

UPDATES FROM US HEALTH AGENCIES

Recent activity in government and non-government agencies may affect readers of *Ethnicity & Disease* and other healthcare professionals working with ethnic minority and under-served populations. Below are some current items of interest.

FROM THE NATIONAL INSTITUTES OF HEALTH (NIH)

New Findings on the Willingness of Minorities to Participate in Health Research

New findings by researchers at the NIH show that minorities participate in health research studies at the same rate as non-Hispanic whites when they are made aware of the study and meet the medical requirements. The findings counter the widely held notion that minorities are less willing to participate and lead the researchers to suggest that minority involvement is more a matter of access than attitude.

The study was led by researchers in the Department of Clinical Bioethics at the NIH Clinical Center, the hospital at NIH. The work is published in the medical journal *PLoS Medicine*, published by the Public Library of Science.

"I think it's going to surprise many people," says Ezekiel Emanuel, MD, PhD, chair of the Department of Clinical Bioethics and an author of the report. According to the study, racial and ethnic minorities are widely

believed to be less willing to participate in health research, and many people attribute it to a distrust traced to past research abuses, the most notable of which was the 1932–1972 Tuskegee syphilis study. In that study, which was funded by the Public Health Service, hundreds of poor, African American men in Alabama were followed for decades without being told they had syphilis and were prevented from getting penicillin to treat their syphilis.

But the data from this new study finds that when minorities are given the opportunity to participate in health research, they do so at the same rate as non-Hispanic whites.

"The big take-home message here is that the main barrier probably is not the attitudes of African Americans and other minorities," Emanuel says. "The main barrier is access, knowledge that these studies exist, eligibility

criteria that ensure minorities can participate, and overcoming logistical barriers that exist," such as the location of the study or the need for child care.

The research team did a comprehensive search of the medical literature to identify published trials that reported consent rates by race and/or ethnicity. The team identified and reviewed 20 studies that involved >70,000 patients. Most of studies were conducted in the United States and most of participants from minority groups were African Americans or Hispanics. Given that research was based on the enrollment decisions of >70,000 people over two decades in a variety of different types of research studies, from epidemiology to drug to surgical studies, the authors say they believe their findings are robust.

The researchers found only small differences in the willingness of minorities to participate compared to non-Hispanic whites. But the researchers found big

differences when it came to who was asked to participate. In 7 of the 17 clinical and surgical intervention studies, enrollment was discussed with relatively few people from minority groups.

The authors say efforts to increase minority enrollment in trials should focus on improving access rather than changing minority attitudes. The researchers offer a number of suggestions. They include informing minority groups about specific trials; choosing study sites that minorities can easily access; partnering with community health clinics and other sites where a substantial number of minorities receive medical care; and addressing logistics that could undermine minority participation such as the need for child care and reimbursement for travel expenses.

This research was done in collaboration with researchers from the Office of Behavioral and Social Sciences Research at the NIH, the Centers for Disease Control and Prevention, and Yale University School of Medicine.

FROM THE NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

Obesity Before Pregnancy Linked to Childhood Weight Problems

A new study shows that a child's weight may be influenced by the mother even before

the child is actually born. The study, conducted by researchers from Ohio State University

(OSU) College of Nursing and School of Public Health, was supported by the NIN, one of the National Institutes of Health.

The study showed that a child is more likely to be

overweight at a very young age—2 or 3 years old—if the mother was overweight or obese before she became pregnant. The data also indicate that other prenatal characteristics, particu-

larly race, ethnicity, and maternal smoking during pregnancy, place a child at greater risk of becoming overweight. Specifically, a child is at greater risk of becoming overweight if born to a Black or Hispanic mother or to a mother who smoked during her pregnancy, according to the study.

Pamela Salsberry, PhD, the study's lead author and an associate professor at OSU, noted that "there's a good chance that an overweight child will stay overweight for the rest of his or her life." "A child who is overweight by her second birthday is more likely to be overweight at a later age," said Dr. Salsberry. "Prevention of childhood obesity needs to begin before a woman becomes pregnant," she added.

"Dr. Salsberry's work underscores the importance of prenatal care and how the health habits of the mother prior to and during pregnancy may affect the health of her child through the early years of childhood and possibly through adulthood," said NINR Director Dr. Patricia A. Grady. "Understanding how these fac-

tors may contribute to obesity very early in life will better equip us to fight the increasing problem of obesity in America and help to prevent diseases associated with obesity, such as type 2 diabetes, heart disease, and some forms of cancer" Dr. Grady added.

The researchers analyzed the data for 3022 children included in the National Longitudinal Survey of Youth's child-mother file. In this study, children were weighed at three age intervals—three, five, and seven years. The survey also gathered information on each child's race and ethnicity as well as the mother's pre-pregnancy weight. Each mother was also asked if she had smoked while pregnant and if she had breast-fed her child.

Children were considered overweight if their body mass index (BMI) was greater than or equal to the 95th percentile for their age and sex. The study showed a significant relationship between a mother's weight before pregnancy and her child's weight. A mother's weight within one to two months before she became pregnant had the great-

est impact on a child's weight at all three age intervals.

If a woman was overweight before she became pregnant, her child was nearly three times more likely to be overweight by age seven, compared to a child whose mother was not overweight or obese, according to the study. The risk that a child would be overweight at a young age increased with the degree of the mother's obesity.

The investigators reported that at each age interval, approximately 4%–6% more Black and Hispanic children were overweight than White children. However, the percentage of all children who were overweight, regardless of ethnicity, decreased with age. "Some children lose extra body weight and become leaner as they grow," Salsberry said.

Children of mothers who smoked during pregnancy were more likely to be heavy at all three age intervals. "Smoking during pregnancy causes a host of serious problems, but this finding adds to the growing body of evidence that suggests

that smoking during pregnancy may be a key risk factor that increases a child's chances of being overweight," Salsberry said.

Breast feeding had a slight effect on weight at each measurement: as many as 5% fewer children who were breast-fed were also overweight, compared to bottle-fed babies. The researchers also looked at other factors that may affect a child's weight, such as the age of the mother when she gave birth, the child's sex, and whether or not the mother was married. None of these factors had the same degree of effect on childhood weight as a mother's weight before pregnancy, ethnicity, or smoking.

"A child's weight at 3 years is a good prediction of what his weight will be at age 5, and so on," Salsberry said. "Weight states tend to persist over time. Obesity continues to rise in adults, and that risk has increased in children, too. Interventions should begin immediately for children who are already overweight at these young ages."

FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Obesity, High Blood Pressure Affecting Many US Adults Age 55–64 Years

Half of Americans age 55–64 years have high blood pressure—a major risk factor for heart disease and stroke—and two in five are obese, according to *Health, United States, 2005*, the government's annual report to the president and Congress on the health of all Americans. The report was prepared by the

CDC's National Center for Health Statistics from data gathered by state and federal health agencies and through ongoing national surveys.

The report features an in-depth look at the 55- to 64-year age group, which includes the oldest of the baby boomers. In 2011, the oldest of the boomers

will be eligible for Medicare, and by 2014, the ranks of Americans age 55–64 will swell to 40 million, up from 29 million in 2004.

Dr. Julie Gerberding, CDC director, urged 55- to 64-year-olds to take careful stock now of their health, including such vital measures as weight, cholesterol level, blood pressure, risk of heart attack, and any signs of diabetes. "The late 50s and early

60s are a crucial time of life to focus on disease prevention. It's never too late to adopt a healthy lifestyle to enjoy a longer, healthier life," she said.

While many adults in their late 50s and early 60s enjoy good health, others are dealing with chronic and debilitating diseases and lack of health insurance. The report finds that minorities—primarily Blacks and Hispanics—are more likely to fall

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into those categories. The report also notes that 11% of Americans ages 55–64 lack health insurance, compared to the na-

tional average of Americans under age 65 without health insurance (16.5%). Eighty-three percent of married adults ages

55–64 had private health insurance, compared to 60% of widowed, separated, divorced, or single adults in that age group.

Health, United States, 2005 is available at www.cdc.gov/nchs/healthus.htm.

FROM THE NATIONAL INSTITUTE ON AGING (NIA)

Help for Hispanic Families Caring for a Loved One with Alzheimer's Disease

Providing care at home for a memory-impaired person can be overwhelming. By educating themselves, however, families can learn to develop creative solutions to adapt to the physical and mental changes caused by Alzheimer's disease.

The NIA offers a free resource guide in Spanish with information about caring for a person with Alzheimer's. It includes tips on how to help the person with Alzheimer's celebrate holidays, perform everyday activities, and remain safely in the

home, as well as other information useful to caregivers. To order a free copy of *Guia para Quienes Cuidan Personas con la Enfermedad de Alzheimer*, call 1-800-438-4380. The NIA Alzheimer's Disease Education and Referral Center is open weekdays between 8:30 a.m. and 5:00 p.m. Eastern time. A Spanish-speaking information specialist is available to

respond to calls. You also can order this and other Spanish publications on Alzheimer's disease on the NIA website at www.niapublications.org/adear/.