalis believe that a person with mental illness is possessed by ghost, spirit, or by the power of the eye. Quite often, the first reaction of the family of a person with mental illness is to seek mental distress treatments through religious and traditional healers. It should be noted that these types of mental distress isn't considered as something related to mental illness that can be treated by medication regimen. In addition, the Somali's perception of their mental illness is different from that of the continuum perspective of Western mental health understanding. Somalis believe that one is either mentally ill (insane) or mentally fit (sane). They also view mental illness as an irreversible symptom, which can't be treated by psychotropic medications. Finally, Somalis may utilize mental health services as a last resort only when the individual becomes threat to him/herself and to others and family members or caregivers fail to handle the situation.

19

The Association for the Advancement of Hmong Women in Minnesota (AAHWM) is submitting this Letter of Intent to the University of Minnesota Medical School's Program in Health Disparities Research to request a one year grant of $20,000. The grant would be used to support its Refugee Health Program for Hmong and Korean women refugees/new arrivals from refugee camp of Thailand, in relation to health disparities such as cancer, heart disease, diabetes, mental health and other health-related education.

AAHWM was established on August 27, 1981 with the mission is "To strengthen Hmong families through education and leadership development for women, girls, and families." Since its inception, AAHWM has provided services, programs, and a safe and welcoming place for women and girls to gather and begin to take charge of their own futures, the futures of their families, and the future of their community.

The Refugee Health Program will have three components: **1) Educational Services**; information on how to identify different health disparities, proper care for a health-related disease, and what early preventative care is needed to minimize or eliminate these diseases. **2) Community Connections;** focus on engaging families in community health support, connecting with their own cultural and ethnic groups as well as with mainstream groups in addressing health-related diseases. **3) Resources and Access to Services for Health Concerns**; resources will include learning how to network the healthcare system and access to community-based organizations such as the American Red Cross, Amherst H. Wilder Foundation's Mental Health Services, Center for the Victims of Torture, and local county healthcare services that offer free or reduced health-related services.

20

Supporting Smoke-free Residences for Adults with Severe and Persistent Mental Illness

Smoking rates for individuals with severe and persistent mental illnesses (SPMI) can be as high as 80 percent, and smoking is a major contributor to excess mortality. The SPMI population experiences health disparities—including smoking—related to their disability, low income and, often, ethnicity.

There is a growing body of evidence showing that smoking cessation is feasible with this population. Psychiatric symptoms typically do not worsen during treatment and short-term cessation/reduction can be relatively successful, especially when services are adapted to the needs of this population.

Much research with the SPMI population focuses on pharmacological and behavioral approaches to smoking cessation. Although changing environments is an effective smoking reduction/cessation strategy in the general population, little research of this type has been conducted with the SPMI population. When smoking is the norm for residents and staff, it does little to encourage smokers to consider quitting or to support cessation. In boarding care and lodging facilities, Minnesota's Freedom to Breathe legislation only moved smoking outdoors or to ventilated smoking rooms.

HSPHD staff provides case management services to individuals with SPMI living in boarding care and lodging facilities in Hennepin County. We would like to see these facilities be more supportive of non-smoking for residents and staff. Even if these individuals receive smoking cessation services through a clinic or helpline, it is difficult to stay abstinent if their home or workplace allows smoking.

We do not propose to require abstinence or require facilities and grounds to go smokefree. Instead, we propose to bring Minnesota's many cessation resources (Clearway, HMOs, Hennepin County case managers and contracted providers) together in a residential setting with peer support—adapted to the needs of the SPMI population and the residential staff who desire to be smoke-free—to determine if quit rates are improved beyond traditional approaches.

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This letter of intent from the Minnesota Institute of Public Health (MIPH) outlines our interest in a 2008 Planning Grant in Health Disparities Research for *Community Information Needs.* This proposed project originated from the Minnesota State Epidemiological Outcomes Workgroup's (SEOW) need to contact under-served groups to get feedback on community specific alcohol, tobacco and other drug (ATOD) use and consequence data. However, small numbers in state and county level data systems do not accurately describe the extent of use and the scope of problems. Documenting the need for, and likely sources of information about ATOD use and consequences at the community level will provide better descriptions, which will in-turn lead to better programming for under-served populations.

This effort coincides with the on-going development of the Minnesota State Epidemiological Profile website and distribution of community-based profiles. Consultation with community members has been done in coordination by the Minnesota Prevention Resource Center (MPRC), the Center for Substance Abuse Prevention's (CSAP) Central Center for the Application of Prevention Technologies (C-CAPT), and Health Promotion Resources (HPR); all operating out of MIPH.

Information about MIPH's *Community Information Needs Planning Project* is available at: **http://epicommunitygroup.wikispaces.com/**

The Minnesota State Epidemiological Profile was created under the supervision of the SEOW with financial assistance from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention. The Epi Profile, at **www.substanceuseinMN.org** provides data on 40 indicators at the county level, and by race/ethnicity at the state and regional level whenever possible.

Founded in 1972 as a nonprofit organization, MIPH applies public health research and programming services to communities through project work commissioned by federal and state agencies, foundations and other groups. We promote public health by collaborating with communities to create and provide innovative and culturally appropriate prevention services and products worldwide.