

Eliminating Health Disparities Initiative

Report to the Minnesota Legislature 2011

Minnesota Department of Health



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2011 Legislative Report

Executive Summary

Minnesota is considered one of the healthiest states in the nation. On a variety of indicators, from insurance status to life expectancy to the quality of health care, Minnesota ranks at or near the top among all states. But Minnesota also has some of the greatest disparities in health status between Populations of Color/American Indians and whites. Populations of color and American Indians in Minnesota experience significantly higher rates of many chronic and infectious diseases and premature death. These inequities in health pose a threat to the health of all Minnesotans, and present moral, ethical and financial issues for public health and health care.

The causes of health disparities are complex and can occur throughout the lifespan. They include both individual factors as well as factors related to the physical, social and economic environment in which people live (often referred to as “social determinants of health”).

A number of factors can influence the health of a child before it is even born. These factors include the mother’s access to prenatal care, her age, income, education level, health habits, the amount of stress she experiences during pregnancy and her relationship with the child’s father. Throughout the lifespan, health is influenced by factors such as nutrition, physical activity, stress, income, education, safe housing, access to immunizations and preventive care, and the person’s physical environment. Disparities arise when these factors combine to prevent certain populations from achieving health equity with the broader population.

The Minnesota Department of Health (MDH) began documenting these disparities in 1987, through its regular Populations of Color Health Status Reports. In 2000, the data indicated that:

- The African American and American Indian infant mortality rate was nearly three times higher than the white rate.
- The Latina teen pregnancy rate was nearly five times higher than the white rate; the African American teen pregnancy rate was even higher.
- The African American diabetes mortality rate was nearly three times higher than the white rate; the American Indian rate was even higher.
- The American Indian suicide rate was 1.6 times higher than the white rate; the Latino rate was 1.2 times higher than the white rate.

Using this information, community members, MDH, and legislators shaped legislation that would mobilize resources in support of effective and sustainable programs to eliminate health disparities. Statewide community forums used health research and community-identified health needs to determine priority health areas for our state’s Populations of Color and American Indians.

In 2001 the Minnesota Legislature passed the Eliminating Health Disparities Initiative (EHDI) to provide funding for community grants and other strategies to decrease disparities in eight priority health areas:

- Infant mortality
- Adult and child immunizations
- Breast and cervical cancer
- HIV/AIDS and sexually transmitted infections (STIs)
- Cardiovascular disease
- Diabetes
- Unintentional injuries and violence
- Teen Pregnancy

The legislation established a specific goal of reducing disparities in the priority health areas of infant mortality and adult and child immunizations by 50 percent by 2010. No specific goals were established for the other six areas, but there was an expectation that disparities in these areas would also be reduced by 2010.

This report describes the accomplishments and lessons learned in Phase I of the EHDI and discusses the transition of the EHDI program from Phase I to Phase II. The work in Phase II is built upon an analysis of strategies that worked well during Phase I and those that could be improved to make further progress toward eliminating health disparities in Minnesota. The work of the EHDI is coordinated by the Office of Minority and Multicultural Health (OMMH) at MDH.

EHDI Phase I

During the first phase of the EHDI, 42 community grants and 10 tribal grants were awarded, biannually, to provide direct services to communities based on their unique ability to serve communities. The work of the grantees achieved specific outcomes in targeted priority health areas. Examples include:

- St. Mary's Clinics of Minneapolis and St. Paul addressed the high rate of breast and cervical cancer in its Latino population. The welcoming atmosphere, the knowledge that no insurance was necessary, and the availability of resources resulted in a 75 percent and 73 percent respective increase in the number of Latinas receiving a pap smear or a mammogram.
- Grand Portage Band of Ojibwe addressed the high rate of diabetes and cardiovascular disease. In 2006 271 tribal members received screening. Thirteen percent of those screened were referred for further testing and over 20 percent of those received treatment for either diabetes or cardiovascular disease.
- Center for Asian Pacific Islanders (CAPI) helped new immigrants navigate the health care system. In 2006 47 Asian Pacific Islanders were enrolled in MinnesotaCare. An additional 234 were connected to a primary health clinic; a 58 percent increase from previous years.
- Camphor Foundation reduced the high rate of unplanned pregnancies in African American teens through a faith-based community collaboration fostering healthy behaviors through the UJIMA program. UJIMA, based on one of the seven principles of Kwanzaa - which teaches our responsibility to others beyond

ourselves - a program serving over 100 African American youth – reported no unplanned pregnancies among the participants.

While the EHDI has succeeded in many respects, the gains will not be sustained unless systemic issues are addressed. These issues include:

- Improved data collection that creates consistent racial and ethnic data from state agencies, community clinics, health care plans, and hospitals using interoperable systems that make data accessible and functional.
- Improved cultural competency training for health providers at all levels of patient care (e.g., community health workers, doctors, nurses, and social workers), local public health, etc. Training must include social/belief systems as well as the impact of institutional racism and historical trauma.
- Consistent evaluation focused on the goal of eliminating health disparities. In other words, the goal is not to increase the number of trainings attended by physicians, but rather that populations of color and American Indian patients treated by physicians who receive cultural competency training show documented improvements in selected health disparities.

Additionally, we need better sources of measurement and improved data collection to better understand health disparities in Minnesota.

MDH is poised to enter the next phase of the EHDI-to build on the progress that has been made, learn from our experiences, and continue implementing strategies that will serve to eliminate health disparities in Minnesota.

EHDI Phase II

EHDI Phase I invested in activities aimed at changing behaviors that affect individual health. EHDI Phase II builds on the gains that have been made in eliminating disparities while expanding efforts to promote policies and systems that foster good health for all. To launch Phase II, MDH released the first RFP since 2001 to make funds available through an open and competitive process. In June 2010 the Commissioner of Health announced EHDI grants totaling \$5.8 million (\$3.8 million in state General Funds and \$2 million in federal TANF funds) to 29 community organizations and eight tribal nations.

- Applicants were encouraged to use evidence-based strategies and promising practices, and they were given menus of goals, objectives, activities and strategies for each EHDI priority health area.
- More emphasis was placed on policy, systems and environmental changes that promote good health.
- Planning and implementation grants were also made available to specifically address social determinants of health.

Key elements to be addressed in EHDI Phase II include:

- Identifying critical policy, systems or environmental barriers that challenge significant statewide progress toward eliminating health disparities.
- Identifying appropriate partnerships that combine the necessary skills, resources, and leadership to address barriers to improved health.
- Building the necessary capacity to implement and institutionalize long-term strategies to eliminate health disparities.

In addition to the community-level support made possible through the EHDI, MDH will take steps to ensure that EHDI Phase II is as effective as possible by:

- Improving data collection efforts so that high-quality and reliable statewide data by race and ethnicity are available for the evaluation of EHDI outcomes.
- Collecting high-quality data from grantees to document their progress.
- Integrating strategies for eliminating health disparities into programs, policies and practices across all areas within MDH.
- Strengthening collaboration with other state agencies, local public health, tribal health, and community-led efforts to eliminate health disparities.
- Expanding and replicating innovative programs focused on eliminating health disparities that systematically and sustainably reach populations of color and American Indians.
- Developing and implementing strategies to explore the impact of institutional racism on health disparities.

Background

Minnesota is consistently ranked¹ as one of the healthiest states in the nation overall. However, Minnesota also has some of the greatest disparities in health status and incidence of chronic disease in the nation between Populations of Color/American Indians and whites. The Minnesota Department of Health (MDH) began documenting these disparities in 1987, through its regular Populations of Color Health Status Reports. In 2000, the data indicated that:

- The African American and American Indian infant mortality rate was nearly three times higher than the white rate.
- The Latina teen pregnancy rate was nearly five times higher than the white rate; the African American teen pregnancy rate was even higher.
- The African American diabetes mortality rate was nearly three times higher than the white rate; the American Indian rate was even higher.
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Using this information, community members, MDH, and legislators shaped legislation that would mobilize resources in support of effective and sustainable programs to eliminate health disparities. Statewide community forums used health research and community-identified health needs to determine priority health areas for our state's populations of color and American Indians.

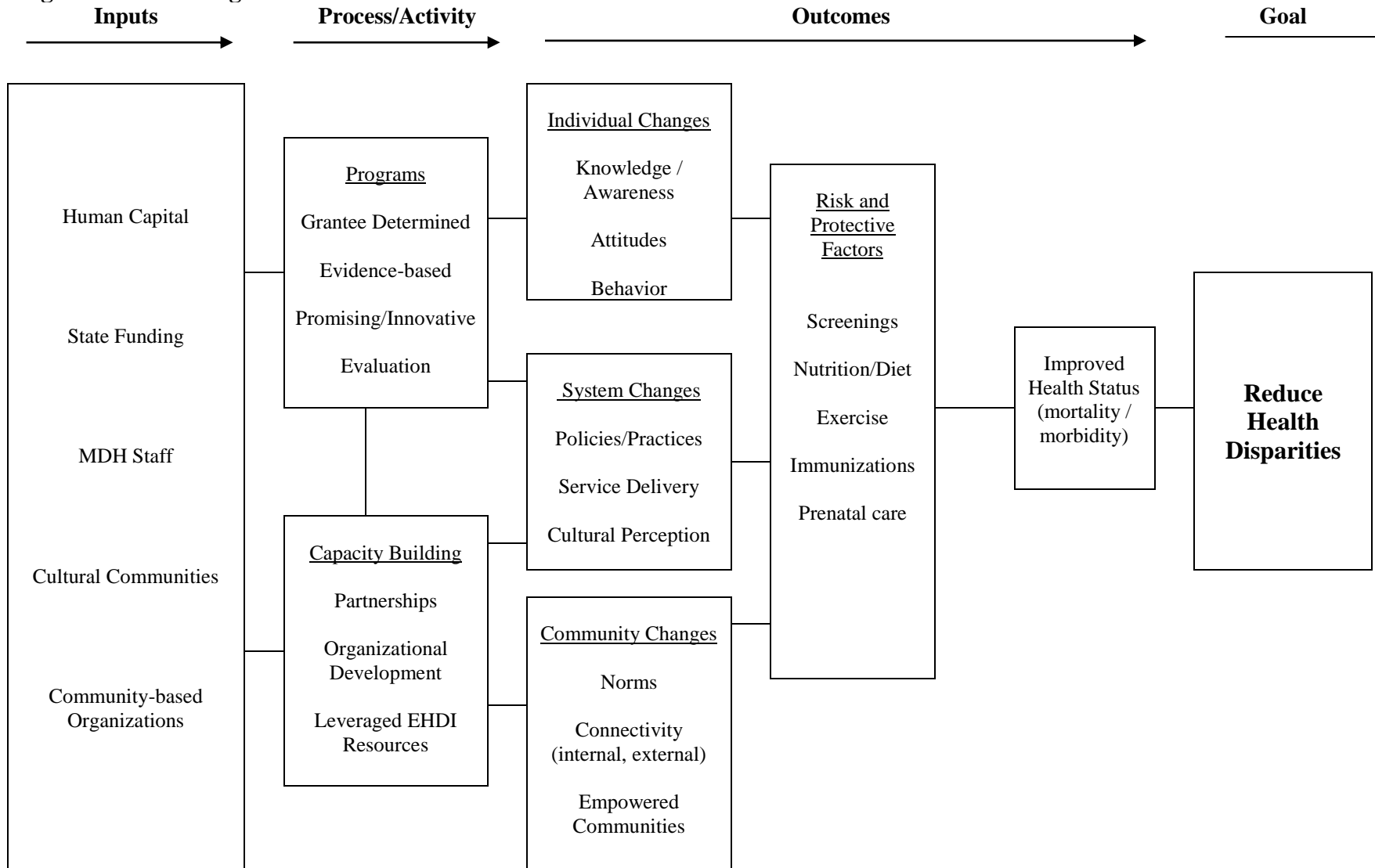
In 2001, the Minnesota Legislature passed the Eliminating Health Disparities Initiative (EHDI) legislation (Appendix D). Minnesota was the second state in the country to develop a statewide effort to address racial and ethnic health disparities and continues to be a leader in the effort. Currently, 46 states operate an Office of Minority Health for the purpose of eliminating health disparities. At MDH, the EHDI is administered by the Office of Minority and Multicultural Health (OMMH).

The underlying philosophy of the EHDI is based on the principle of self-determination. The most effective change will come from within communities and build on the strengths, and social and human capital of those communities. MDH, working as a partner with communities, provides resources to build capacity for these efforts, including funding, technical assistance in understanding and addressing health issues, information on best practices, and skill-building in areas of planning, evaluation and sustainability. The short-term goal is to support capacity development and sustainability within the communities. The longer-term goal is to improve statewide health by eliminating disparities in the targeted priority health areas.

Figure 1 displays the framework within which EHDI was originally conceived and operated. The EHDI stakeholders (populations of color and American Indians, MDH staff, local public health staff and community organizations) developed the framework based on factors that contribute to health disparities among populations of color and American Indians. The basic elements of the framework are the inputs, process/activities, outcomes, external influences and overall goals.

¹ United Health Foundation, annually issues America's Health Rankings™.

Figure 1: EHDI Logic Model for Phase 1



The 2001 EHDI legislation defined eight specific priority health areas (PHAs) and the target goals to be achieved:

By 2010, decrease by 50 percent disparities in

- Infant mortality
- Adult and child immunizations

By 2010, close the gap in health disparities in

- Breast and cervical cancer
- Cardiovascular disease
- Diabetes
- HIV/AIDS/STIs
- Teen pregnancy prevention
- Unintentional injury and violence prevention

The Legislature appropriated state General Fund dollars of \$7.6 million each biennium for a community grants program to eliminate health disparities in each of the priority health areas. An additional \$4 million per biennium in Federal Temporary Assistance for Needy Families (TANF) funds was allocated for teen pregnancy prevention. Tribal governments were allocated an additional \$1 million from the General Fund to eliminate health disparities.

In Phase I of the EHDI (2002 to 2010), 52² grants were awarded to community-based organizations, local public health departments and tribal governments. Outcomes for Phase I grantees are discussed in MDH's 2009 EHDI Legislative Report, available at <http://www.health.state.mn.us/ommh/publications/index.html>

During Phase I, MDH contracted with Rainbow Research, Inc., to summarize the accomplishments of EHDI grantees and to identify key learnings and best practices for organizations focusing on health disparities. A series of six reports³ detailed the accomplishments of the initial EHDI grants. Rainbow Research staff also conducted a Delphi⁴ study resulting in an Exemplary Program Practices Framework to assess the degree to which the programs were implementing or embodying the exemplary practice considerations in health disparity programming identified by local stakeholders and national literature. Table 1 provides an overview of the exemplary practices identified by Rainbow Research.

² Original number of grants awarded in 2002.

³ Submitted in 2009 and 2007 Legislative Reports and can now be found on www.health.state.mn.us/ommh

⁴ A Delphi study method is a structured communication technique based on the principle that decisions from a structured group ("collective intelligence") are more accurate than those from unstructured groups.

| Table 1. EHDI Organizing Framework of 17 Exemplary Program Practice Criteria A. EXEMPLARY PROGRAM PRACTICES IN ACTION | B. PROGRAMMATIC RESULTS ACHIEVED | C. BUILDING CAPACITIES AMONG INDIVIDUALS, ORGANIZATIONS , COMMUNITIES AND SYSTEMS |
|---|---|---|
| <ol style="list-style-type: none"> 1. The community is involved in authentic ways 2. Programming is data-driven 3. A comprehensive approach is utilized in developing and implementing programming 4. Recruit participants or deliver services in community settings in which community members feel comfortable 5. Trust is established as the foundation for effective services 6. Programming builds upon cultural assets and strengths of community 7. Deliver services or information that are culturally or linguistically accessible and appropriate for the participants 8. Staff reflect the community being served; and or cultural competence is ensured among those who are delivering services 9. Program model or components are innovative | <p>10. Program is able to document strong outcomes or results</p> | <ol style="list-style-type: none"> 11. Leadership and commitment by staff are in evidence 12. Partnerships are essential to support effective programming 13. Funding and resources are available and leveraged to sustain the efforts 14. Staff issues are attended. Training and technical assistance are available for capacity building 15. Capacities are built in the organization and/or community (types other than evaluation) 16. Challenges are confronted 17. Systems change is undertaken |

EHDI Phase I Results

Working together the EHDI grantees and MDH have made a significant contribution toward eliminating health disparities in Minnesota, with 23 of 45 indicators showing a disparity reduction between 2000 and 2010 and 34 of 45 indicators showing the disparity eliminated.

The impact of EHDI grants fluctuated each year but a 2006 snapshot taken from a Rainbow Research report illustrates EHDI's potential:

- 52 grantees
- 59,188 people (unduplicated) benefitted from a variety of programs and services, including:
 - 27,396 African Americans
 - 13,694 Latinos
 - 7,857 American Indians
 - 5,979 Asians
 - 983 Multi-racial
 - 3,279 Other
 - 50 counties served, including:

Twin Cities Metropolitan Area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington

Greater Minnesota: Aitkin, Becker, Beltrami, Benton, Brown, Carlton, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Dodge, Goodhue, Hubbard, Isanti, Itasca, Kanabec, Kandiyohi, Koochiching, Lac Qui Parle, Lake, Le Sueur, Mahnomon, Mille Lacs, Mower, Nicollet, Norman, Olmsted, Pennington, Pine, Polk, Red Lake, Redwood, Renville, Rice, Saint Louis, Sherburne, Sibley, Stearns, Steele, Wadena, Waseca, Yellow

Infant Mortality

Table 2 shows that the goal for infant mortality has been met for Asians and Latinos since the inception of the EHDI. While the goal has not yet been achieved in our African American and American Indian communities significant reductions have occurred.

Table 2: EHDI Infant Mortality Rates and Disparities

| | African American [^] | American Indian | Asian | Hispanic | White |
|-------------------------------------|-------------------------------|-----------------|-------|----------|-------|
| Baseline Rate (1995-1999) | 13.2 | 13.5 | 7.1 | 7.0 | 5.5 |
| Current Rate (2004-2008) | 10.8 | 10.3 | 5.0 | 4.4 | 4.6 |
| Disparity Reduction (%) with whites | 19.5% | 28.8% | 75.0% | --- | |

Disparity Reduction (%) with whites = the percentage change in disparity between the baseline and current years

[^]Includes African born

--- - no disparity in current period

Adult and Child Immunizations

When the EHDI began, the only available state-specific information on childhood immunization rates came from the Kindergarten Retrospective Survey, which showed gaps of up to 20 percent between white children and children in some racial/ethnic groups. The Kindergarten Retrospective Survey was discontinued in 2001; currently the most reliable current data source for childhood immunization rates is the Minnesota Immunization Information Connection (MIIC).

In its 2009 EHDI legislative report, MDH examined MIIC data for children born in 2006, and concluded that MIIC data were not yet complete or robust enough to allow for the identification of childhood immunization disparities. The report described a series of steps designed to increase the completeness and representativeness of this data source. For this report, MDH conducted a similar analysis using MIIC data for children born in 2008 (Table 3). The analysis showed that immunization rates for all racial/ethnic groups have improved, although disparities do exist. The representativeness of MIIC data has improved substantially in the intervening two years. However, it is still not possible to determine whether these are actual disparities or an artifact of the data.

| | White | African/African American | Asian | American Indian | Hispanic/Latino |
|-------------------|-------|--------------------------|-------|-----------------|-----------------|
| 2008 births | 71.4% | 60.9% | 61.1% | 61.1% | 67.4% |
| Current Disparity | | 10.5 | 10.3 | 10.3 | 4.0 |

It is important to point out that MDH populates the registry with data from birth certificates and clinic records. In terms of race and ethnicity, birth certificate data is much more likely to be complete (more than 90% of records) than data from clinic records (less than 10 percent). Out of all MIIC records of children with two or more shots, 18 percent are missing race data and 14 percent are missing ethnicity data. This means that not all MIIC records are able to be included in this comparison. To improve data collection for race and ethnicity, MDH suggests encouraging hospitals and clinics to submit race and ethnicity data into MIIC.

Health Disparities in Other Health Priority Areas

Table 4 summarizes progress made in reducing disparities in breast and cervical cancer, cardiovascular disease, diabetes, HIV/AIDS and STIs, violence and unintentional injury, and teen pregnancy. The table lists the available health indicators by population, along with the percent decrease or increase in the disparity from the baseline to current reporting periods.

Table 4: Disparity Reduction/Increase by Health Area and Population, 1995-1999 to 2005-2009*, Minnesota

| Health Priority Area and Indicators | African American ^ | American Indian | Asian | Hispanic |
|--|-----------------------|-----------------|-------|----------|
| Breast and Cervical Cancer | | | | |
| Cervical Cancer Incidence | 57.6% | 15.3% | 14.6% | # |
| Breast Cancer Incidence | --- | --- | --- | # |
| Breast Cancer Mortality | 45.5% | # | --- | # |
| Cardiovascular Disease | | | | |
| Heart Disease Mortality | --- | 20.8 | --- | --- |
| Diabetes | | | | |
| Diabetes Mortality | 27.8% | 39.7% | --- | 46.1% |
| Healthy Youth Development ** | | | | |
| Teen Pregnancy | 41.1% | (5.9%) | 37.1% | 22.3% |
| HIV/AIDS and Sexually Transmitted Infections* | | | | |
| New HIV Infection | 22.2% | 19.3% | --- | (6.4%) |
| Chlamydia Incidence | (12.4%) | 18.8% | 20.3% | 13.5% |
| Gonorrheal Incidence | 53.1% | 39.0% | --- | 64.1% |
| Violence and Unintentional Injuries | | | | |
| Unintentional Injury Mortality | 34.9 | (24.9%) | --- | --- |
| Homicide Mortality | 56.2% | 35.4% | 50.0% | 61.8% |
| Suicide Mortality | --- | (91.4%) | --- | --- |

The data in this table represent the percentage change in disparity between the baseline and current years.

^ Includes African born

-- - No current disparity

() Disparity increase

Baseline data not available, cannot measure disparity

*HIV and STI - Baseline Year = 2000, Current Year = 2009

**Though not specified in statute, federal TANF funds were directed to healthy youth development through this initiative.

All indicators are based on rates per 100,000 population except for teen pregnancy which is per 1,000 females 15-19
See Appendix C for rates and disparities

A lack of data at the statewide level on populations of color and American Indians limits the ways in which progress towards statewide outcomes can be measured. For PHAs such as diabetes and cardiovascular disease, for example, incidence data is not available for racial/ethnic groups. This means the analysis of progress in these areas is limited solely to mortality data. Evaluating the success of programs using only mortality data provides a narrow perspective on progress. To more comprehensively

measure progress and target areas of greater need, incidence or behavioral risk data by race/ethnicity are needed.

Moving to EHDI Phase II

MDH continues its strong commitment to addressing the significant health disparities that affect populations of color and American Indians. As racial/ethnic populations continue to grow in Minnesota, the social and financial costs of health disparities will also grow unless the gains made to date are sustained and expanded. While the EHDI program has achieved significant successes in working with individuals and communities, programs that focus on individual behavioral change will not, alone, be enough to achieve statewide goals.

In recognition of this fact, MDH initiated Phase II of EHDI in 2010. The guiding principles for EHDI Phase II were founded on the Exemplary Program Practices that were identified as part of the evaluation of EHDI Phase I and on an improved understanding of the role of systems change and social determinants in the elimination of health disparities. The guiding principles for EHDI Phase II are:

- 1. Maximize the investment in EHDI Phase I by integrating strategies for eliminating health disparities into MDH programs, as well as coordinating and collaborating with other health promotion efforts and range of state agencies, local public health, tribal health, and other health providers.**

The elimination of health disparities is a priority throughout MDH. The OMMH plays a crucial role in building bridges with our populations of color and American Indians and fostering learning about how to successfully improve health status in these communities. These successes will be shared and more fully incorporated throughout MDH into programs working in health disparity areas. MDH also must assume a larger role in sharing what has been learned with other stakeholders, including health care providers, local public health, tribal health and community organizations.

- 2. Develop policies and programs to address the environmental factors that contribute to poor health and health disparities.**

In addition to its work with individuals and small communities, the EHDI must work to achieve change on a broader level and increase its focus on social determinants of health. The social determinants of health are the conditions in which people are born, grow, live, work and age. Examples of social determinants of health include employment, education, early child care, income, housing, transportation, social inclusion, racism, discrimination, health care, healthy physical environments and access to resources. Unequal distribution of the social determinants of health across population groups is a significant contributor to persistent and pervasive health disparities.

In EHDI Phase II, grantees are encouraged to choose interventions that focus on prevention of risk factors for poor health, or on programs that can address social determinants of health.

3. Improve data collection efforts toward common goals so that high quality, reliable statewide data is available for the evaluation of long-term EHDI outcomes.

As noted above, reliable measures of disease or risk behavior prevalence for populations of color and American Indians often do not exist, making it difficult to measure progress towards statewide goals in areas such as diabetes, cardiovascular disease and injury/violence. As part of Phase II of EHDI, MDH will work both internally and with its external partners to develop new sources of data about the health status of populations of color and American Indians, in order to improve our ability to evaluate our success.

4. Expand and replicate innovative programs that work with populations of color and American Indians and systematically and sustainably reach as many people as possible in other communities.

Grantee programs have been successful in reaching traditionally hard-to-reach populations, providing programming that incorporates cultural values and traditional practices, and have demonstrated an increased use of best-practice models. However, grantee programs alone will not be enough to achieve sustainable statewide change. Programs with the greatest system approach must be expanded and replicated in a sustainable way to reach our populations of color and American Indians in every Minnesota county and to serve as best-practice models for eliminating health disparities in Minnesota and other states.

5. Expand the focus of the EHDI to explore and address policies and systems that impact health disparities to create sustainable change.

While the work of EHDI Phase I grantees was strong, MDH recognizes that this program must have a broader reach. EHDI Phase II grantees are encouraged to focus on activities that will lead to system change. For example, MDH can assess and make changes to improve our own racial and ethnic data collection systems. Effecting a systemic change that will make a statewide impact will require partnering with community-based, tribal, governmental, and local public health partners collecting similar racial and ethnic data and using interoperable systems that allow data sharing and analysis. EHDI systemic change efforts also require focused leadership on a common vision – eliminating health disparities. The capacity of public health and other health care delivery systems to work with populations of color and American Indians must be assessed and improved. Current policies and systems in many areas must be reviewed to address health disparities.

6. Explore how to increase social capital as part of the work in eliminating health disparities as the demographics of Minnesota diversify, so we embrace our rich cultural and ethnic heritage now and into the future

Minnesota's demographics have changed significantly since 1980 thanks to a wealth of newcomers who recognize and value Minnesota as a good place to call home. Many are doctors, nurses, teachers, social workers, chemists, electricians, builders, etc. Many of their children have been born here in Minnesota and are now themselves graduating from higher education undergraduate and graduate programs. There is an abundance of social capital ready to contribute and share their first-hand and learned expertise on how to impact systemic changes that will eliminate health disparities. We need to change or support systems that will allow Minnesota to make effective use of this growing wealth of social capital at every level of our workforce – from entry-level to top leadership positions.

EHDI Phase II Grantee Selection Process

The Phase II EHDI Request for Proposals (RFP) was released on February 1, 2010, making funds available for three types of grants:

- Priority Health Area (PHA) implementation;
- Social Determinants of Health (SDOH) planning; and
- Social Determinants of Health implementation.

The Phase II RFP placed an emphasis on:

- Using evidence-based and promising practices models;
- Implementing policy, system, and environmental (PSE) changes

Similar to the response to the initial EHDI RFP in 2001, MDH received far more applications than it was able to fund; 127 applications were received requesting funds totaling more than \$23 million. Some applicants proposed projects implementing more than one PHA strategy and/or working with more than one target population.

Proposal Review Process

Review teams were recruited that featured a wide range of expertise, diversity and experience in order to reflect an understanding of the communities and their needs.

The review teams recommended 87 proposals, totaling more than \$16.3 million, for further consideration for funding. Review teams' recommendations were then reviewed by an internal MDH team which forwarded 29 proposals to the Commissioner of Health for consideration and approval.

Appendix A provides a listing of the Phase II 29 community grants and nine Tribal Block Grants by grant type, priority health area, and target population.

Appendix B provides a map showing geographic distribution of grants.

Appendix C provides detailed descriptions of each grant and target objectives.

Table 5 shows the priority areas addressed and the populations being served by the 29 Phase II community grantees:

| Table 5: Priority Health Area/grant type for EHDI Community Grants | African American | American Indian | Asian | Hispanic | TOTAL* |
|---|-----------------------------|----------------------------|--------------|-----------------|---------------|
| Breast and Cervical Cancer | 1 | 1 | 2 | 1 | 5 |
| Diabetes | 2 | 2 | 1 | 1 | 6 |
| Heart Disease | 2 | 1 | 2 | 1 | 7 |
| HIV/STI | 1 | 2 | 1 | 4 | 8 |
| Immunizations | 1 | 1 | 1 | 1 | 4 |
| Infant Mortality | 2 | 1 | 0 | 0 | 3 |
| Unintentional. Injury and Violence Prevention | 2 | 1 | 0 | 1 | 4 |
| Teen Pregnancy Prevention | 7 | 4 | 4 | 5 | 20 |
| SDOH Planning | 3 | 1 | 1 | 1 | 6 |
| SDOH Implementation | 1 | 0 | 1 | 2 | 4 |
| TOTAL* | 22 | 14 | 13 | 17 | |

** This number will not equal 29 because some grantees focus on more than one population or priority health area.*

EHDI Grants Program Evaluation

The elimination of health disparities is complicated and the approach taken to address these disparities is complex. Consequently, efforts to evaluate the overall effectiveness of the EHDI grants program also are challenging and complex. The number of grantees and the variation in health areas and programming add to the complexity. As part of the transition to Phase II of EHDI, MDH developed a new logic model (Figure 2) and overall evaluation plan to ensure that its activities are achieving the desired short-term and long-term goals.

Currently, there are 29 EHDI community grantees and nine tribal grantees, each targeting one or more racial ethnic groups throughout the state. In addition, each of these grantees is working on one or more of the eight health disparity areas and is using different approaches in programming and evaluation. (See Table 5) Grantees work in communities throughout the state, in rural and metro areas, making their work an important proving ground for innovative approaches to eliminating disparities.

To address the evaluation challenges, MDH has developed a two-pronged approach that will describe evaluation in terms of accountability and learning for individual grantees and the MDH, and provide a logic model that links grantee and EHDI activities to statewide health disparities goals.

The primary purposes of the EHDI grants program evaluation are accountability and learning. Accountability is defined as the extent to which the EHDI is meeting the intent of legislation; and the gathered data and information that will inform continuing statewide efforts to eliminate health disparities and to support healthy communities for all Minnesotans.

The Phase II evaluation will document the effectiveness of grantees in reaching traditionally hard-to-reach populations, providing documentation of the effectiveness of programming that incorporates cultural values and traditional practices, assessment of grantee use of “best practice” principles and prevention-focused efforts as well as how grantees involve communities in program planning and implementation. The Phase II evaluation also includes a process to document exemplary programs and practices and will result in a set of recommendations to expand and replicate exemplary innovative approaches that work for populations of color and American Indians.

In this first year of Phase II of the EHDI Grants Program, MDH had two evaluation goals:

- Goal One: To provide grantees technical assistance for evaluation and support leading to the development of evaluation plans for each grantee program.
- Goal Two: To develop a comprehensive overall evaluation plan.

To achieve these goals, MDH has invested in building a base for a comprehensive evaluation of the EHDI grants program. A comprehensive evaluation will lead EHDI stakeholders to a greater understanding of grantee strategies and approaches as well as provide documentation on the effectiveness of EHDI grants. Understanding the

strengths and weaknesses of the initiative and assessing the contribution of EHDI grantees will help identify better ways to reach the state's overall health disparity goals.

Goal One: Grantee Evaluation Support

Evaluation goal one was to provide technical assistance and support for grantees leading to high-quality evaluation plans, logic models, data collection strategies, data collection tools, and quantitative and qualitative data processing and analysis for all EHDI grantees. To meet this goal, MDH contracted with Rainbow Research, Inc. to provide high quality, culturally appropriate evaluation technical assistance tailored to meet the needs of individual EHDI grantees. Rainbow Research provides technical assistance through face-to-face individualized support, interactive working sessions for small groups of grantees, and developing and sharing of evaluation resources through an interactive website.

EHDI Phase II grantees are provided assistance in assessing the effectiveness of their programs in addressing priority health areas and social determinants of health in their communities, learning about successful strategies developed by other grantees, and carrying out meaningful evaluations of their work. Rainbow Research works with EHDI grantees to review strategies and approaches, develop evaluation program plans, develop detailed program descriptions, identify and assess outcomes, and strategies for reporting program results.

In addition, Rainbow Research has developed and implemented an approach for resource sharing among grantees by creating an active community of practice. The community of practice facilitates sharing among grantees, fosters collaboration and synthesizes grantee learning. This web-based community includes an interactive website where grantees can learn about each other, join a discussion board, participate in webinars, find resources or access an MDH calendar. On an open discussion board, grantees can pose questions, share documents, and comment on postings. Professional development webinars are also being provided – covering topics of interest to grantees, their staff, and the broader community. The interactive website can be found on the MDH Office of Minority and Multicultural Health website at: www.health.state.mn.us/ommh/grants/ehdi/forgrantees/index.html.

By the end of this first year, grantees will have developed program evaluation plans, including a logic model that describes program theory of action and identifies outcomes, indicators, data collection tools, and an analysis and reporting plan. Grantees will also be able to more clearly identify and clarify program dimensions including understanding the environment, community involvement in the program, clarifying community assets and needs, program priorities, and program policy implications.

Goal Two: Comprehensive Overall Evaluation Plan

The second goal of the evaluation in year one was to develop a comprehensive overall evaluation plan. To accomplish this goal, MDH worked with the Center for Community Health and Evaluation (CCHE) in Seattle, WA to facilitate the work of the Overall Evaluation Work Group (OEWG). The primary charge of the OEWG was the

development of the comprehensive overall evaluation plan. The resulting evaluation plan is based on a consensus building process with key stakeholders in both the public and private sectors. The OEWG met over the course of several months to develop the overall evaluation components including evaluation questions, data collection methods, logic model and evaluation schematic. Interviews with key stakeholders and a web-based survey were also conducted to aid in this process.

Overall Evaluation Questions

Based on the key informant interviews, the web-based survey and work of the OEWG, five questions were developed to guide the overall evaluation of the EHDI Grants Program on accountability and on learning:

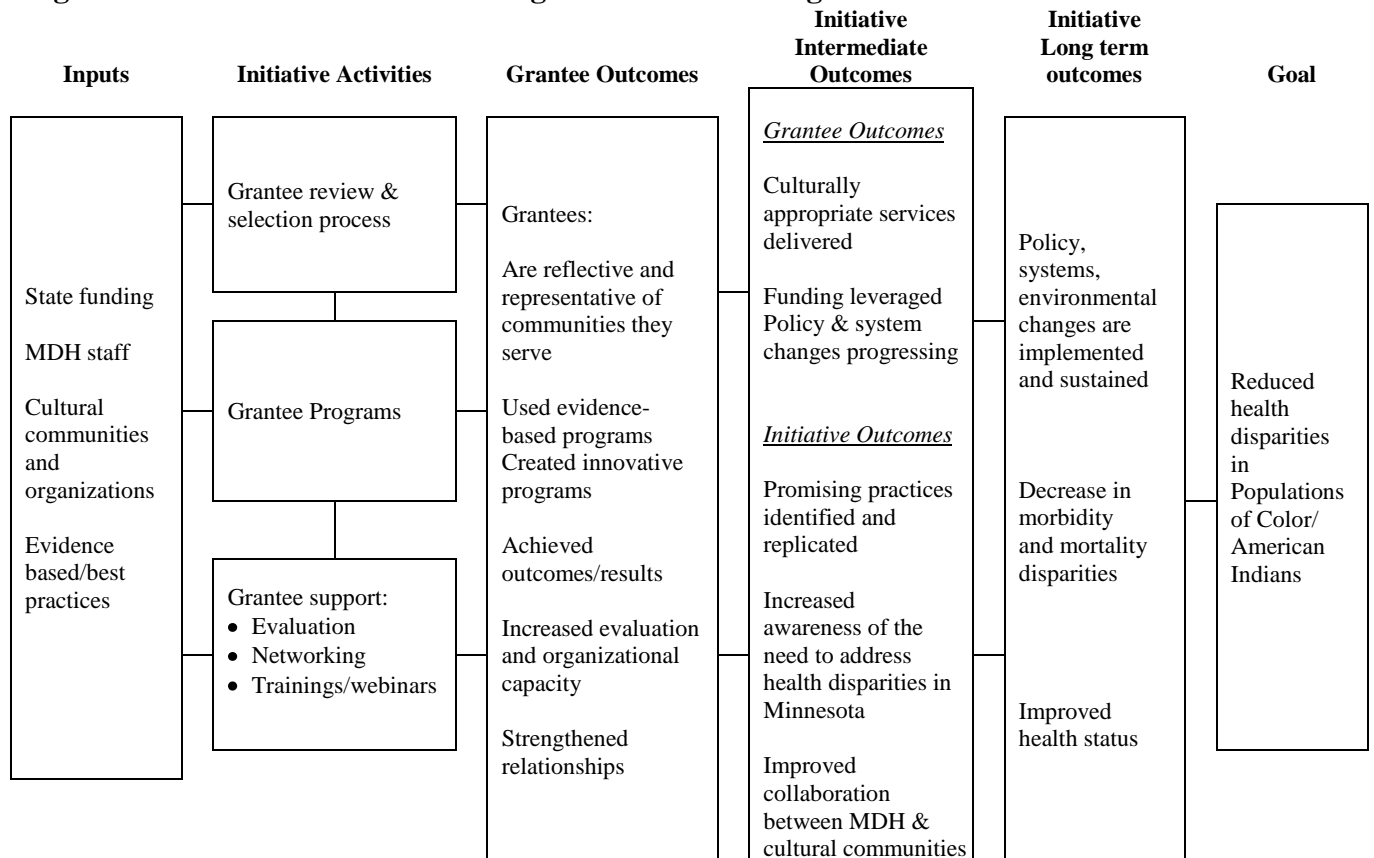
- 1) Did the grant review and selection process follow the criteria established? (Accountability)
- 2) To what extent did grantees achieve the outcomes/results articulated in their work plans? (Accountability)
- 3) Has the work of grantees contributed to the elimination of health disparities in Minnesota? If so, how? (Learning)
- 4) What factors are associated with success: for health areas and for different cultural groups? (Learning)
- 5) What lessons have we learned from the EHDI to inform future work to reduce health disparities in Minnesota? (Learning)

The Phase II comprehensive overall evaluation plan describes a process for gathering information to answer the five questions. The information gathered includes a description of EHDI grants program, achievements of the program as well as how it is contributing to the elimination of health disparities in populations of color and American Indians in Minnesota.

EHDI Phase II Logic Model

Figure 2, the EHDI Phase II Grants Program Evaluation Logic Model, illustrates the sequence of actions that describe what the grants program is and what it will accomplish—how grant investments link to the initiative goal of reducing health disparities between populations of color and American Indians and whites in priority health areas.

Figure 2: EHDI Phase II Grants Program Evaluation Logic Model



The logic model distinguishes between activities and outcomes for individual grantees and those of the EHDI as a whole, which involve a synthesis of grantee activities and replication of results where possible. Five core components are included in the logic model: inputs, initiative activities, grantee outcomes, initiative intermediate outcomes and initiative long-term outcomes. This sequence of actions results in the intended Initiative goal – a reduction in health disparities in populations of color and American Indians.

The OEWG used the logic model as a guide to identify the primary evaluation questions and potential indicators, sources of data, data collection methods and prospective evaluation roles. All of these activities were developed with the aid of considerable stakeholder input. The logic model will be used to track progress made in Phase II of the EHDI and help guide the methods used to answer the evaluation questions.

Logic Model Components

According to the logic model, the grant program begins with introduction of *Inputs*, which includes resources such as funding, expertise of MDH staff, best practices learned from similar interventions elsewhere, and data that support the potential benefits of selected approaches. Resources also include the expertise of cultural communities and community-based organizations whose experience and insight are crucial for developing effective place-based interventions.

Availability of these resources enables MDH to review, select and award grants to qualified applicants. Additionally, the resources enable the funded organizations to implement *Initiative Activities* addressing the priority areas of EHDI Phase II. These activities also include contributions of MDH and outside contractors in areas such as training, providing opportunities for networking, and instruction in local evaluation.

The next step in the logic model is *Grantee Outcomes*, or results of EHDI activities. These outcomes describe how the EHDI grantees:

- Reflect the communities they serve by race/ethnicity, geography and health priorities.
- Use evidence-based or innovative programming.
- Achieve the outcomes articulated in the grantee's work plan (e.g. successful implementation of evidence-based curricula, identification of policy, system and environmental barriers, and formulation of solutions to health disparities).
- Increase their capacity in areas such as evaluation and networking.

Grantee outcomes lead to *Initiative Intermediate Outcomes*, which are precursors to the *Initiative Long Term Outcomes*. Achievements in the intermediate outcomes section are divided into two groups: Grantee Outcomes – individual grantee achievements, and Initiative Outcomes – success of the overall initiative.

Grantee outcomes include the delivery of culturally appropriate services, leveraging of funds, or more far-reaching achievements such as making local policy or health systems changes. Initiative Outcomes in the intermediate phase include the replication of promising practices, increased awareness of health disparities and improved collaboration between MDH and cultural communities.

There are three *Initiative Long-term Outcomes*: the statewide reduction of excess morbidity and mortality among populations of color and American Indians, the improvement in health status of these populations and the implementation of upstream policy, system and environmental changes both within grantee communities and beyond. The successful achievement of the grantee, intermediate and long-term outcomes lead to reaching the final goal of the initiative – to reduce health disparities between populations of color/American Indians and whites.

This evaluation plan reflects an effort by a wide range of participants to design an evaluation that would accomplish the goals of accountability and learning, allowing for the identification of programs with the most effective system approach. Ultimately,

these successful programs need to be expanded and replicated in a sustainable way to reach greater numbers of populations of color and American Indians in Minnesota and to serve as best-practice models for eliminating health disparities in Minnesota and in other states. The results from this evaluation will be reported in the 2013 EHDI Legislative Report.

Other MDH Activities to Eliminate Health Disparities

Other MDH activities designed to address issues identified in Phase 1 of the EHDI that support the continuing goal of eliminating health disparities, include:

- An inventory conducted by MDH's Center for Health Statistics of race/ethnicity/language data held by MDH programs for the purpose of developing standards for collection of these data elements across MDH. The inventory found that only 60 percent of MDH datasets that contain data on individuals include race, ethnicity, or language information, and that many datasets use only broad categories for race and ethnicity that do not allow for more detailed analysis.
- A legislatively mandated workgroup led by MDH and the Minnesota Department of Human Services, which involved community-based organizations developing recommendations for collection of race/ethnicity/language data. MDH and DHS submitted a report to the Legislature with their findings in January 2011; the report is available upon request.
- Implementation of a federal Office of Minority Health grant that supports a community-led analysis of infant mortality in the African American community in the metro-area; additional technical assistance for community organizations that work with populations of color and American Indians; new analysis of health issues and health disparities affecting populations of color and American Indians using existing data; and an inventory of community-held data.
- MDH's Office of Emergency Preparedness working with local public health to establish outreach strategies for limited-English-speaking populations when emergencies occur.
- MDH's Immunization Program is leveraging federal funds to develop new promotional materials for the Minnesota Vaccines for Children Program (MnVFC) to ensure that people are aware that cost is not a barrier to receiving immunizations. These materials are located on MDH's website at <http://www.health.state.mn.us/divs/idepc/immunize/mnvfc/promomat.html>
- MDH's Communications Office, Office of Emergency Preparedness, Office of Minority and Multicultural Health, and Immunizations, Tuberculosis and International Health Section are working collaboratively to develop materials in 18 different languages available on MDH website. MDH also printed fact sheets, produced radio and TV public service announcements about the H1N1 virus, and distributed them to community clinics, faith and community-based organizations, libraries, ethnic radio, TV, and newspaper outlets.
- Collaborative efforts during the 2009 H1N1 influenza outbreak to put on five forums for community leaders who specifically work with populations of color and American Indians.

- A series of approximately ten focus groups in the African American community to look at barriers to immunizations conducted by the MDH Immunization Program in collaboration with the Office of Minority and Multicultural Health
- A new program developed by MDH in 2011 to reach providers who routinely provide free or low cost immunization services and act as a safety net for uninsured and underinsured adults, many of whom are people of color and American Indians. The program will provide free (federally funded) vaccine to uninsured and underinsured adults.
- Free vaccine to School Located Vaccine (SLV) Clinics during both the 2009-2010 and 2010-2011 flu season, provided by MDH Immunization Program, which research shows is a good strategy to use to increase the vaccination coverage of lower income students and students of color.

OMMH provides valuable internal expertise on the cultural considerations of any public health strategy and it also builds strong bridges that link community and public health experts to strategies that reduce health disparities in our state's populations of color and American Indians.

Conclusion

In 2001, the Minnesota EHDI was one of the first statewide efforts to focus on the health and wellbeing of populations of color and American Indians. Its groundbreaking philosophy and innovative approaches have served as a model for other states and the federal Office of Minority Health to address the long-standing and complex issues of disparities.

The first nine years of EHDI investments yielded not only advances on the mandated goals, but also valuable information and lessons learned for Phase II of the EHDI, including the need to:

- Continue the use of promising practice models that focus on populations of color and American Indians
- Continue strategies of culturally specific behavioral interventions to improve health outcomes
- Address critical policy, systems and environmental barriers that challenge significant progress toward eliminating health disparities
- Provide support for programs that address social determinants of health the root causes of health disparities.
- Facilitate partnerships that combine the necessary skills, resources and leadership to address barriers in eliminating health disparities

As it works to incorporate these best practices into Phase II of EHDI, MDH also works on other fronts to address issues that EHDI has helped bring to light. In the coming year, MDH will:

- Improve data collection efforts so that high-quality and reliable race- and ethnic-specific statewide data are available.
- Integrate strategies for eliminating health disparities throughout MDH.

- Coordinate and collaborate with other state agencies, local public health, tribal health, and community-led efforts to eliminate health disparities in populations of color and American Indians.
- Expand and replicate innovative programs focused on eliminating health disparities that systematically and sustainably reach populations of color and American Indians.
- Support partnerships that develop and implement policy, systems and environmental change strategies necessary to maintain sustainable change focused on eliminating health disparities in populations of color and American Indians.
- Develop and implement strategies to explore the impact of institutional racism on the development and maintenance of health disparities in populations of color and American Indians.
- Build the necessary capacity to implement and institutionalize long-term strategies to eliminate health disparities.

The mission of the Minnesota Department of Health (MDH) is to protect, maintain, and improve the health of all Minnesotans. A department-wide goal is to eliminate health disparities and achieve health equity. The Office of Minority and Multicultural Health provides leadership within MDH and with our community-based, tribal, governmental, and local public health partners to identify, develop and support strategies that reduce health disparities in our Populations of Color and American Indians in Minnesota. The EHDI is a critical part of meeting this goal.

Appendices

APPENDIX A: Phase II EHDI Grantees by Grant Type, Priority Health Area and Target Population, SFY 2011

APPENDIX B: Geographic Distribution of Phase II Grantees

APPENDIX C: Phase II Grantee Descriptions and Target Objectives

APPENDIX D: EHDI Legislation

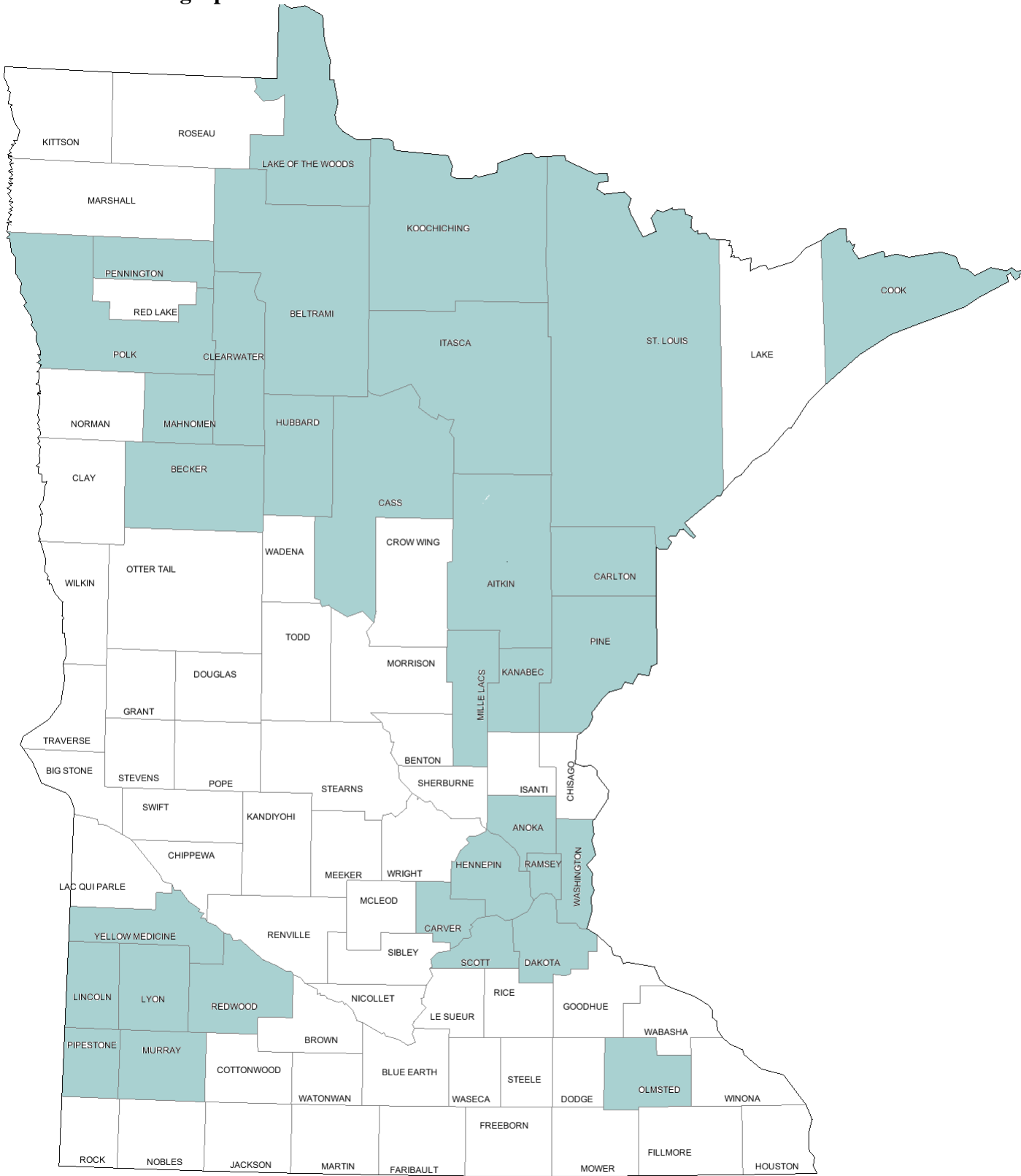
APPENDIX A:

Phase II EHDI Grantees by Grant Type, Priority Health Area and Target Population, SFY 2011

| EHDI COMMUNITY GRANTEES (29) | Social Determinants | | Health Priority Areas | | | | | | | Targeted Populations | | | | |
|--|---------------------|----------|-----------------------|----------|----------|-----------|----------|----------|----------|----------------------|-----------|-----------|----------|-----------|
| | Plan | Impl. | B | C | D | H | H | I | I | V | A | A | A | H |
| | | | C | V | M | Y | I | M | N | U | A | I | S | i |
| African & American Friendship Assoc-Coop & Annex Teen Clinic (Lead Org., Fiscal Agent) | | x | | | | | | | | | | | x | x |
| Centro Cultural Chicano, Inc. | | | | | | x | x | | | | | | | x |
| Children's Health Care | | | | | | x | x | | | | | | | x |
| El Colegio Charter School | | x | | | | | | | | | | | | x |
| Fond du Lac Band | | | | | | | | | | | | | | |
| Freeport West, Inc. | | | | | | x | | | | | | | x | |
| GMCC Division of Indian Work | | | | | | x | | | | | | | | |
| Hennepin Health Care System | | | | | | x | x | | | | | | | x |
| Indigenous Peoples Task Force | | | | | | | | x | | | | | | |
| Jordan New Life Hub | x | | | | | | | | | | | | x | |
| Lao Family Community of Minnesota, Inc. | | | | | | x | | | | | | | | x |
| Leech Lake Band | | | | | | | | | | | | | | x |
| Lincoln Lyon Murray Pipestone Public Health | x | | | | | | | | | | | | x | x |
| Lutheran Social Service of Minnesota (LSS) | | | | | | x | x | | | | | | x | x |
| Minnesota Immunization Networking Initiative | | | | | | | | | | | | | x | x |
| Minnesota Indian Women's Resource Center | | | | | | | | | x | | | | | x |
| Model Cities of St Paul | | | | | | | | | | x | | | | x |
| NorthPoint Health & Wellness Center, Inc. | | | x | x | x | | | | | | | | x | x |
| Peta Wakan Tipi | | | | | x | | | | | | | | | |
| Pillsbury United Communities | x | | | | | | | | | | | | x | |
| Planned Parenthood MN, ND, SD | | | | | | | x | | | | | | x | |
| Saint Paul Area Council of Churches | | | | | x | | | | | | | | | |
| Sierra Young Family Institute, Inc.(Agape House) | | | | | | x | x | | | | | | x | |
| The City, Inc. | | | | | | | | x | | | | | x | |
| The Indian Health Board of Minneapolis, Inc | | | x | x | | | x | | | | | | | x |
| Vietnamese Social Services of Minnesota | | | x | x | | | | | | | | | | x |
| WellShare International | | | | x | x | | | | | x | | | x | x |
| YWCA of Minneapolis | | | | | | | x | | | | | | x | x |
| EHDI TRIBAL BLOCK GRANTS (9) | | | | | | | | | | | | | | |
| Bois Forte Band | | | x | | | | x | x | | | | | | x |
| Fond du Lac Band of Lake Superior Chippewa | | | | | | | | | | | | | | x |
| Grand Portage Band | | | x | x | x | x | | | x | | | | | x |
| Leech Lake Band of Ojibwe | | | | | | | x | | | | | | | x |
| Lower Sioux Community | | | | | x | | | x | x | | | | | x |
| Mille Lacs Band | | | x | | x | | | | x | x | | | | x |
| Red Lake Nation | | | | | x | | | | | | x | | | x |
| Upper Sioux Community | | | x | | | | | | x | | | | | x |
| White Earth Band | | | | | | | | | | | | | | x |
| Total Number of Grantees 38 | 3 | 2 | 7 | 5 | 8 | 14 | 9 | 5 | 6 | 7 | 15 | 21 | 9 | 10 |

* Plan= Social Determinants of Health Planning Grant, Impl. = Social Determinants of Health Implementation Grant, BCC=breast and cervical cancer; CVD= cardiovascular disease, DM=diabetes; HYD=healthy youth development; HIV=HIV/AIDS and sexually transmitted infections; IMM=immunizations; INF=infant mortality; VUI=violence and unintentional injury; AA=African American/African; AI=American Indian; As=Asian; Hi=Hispanic

APPENDIX B: Geographic Distribution of Phase II Grantees



APPENDIX C:
PHASE II Grantee Descriptions and Target Objectives

African & American Friendship Assoc-Coop& Dev(AAFACD), Inc.

| | |
|--|---|
| Project name: Eliminating Health Disparities Initiative Grant Type: SDOH Implementation Amount of Grant: \$200,000.00 | Serving: African/African American, Asian/Pacific Islander, Hispanic/Latino County(s): Anoka, Hennepin, Olmsted, Ramsey, Washington |
|--|---|

Project Description: African & American Friendship Association for Cooperation and Development (AAFACD) Inc. in partnership with Women's Initiative for Self Empowerment (WISE), will address social determinants of health by providing scholarship, mentorship, and training to assist foreign trained health care professionals in obtaining licensure and integration into MN health care system . While foreign trained health care professionals are preparing for licensure they will be serving as culture brokers, health navigators/educators and interpreters, earning an income while working in the health care field. Patients and providers will be assured of better service in the area of interpreting, health education/navigation by utilizing people reflective of their own community who understand their culture and provide culturally and linguistically appropriate health care services.

EHDI Grant Activity Outcomes:

- 20 foreign trained healthcare professionals will be certified as health educators/navigators, interpreters and culture brokers working in the health system.
- 10 healthcare institutions will use foreign trained healthcare professionals as health educators/health service navigators, interpreters and cultural brokers
- 3 health training institutions will create customized training for alternative pathways for foreign trained healthcare professionals who are unable to obtain medical residency.
- 20 foreign trained physicians are expected to be employed in healthcare professions.
- 5 medical residency slots in Minnesota will be allocated for foreign trained physicians who have passed all the required examinations.
- 6 foreign trained healthcare professionals from populations of color will be certified, employed and integrated into MN healthcare system

The impact of these activities will increase use of primary care, decrease the use of emergency and urgent medical care and ultimately lead to a decrease in health disparities.

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Annex Teen Clinic (Lead Org., Fiscal Agent)

| | |
|--|---|
| Project name: R.E.A.C.H Grant Type: Priority Health Area Implementation Amount of Grant: \$232,209.00 | Serving: African/African American Priority health area(s): HIV/AIDS and STDs, Teen Pregnancy Prevention County(s): Hennepin |
|--|---|

Project Description: Annex Teen Clinic, the Minneapolis Beacons Project and Network, the North Community YMCA, and Nia-Imani Youth and Family Development Center of Kwanzaa Church are working together to deliver an intergenerational program that supports young people's reproductive health and reduces the number of African American teens who get pregnant in North Minneapolis. This initiative will help to reduce rates of teen pregnancies, sexually transmitted infections (STIs) and HIV. Participants will experience a variety of resources including: Celebration of Change program, "It's That Easy" Parent workshops, Sexuality Education using "Making Proud Choice's and Becoming A Responsible Teen (BART) curriculum, Graduate Leadership Peer Education Program, Media Literacy Program, and Affirmation of Change, Male mentoring and Rites of Passage Program.

Select EHDI Grant Activity Outcomes:

- 85% of participants in Celebration of Change report increased Knowledge of sexual health and family communication.
- 80% of adults in “It’s That Easy” report increased knowledge, comfort and intent to discuss sexuality topics with their adolescent child.
- 90% of participants in health education will complete post-presentation evaluation
- Middle school students in Making Proud Choices report:
 - 90% increased knowledge about prevention of HIV, STDs, pregnancy;
 - 80% more confidence in ability to prevent pregnancy/sexually transmitted disease
 - 75% report lowered STD/HIV risk-associated sexual behavior.
 - All TOP participants complete evaluations measuring sexual and non-sexual risk factors:
- 80% of BART participants at Beacon afterschool sites indicate increased knowledge and confidence in preventing STIs/HIV, changed attitudes and behaviors
- 95% of 15-20 high school students at PCYC School who complete Peer educators training and BART will complete 15 hours of Teach-Back Service Learning at community middle schools and afterschool sites.
- Media Literacy participants implement neighborhood campaign on teen pregnancy & HIV by March 31 2011, 45 youth produce 3 PSA’s and 1 photo campaign by June 4 2011.
- 70% of youth completing Affirmation of Change identify 6 out of 8 key principles of healthy choices around decision-making. -90% identify 1 or more adult males in their life as positive role models. 90% of Fathers/mentors will show increase in confidence and intent in willingness to communicate with children about sex and sexuality.

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Centro Cultural Chicano, Inc.

| | |
|--|---|
| Project name: Raices, Youth Development Program Grant Type: Priority Health Area Implementation Amount of Grant: \$195,000.00 | Serving: Hispanic/Latino Priority health area(s): HIV/AIDS and Sexually Transmitted Diseases, Teen Pregnancy Prevention County(s): Hennepin |
|--|---|

Project Description: The Raices Youth Development Program addresses high rates of teen pregnancy among Latino teens and increasing rates of HIV/AIDS among Latino women through a multi-component youth program. Raices works with the whole family - the teens and their parents-within the community and cultural context to promote protective factors and reduce risk factors leading to health disparities among our youth. The overall goal of the Raices Youth Development Program at Centro is to help Latino teens cultivate a strong identity and develop multiple skills to lead a healthy, protective life. We do this through: Cultural and Arts Programs; College Preparation; Adolescent Health/Pregnancy Prevention; Mentoring; Leadership Development and Parent Involvement.

EHDI Grant Activity Outcomes:

- INCREASE parent's ability to discuss difficult issues with their teens.
- INCREASE number of parents who felt they improved their parenting skills
- INCREASE family communications between parents and teens
- INCREASE the number of families who changed the way they approach discussing healthy relationships with their teens.
- INCREASE youth knowledge of how to prevent pregnancy; delay sexual activities and use contraceptives.
- INCREASE knowledge of how to prevent HIV/AIDS/STIs.
- INCREASE academic achievement; school connectedness and enrollment in post-secondary schools.
- INCREASED youth cultural pride and knowledge as well as increased confidence.

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Children's Health Care

| | |
|--|--|
| Project name: TAMS Estarte Healthy Youth Development Program Grant Type: Priority Health Area Implementation Amount of Grant: \$210,000.00 | Serving: Hispanic/Latino Priority health area(s): HIV/AIDS and Sexually Transmitted Diseases Teen Pregnancy Prevention County(s): Hennepin |
|--|--|

Project Description: Through classroom based health-education, peer-education, a pilot clinic intervention, parent education and an urban garden program, TAMS will partner with the Latino community to ensure that all Latino youth in Minneapolis have the tools, knowledge and skills necessary to prevent pregnancy and STIs and become healthy adults. Two bilingual TAMS Health Educators will partner with schools, community agencies and other community partners to engage the Latino Community in Minneapolis to prevent pregnancy and STIs among adolescents.

EHDI Grant Activity Outcomes: 1) Improve the sexual health of young people 2) Reduce the risk factors and increase the protective factors related to teen pregnancy 3) Reduce the rate of new infections of HIV and STDs

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El Colegio Charter School

| | |
|---|---|
| Project name: EHDI Program Grant Type: SDOH Implementation Amount of Grant: \$165,000.00 | Serving: Hispanic/Latino County(s): Hennepin |
|---|---|

Project Description: El Colegio Charter School, the Minnesota Immigrant Freedom Network and Tamales y Bicicletas are working in a collaborative and holistic manner to improve the Latino community's access to education, access to local and neighborhood resources, and access to healthy physical environments by increasing the Latino and immigrant community's ability to positively influence policy, systems, and environmental changes. Our collaborative will accomplish this by bringing together youth, their parents, and the surrounding community in various activities that engage:

- Awareness about the systemic and root causes of social determinants of health in Latino community
- Community-organizing principles as a method to facilitate immigrant and Latino family leadership in addressing disparities in access to education, resources and healthy physical environments
- Programming during school and after school that promotes critical consciousness among both youth and their families.
- These strategies will be implemented through: community murals, parent workshops, and Tamales y Bicicletas. These vehicles will be a method for teaching critical consciousness and will organize not just youth and not just parents, but it will work to empower the family as a whole and also unite the Latino community in direct actions that address the social determinants of health.

EHDI Grant Activity Outcomes:

- Three Community Murals and 80% of mural participants should demonstrate increased awareness of issues that effect health in their communities.
- Fifty percent of mural participants take further actions to impact policy changes in their communities.
- 80-100% of parent participants will demonstrate increased knowledge of systems and policies that influence their access to education, resources and healthy physical environments.
- 50% or more of parent participants will show changes in their behavior to help positively influence systems and policies to address social determinants of health.
- Tamales y Bicicletas(TyB) program and community event surveys will demonstrate immigrant community learned techniques and skills to help improve their physical environment.
- 50% of youth participants attest to behavioral changes that indicate a willingness to work towards policy change to improve physical environment
- 3-5 youth will help form and be part of "Mesa Estudiantil" (student board)
- 3-5 parents will help form and be part of "Mesa Comunitaria" (community board)

Contact: David Greenberg
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Fond du Lac Band of Lake Superior Chippewa

| | |
|---|--|
| Project name: The Tribal Family Nurse Partnership | Serving: American Indian |
| Grant Type: Priority Health Area Implementation | Priority health area(s): Infant Mortality |
| Amount of Grant: \$140,000.00 | County(s): Becker, Beltrami, Carlton, Cass, Clearwater, Hubbard, Itasca, Mahnomen, St. Louis |

Project Description: The tribal partners: Fond du Lac, Leech Lake and White Earth Reservation Public Health Nursing programs. These tribes are members of the MN Chippewa Tribe and share cultural values and practices. The three reservations serve a total population of over 24,300 individuals. This grant will be used to contract with the "Nurse Family Partnership" (NFP) National Office to provide training to the tribal Public Health Nursing staff on the NFP model. The "Nurse Family Partnership" (NFP) program is an internationally known, cost-effective research & evidence-based home visitation program that has demonstrated improved pregnancy outcomes; child health and development; and self-sufficiency for first-time parents. Tribal nurses, with guidance from their American Indian communities, will assist the Nurse-Family Partnership (NFP) National Office to adapt/modify the NFP model to be culturally relevant for American Indian communities and for the tribal public health nursing agencies that serve them.

EHDI Grant Activity Outcomes: The overall goal of the project is to produce a culturally relevant, cost-effective and research-based model of Public Health Nursing home visitation interventions for American Indian families that will improve pregnancy outcomes; enhance child health and development; and promote self-sufficiency for first-time parents.

PHASE I will be STAFF TRAINING on the Nurse-Family Partnership model and program planning and development. Phase I outcomes include:

- Development of a new Joint Tribal Advisory Group to provide guidance on cultural adaptations for the NFP model;
- tribal nursing staff trained on the NFP model with agency certification by the NFP,
- a mid-year assessment by NFP National Office staff to determine tribal progress and satisfaction;
- new tribal policies and procedures; data collection; billing procedures and additional funding sources identified, as needed;
- and finally, a culturally relevant adaptation of the Nurse-Family Partnership model for American Indian people.

PHASE II will commence the following year, when clients are admitted to the new tribal "Nurse-Family Partnership" programs.

This demonstration project will also result in a "best practices" model for American Indian organizations that can be replicated across the country.

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Freeport West, Inc.

| | |
|--|--|
| Project name: Adolescent Sexual Prevention: Information, Resources & Ed (ASPIRE) Grant Type: Priority Health Area Implementation Amount of Grant: \$190,000.00 | Serving: African/African American Priority health area(s): Teen Pregnancy Prevention County(s): Hennepin, Ramsey |
|--|--|

Project Description: ASPIRE will use evidence based curriculums to improve the sexual health, delay early sexual activity, and increase the protective factors related to teen pregnancy in Hennepin and Ramsey County African American Youth ages 16 to 18. ASPIRE will utilize parent involvement to increase effectiveness of training and to empower parents to connect with their children, share family values and engage in meaningful conversations about sex, sexuality and relationships. Evaluations will be conducted pre and post sessions with both youth and parents to measure the attitudes of youth about themselves and the knowledge gained in the ASPIRE Program. Peer educators will be identified to lead postponing early sexual activity components of Sexual Education sessions.

EHDI Grant Activity Outcomes:

Participation of **216** unduplicated Hennepin and Ramsey County African American youth ages 16-18:

- 80% of participants will complete a six week education session,
- 70% will gain knowledge in subject areas covered,
- 60% will remain non-parents during their time in the program,
- eight to ten will subsequently become peer educators,
- 50 youth's parents will attend orientation, training and program graduation.
- ASPIRE will establish relationships with five community partners to enhance education activities.

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GMCC Division of Indian Work

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| Project name: Live It! Teen Pregnancy Prevention Project Grant Type: Priority Health Area Implementation Amount of Grant: \$175,000.00 | Serving: American Indian Priority health area(s): Teen Pregnancy Prevention County(s): Beltrami, Cass, Hennepin, Mahnomen, Mille Lacs, Ramsey, Scott |
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Project Description: The Live It! Curriculum, an age appropriate, comprehensive sexuality education curriculum is implemented with American Indian youth across Minnesota. Facilitators are trained by our staff to implement the curriculum in existing locations and with already existing group meetings of youth. Implementation sites are provided with a stipend to implement the Live It! Curriculum. The curriculum includes stages of life, puberty and development, rites of passage, communication skills, decision making, cost of living, healthy relationships, risk factors of sexual activity and nutrition and stress.

EHDI Grant Activity Outcomes:

Outcome 1: American Indian youth and adults increase knowledge of contributors to and methods of preventing teen pregnancy

Outcome 2: American Indian Youth and adults increase understanding of the issue of teen pregnancy from both a cultural/traditional and contemporary point of view

Outcome 3: American Indian youth and adults increase awareness of the risk factor that impact decision making skills.

Contact: George Spears
1001 East Lake Street
Minneapolis , MN 55407-0509
Phone: 612-722-8722

Hennepin Health Care System

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| Project name: Aqui Para Ti (APT) Grant Type: Priority Health Area Implementation Amount of Grant: \$215,000.00 | Serving: Hispanic/Latino Priority health area(s): HIV/AIDS and Sexually Transmitted Diseases, Teen Pregnancy Prevention , Unintentional Injury and Violence County(s): Hennepin |
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Project Description: Aquí Para Ti, translated as "Here for you", is a comprehensive, bicultural, clinic-based, youth development program, providing medical care, behavioral health consultations, coaching, health education, and referrals to Latino youths aged 11 to 24 years and their families within a clinical setting. The core of the program lies in an interdisciplinary team of bilingual, bicultural providers that helps youth and parents access culturally appropriate resources, educating youth on mental health issues and how to avoid risky behaviors. The program uses a confidential, family-centered approach, protecting patient privacy while encouraging family members to work together to support the healthy development of the child. APT is housed at East Lake Clinic a branch of Hennepin County Medical Center (HCMC). HCMC is the largest safety net hospital and ambulatory clinic system providing care for low-income, uninsured and vulnerable persons in the state of Minnesota.

EHDI Grant Activity Outcomes: APT grant activities focus around 4 major areas:

- ***Improving youth sexual health*** by establishing policies and procedures that ensure all clinic staff are trained on the unique needs of Latino youth. Outcomes -implementation of EPIC confidentiality features, implementation of confidentiality services across HCMC, and the number of staff trained about minors' consent.
- ***Reducing risk factors and increasing the protective factors related to teen pregnancy*** by implementing a community-wide approach promoting parent child communication. Outcomes are the # of parents and youth receiving the curriculum, increased parent-youth connection and communication.
- ***Identifying new cases of HIV and STI's through increased testing and interventions*** with high-risk patients. Outcomes - # of youth screened about high-risk behaviors, # of youth screened for HIV/STI, # of youth receiving counseling, youth change in knowledge, a decreased number of sexual partners and 100% treatment for patients with positive results.
- ***Preventing suicide and self-inflicted harm in youth.*** Outcomes - # of youth screened for mental health, # of youth reporting suicidal ideation and then feeling better as a result of treatment, # of people educated about suicide and self-inflicted harm.

Contact: Monica Hurtado
2700 East Lake Street, #1100
Minneapolis , MN 55406
Phone: 612-873-8144

Indigenous Peoples Task Force

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| Project name: The Honor Project Grant Type: Priority Health Area Implementation Amount of Grant: \$195,000.00 | Serving: American Indian Priority health area(s): HIV/AIDS and Sexually Transmitted Diseases County(s): Hennepin, Mahnomen, Ramsey, Yellow Medicine |
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Project Description: The Honor Project is an HIV Intergenerational Peer Education Program for Native American women and their adolescent female family members. The program will be run in the Twin Cities urban area and in two tribal communities each year. The Honor Project seeks to educate 200 participating Native women each year about how to prevent HIV/AIDS and other sexually transmitted diseases, and to train the women to reach out to others in their families and social networks to promote safer sex practices and encourage HIV testing. The program’s public health messages are interwoven with cultural values and traditions to resonate strongly with women of many tribal backgrounds. The Honor Project also encourages women and their peers to learn their HIV serostatus by offering Rapid HIV Tests at program sessions, and at Native community gatherings around the state. The project forms a Statewide Advisory Council representing tribes, urban communities, and organizational stakeholders to coordinate and support prevention, care and advocacy efforts related to HIV in Minnesota’s Native communities.

EHDI Grant Activity Outcomes: The longer-term outcomes of the Honor Project will be to reduce the risk of transmission of HIV/AIDS in the Native American population of Minnesota. By targeting 200 female Native Americans each year, the intervention seeks to reverse the trend for this group disproportionately impacted by new infections of HIV/AIDS. Honor Project participants learn about HIV and other sexually transmitted infections, engage in skills building around effective prevention practices, and develop strategies on overcoming challenges to negotiating and implementing safer sex practices. By fostering leadership and equipping participants with fun, culturally appropriate teaching and outreach tools, the Native American women who participate in the project will reach another 1,000 community members with information on testing and preventing HIV. By doing this, the program participants are empowered and feel they can make a difference in their community’s health. Through the Honor Project, over 400 Native community members each year will become aware of their HIV serostatus, and be connected to needed resources and services. A statewide Native HIV Coalition will be formed to increase coordination, improve capacities to adopt best-practice programs, practices and policies aimed at reducing the disproportionate impact of HIV on the Native American community.

Contact: Colette Lawrence
3019 Minnehaha Avenue, Suite 150
Minneapolis , MN 55406
Phone: 612-870-1723

Jordan New Life Hub

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| Project name: The Jordan Health Zone Grant Type: SDOH Planning Amount of Grant: \$ 99,000.00 | Serving: African/African American Priority health area(s): TBD County(s): Hennepin |
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Project Description: The Jordan Health Zone will focus its activities in the Jordan Neighborhood of North Minneapolis. A Planning Group and Advisory Partners will work together to implement a planning process to identify a priority health area and social determinants.

EHDI Grant Activity Outcomes: The Planning Group and Advisory Partners will develop preliminary recommendations for identifying a priority health area and social determinants of health, test recommendations with key stakeholders, and share results and recommendations with the community as a whole, gathering consensus from community members, stakeholders, community organizations, policy makers, and more.

Contact: Julianne Leerssen
1922 25th Avenue North
Minneapolis , MN 55411
Phone: 612-522-0942

Lao Family Community of Minnesota, Inc.

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| Project name: KEV XAIV Grant Type: Priority Health Area Implementation Amount of Grant: \$190,000.00 | Serving: Asian/Pacific Islander Priority health area(s): Teen Pregnancy Prevention County(s): Hennepin, Ramsey |
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Project Description: Kev Xaiv: Pregnancy Prevention and Parenting provides comprehensive-based pregnancy prevention education for Hmong youth in middle schools and comprehensive pregnancy prevention education for youth in high schools in Minneapolis and St. Paul. Support services for young Hmong parents are also available with support groups in schools and at Lao Family facilities.

EHDI Grant Activity Outcomes:

- 80% of 160 young people will demonstrate:
 - a) an increased knowledge of the benefits of remaining abstinent
 - b) an increased knowledge of human sexuality, and
 - c) knowledge of how to prevent HIV/STD infections
- 90% of 100 young mothers will:
 - a) not have unplanned repeat pregnancies,
 - b) remain in or return to school,
 - c) know how to prevent HIV/STD infections, and
 - d) have an increased knowledge of how to prevent birth defects and infant mortality

Youth and parents will receive information about healthy teen relationships; facts about sexual reproduction, HIV/STD infections; and information about agency and other youth development resources for college prep, finding jobs, and after school programming

Contact: Vern Xiong
320 University Avenue West
Saint Paul , MN 55103
Phone: 651-209-6808

Leech Lake Band of Ojibwe

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| Project name: Eliminating Health Disparities Initiative 2011 Grant Type: Priority Health Area Implementation Amount of Grant: \$100,000.00 | Serving: American Indian Priority health area(s): Teen Pregnancy Prevention County(s): Beltrami, Cass, Hubbard, Itasca |
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Project Description: In the areas of teen pregnancy we will address the unfavorable outcomes of premature birth, low birth weight, lower cognitive development and poorer educational outcomes that are more likely to occur as a consequence of adolescent childbearing. Our strategies will address females along with the under served population of male teenagers. In the area of unintentional Injury and Violence we intend to address the issues of suicide prevention, gang violence, and partner violence as well as unintentional self injury as it relates to drugs and alcohol. Through our programming we hope to impact each teen we serve in the areas of personal development, goal setting, boundary setting, empowerment, resourcing, and health care practices. The impact we are striving to achieve with each of our activities is the knowledge and education that each participant will take from our program. Building strong youth with goals and dreams.

EHDI Grant Activity Outcomes:

- REDUCTION in Teen pregnancies/multiple births rates (ages 12-19) reflected in Tribal Data Base
- INCREASE in utilization of clinic sites by male teens ages 12-19.
- REDUCTION in the LLBO Police and EMS logs regarding violence response calls.
- REDUCTION in shaken baby injuries reflected in the IHS data base
- REDUCTION in Unintentional Injury reports as reflected in the Tribal Police logs.
- PRE and POST Survey Reports from Target Population regarding behavior changes.

Contact: Bernadette Gotchie
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Cass Lake , MN 56633
Phone: 218-335-4503

Lincoln Lyon Murray Pipestone Public Health Services

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| Project name: Multi-Cultural Community Planning Project Grant Type: SDOH Planning Amount of Grant: \$140,000.00 | Serving: African/African American, American Indian, Asian/Pacific Islander, Hispanic/Latino County(s): Lincoln, Lyon, Murray, Pipestone, Redwood |
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Project Description: The Multi-Cultural Community Planning Project involves reaching out to the four primary minority communities in Lincoln, Lyon, Murray, Pipestone, and Redwood Counties; including Somali, Hmong, Hispanic and American Indian. We will utilize a Multi-County Community Coalition of community partners, contracted Minority Community Outreach specialists, and Public Health Staff in all five counties to do outreach and assessment activities to evaluate social determinants of health and health disparities.

EHDI Grant Activity Outcomes: Outreach and Assessment activities will provide us with data that can be used to formulate an action plan to reduce the health disparities faced by minority communities in our counties.

Contact: Kori Woodrich
607 West Main Street
Marshall , MN 56258
Phone: 507-537-6713

Lutheran Social Service of Minnesota (LSS)

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| Project name: S.E.L.F. and H.Y.P.E. Grant Type: Priority Health Area Implementation Amount of Grant: \$200,000.00 | Serving: African/African American, American Indian, Asian/Pacific Islander, Hispanic/Latino Priority health area(s): HIV/AIDS and STDs, Teen Pregnancy Prevention County(s): Hennepin, St. Louis |
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Project Description: LSS Teen Pregnancy and HIV Prevention Project is comprised of two LSS programs: SELF (Seeing and Exploring Life's Future) Teen Pregnancy Prevention Program provides sexual health education and peer education to urban youth of color ages 11 to 18 who attend public school in Minneapolis. The HYPE (Healthy Youth Protection Education) provides HIV prevention in Duluth and serves male, female, and transgendered youth, who are homeless, or reside in emergency shelter, transitional housing, residential treatment or judicial system facilities, or engage in sex trade for survival. The program implements research-based approaches that best meet the needs of African Americans and Native Americans. Both programs meet the demand for prevention education and effectively work to reduce health disparities by providing education about teen pregnancy prevention, HIV/AIDS, and STDs within schools and in communities where underserved populations are strongly represented.

EHDI Grant Activity Outcomes:

- IMPROVE the sexual health of young people, with a special focus on young adolescents,
- IMPLEMENT evidence-based or promising programs in local school or community programs that discuss abstinence, contraception, and condom use and that are known to delay sexual activity and increase condom use.
- REDUCE the risk factors and increase the protective factors related to teen pregnancy.
- IMPLEMENT a youth development/peer education program and promote effective parent-child communication.
- REDUCE the rate of new infections of HIV and STDs.
- IMPLEMENT a group-level or individual intervention for high risk members of the target population including education and skills training designed to reduce risky sexual behaviors, improve safer sex skills, and INCREASE knowledge of HIV and STDs among the target population.
- REDUCE the rate of new infections of HIV and STDs.
- IMPLEMENT Peer Education Program and Media Campaign to encourage and support high-risk populations and communities to adopt safer sex practices.

Contact: Mary Anderson or Cathy Bergh, Director
2400 Park Ave. S. 424 West superior St. #204
Minneapolis, MN 55404 Duluth, MN 55802
Phone: 612-879-5279 218.529.2233

Minnesota Immunization Networking Initiative (MINI)

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| Project name: Minnesota Immunization Networking Initiative (MINI) Grant Type: Priority Health Area Implementation Amount of Grant: \$123,000.00 | Serving: African/African American, American Indian, Asian/Pacific Islander, Hispanic/Latino Priority health area(s): Immunizations County(s): Anoka, Carver, Dakota, Hennepin, Ramsey, Scott |
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Project Description: The overarching goal of MINI is to provide annual seasonal influenza immunizations at no charge to uninsured, underserved persons who are impacted by health disparities. MINI is a multi-sector collaboration of a large nonprofit healthcare system (Fairview Health Services), a for profit healthcare agency (Homeland Health Specialists, Inc.), two faith based nonprofits (St. Mary's Health Clinics and the Stairstep Foundation), a community healthcare clinic (Open Cities Health Center), two community based organizations (American Indian Community Development Corporation and River Valley Nursing Center) and dozens of faith communities and community centers. MINI uses non-traditional settings such as faith communities and community centers to hold free flu shot clinics at a time when persons are at the site or in the building for other activities, such as a health fair or worship service. The clinics are organized and hosted by community partners. Since its first season in 2006, MINI has provided over 21,000 free influenza vaccinations in 56 different multi-cultural sites.

EHDI Grant Activity Outcomes:

- Reduce barriers to receiving influenza vaccine by holding free clinics in trusted, community based settings
- Provide pneumococcal vaccine for adults age 65 and older
- Recruit, train and place healthcare volunteers from Fairview in MINI clinics
- Engage new partners representing the Asian population to sponsor and host MINI clinics

Contact: Patricia Peterson
2849 Johnson Street NE
Minneapolis , MN 55418
Phone: 612-706-4562

Minnesota Indian Women's Resource Center

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| Project name: Nokomis Endaad Grant Type: Priority Health Area Implementation Amount of Grant: \$200,000.00 | Serving: American Indian Priority health area(s): Unintentional Injury and Violence County(s): Hennepin, Ramsey |
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Project Description: Nokomis Endaad is a new model of culturally based, healing intervention that addresses the intersection of sexual trauma, chemical addiction and mental instability in American Indian women. It will increase sobriety rates and reduce the repeat victimization and unintentional injuries that result from these traumas through spiritual, physical, and emotional healing. The program design is based upon Native strengths and traditional methods of healing, utilizing spiritual and ceremonial practices, equine therapy, and safe touch massage to address trauma, reconnect women with their Native culture and community, and rebuild their self esteem as strong Native women.

EHDI Grant Activity Outcomes: The program has two primary goals: 1) American Indian women will achieve sobriety and wellness in order to live happy, productive lives within their families and communities, and 2) American Indian women will connect with, internalize and solidify Native spiritual and cultural strengths to sustain their Native identity, health, and well being. The program's measureable objectives include: 1) help women to achieve short-term outcomes of sobriety and initial healing, and sustain long-term outcomes of continued sobriety and wellness, 2) help women learn about tribe specific Native traditional knowledge and apply that knowledge to have a healthy sense of self physically, emotionally, spiritually, mentally and socially, and 3) help women overcome obstacles to their recovery experience. Over the three-year project period, Nokomis Endaad will improve the health, stability, and happiness of 160 Native women and support their sustained recovery.

Contact: Dr. Rosemary White Shield
2300 15th Ave.South
Minneapolis , MN 55404
Phone: 612-728-2000

Model Cities of St Paul

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| Project name: Model Cities' Safe and Healthy Families Initiative Grant Type: Priority Health Area Implementation Amount of Grant: \$150,000.00 | Serving: African/African American Priority health area(s): Infant Mortality, Unintentional Injury and Violence County(s): Ramsey |
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Project Description: Model Cities Safe and Healthy Families Initiative responds to the health disparity for African Americans in the areas of infant mortality and unintentional injury and violence. Through this project, consumers will receive information and education on infant nutrition and healthy physical growth; social and emotional development screenings for infants; comprehensive parenting education; culturally appropriate family planning and reproductive health support; home safety support and health education workshops; and psycho-education skill building support groups that address emotional trauma, medication education, sleep disorders, suicide awareness/prevention, and crisis intervention services.

EHDI Grant Activity Outcomes:

- Improve infant nutrition and healthy physical growth and development of 100 infants.
- Provide 65 women with culturally appropriate family planning and child spacing information.
- Improve home safety for 100 families by conducting home visits to reduce hazards and promote safety in homes.
- Prevent unintentional injuries and violence for 65 individuals and their families.

Contact: Babette Jamison
839 University Avenue
Saint Paul , MN 55104
Phone: 651-632-8349

NorthPoint Health & Wellness Center, Inc.

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| <p>Project name: EHDI Program at NorthPoint Health & Wellness Center, Inc.</p> <p>Grant Type: Priority Health Area Implementation</p> <p>Amount of Grant: \$200,000.00</p> | <p>Serving: African/African American, Asian/Pacific Islander, Hispanic/Latino</p> <p>Priority health area(s): Breast and Cervical Cancer Screening, Heart Disease and Stroke, Diabetes</p> <p>County(s): Hennepin</p> |
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Project Description: The Eliminating Health Disparities Program at NorthPoint Health & Wellness Center, Inc. will address disparities among the African/African American, Hispanic/Latino and Asian/Pacific Islander residents of North Minneapolis by delivering an integrated plan of care to patients identified with three of the chronic health conditions targeted in the EHDI Project (Diabetes, Heart Disease and Breast/Cervical Cancer). Through a collaborative effort involving staff from NorthPoint's clinic and Human Services operations, along with community partners, an integrated model of care that addresses the medical, socioeconomic and cultural needs of patients identified for care will be developed. Participants in the program will receive extensive care management. Community Health Workers will help individuals and families address various health care barriers and assist them in receiving culturally appropriate patient care that will allow them to achieve their health care goals and improve their over all health outcomes.

EHDI Grant Activity Outcomes:

- IMPROVE the health outcomes/status of 75 patients identified with heart disease.
- IMPROVE the health outcomes/status of 100 patients identified with diabetes.

All individuals with abnormal findings from breast or cervical cancer screenings will receive appropriate individualized follow-up care on a timely basis with Community Health Worker support.

Contact: Windy Fredkove
1315 Penn Ave. North
Minneapolis , MN 55411
Phone: 612-767-9187

Peta Wakan Tipi

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| Project name: Dream of Wild Health Grant Type: Priority Health Area Implementation Amount of Grant: \$175,000.00 | Serving: American Indian Priority health area(s): Diabetes County(s): Hennepin, Ramsey, Washington |
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Project Description: Working with low and moderate income American Indian communities in Minneapolis and St. Paul, Dream of Wild Health will identify and train up to 10 youth leaders to serve as health advocates so they can present obesity and diabetes prevention to schools, community organizations and associations. We will expand access to healthy foods by expanding our youth farmers markets to 3 sites. We will draft and pilot test culturally specific Food Experience Questionnaires and Diabetes & Obesity Life-Style Surveys. We will launch the 1st Annual Indigenous Games Day to encourage physical exercise.

EHDI Grant Activity Outcomes:

- ESTABLISH a process for identifying, training, supporting and evaluating youth health advocates utilizing culturally specific messages; this, in turn, will reduced fatalistic attitudes about diabetes, increase knowledge about causes of diabetes as well as benefits of healthy foods and exercise and raise cultural awareness around health.
- INCREASE the number of community members who have access to fresh foods and provide education and technical assistance for community groups and Native families who wish to grow them.
- GAIN knowledge of the extent of diabetes and obesity in St. Paul American Indian community through Life-Style surveys and produce a cultural Food Experience Questionnaire.
- INCREASE awareness of benefits and interest in physical activities through a day dedicated to indigenous games - making exercise fun.

Contact: Pat Deinhart
16085 Jeffrey Ave
Hugo, MN 55038
Phone: 612-371-6464

Pillsbury United Communities

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| Project name: East African ABCD Project Grant Type: SDOH Planning Amount of Grant: \$100,000.00 | Serving: African/African American County(s): Hennepin Geography and Population Served: East African Immigrants including Somali, Oromo, Ethiopians and Eritreans. |
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Project Description: The East African ABCD Project uses the framework of asset-based community development to address disparities in health. The goal is to organize, educate and mobilize East African community members so they have the power to hold systems and policy makers accountable to break down inequity, as well as to ensure services are culturally relevant and are designed to build relationships, bridge social capital, and reduce racial disparities. As we have made it a priority to engage community members around issues of equity and well being, a partnership with the U of M School of Social Work has been developed to plan and implement an asset-based community engagement process to impact health disparities for East African immigrants. A central component to the planning process is community asset mapping, which builds trust among community members, develops the asset mappers’ capacities, and engenders a sense of community pride. The asset-mapping process involves community members throughout, first in conducting an inventory of the community assets, then, as a community team composes a physical and/or conceptual map of the community’s assets.

EHDI Grant Activity Outcomes: As a result of 125 East African residents and community stakeholders joining together in an asset mapping and organizing process, the community will decide how it wants to strategically leverage assets and take action to break down disparities in the social determinants of health. Through a series of community forums and engagement during the planning process, the community also identifies and decides which social determinants of health are the highest priority, and leads action research to refine the solutions they want to pursue and which systems and policies need to change to have the greatest impact on breaking down health disparities. The planning process will result in a specific and clear action plan to create change.

Contact: Amano Dube
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Minneapolis , MN 55454
Phone: 612-338-5282

Planned Parenthood Minnesota, North Dakota, South Dakota (PPMNS)

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| Project name: Planned Parenthood's EHDI Project Grant Type: Priority Health Area Implementation Amount of Grant: \$120,000.00 | Serving: African/African American, Asian/Pacific Islander Priority health area(s): Teen Pregnancy Prevention County(s): Hennepin, Ramsey |
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Project Description: Planned Parenthood's EHDI Project provides education and outreach programming targeting African-born/immigrant and Hmong youth between the ages of 14 and 17 who are at risk for unintended pregnancy and STI/HIV infection.

EHDI Grant Activity Outcomes:

- Youth from the African-born/immigrant and Hmong communities will be trained as youth educators in their communities by staff educators using the Making Proud Choices curriculum.
- The youth will increase their knowledge about sexual health topics and improve their communication skills including their ability to talk with their parents and with their peers.
- Through peer education, 600 African-born/immigrant and Hmong youth will receive information about sexual health topics and resources in their community.

These youth will gain contraceptive knowledge, condom usage among sexually active youth will increase, sexually active youth will have more favorable attitudes about condom use, and there will be an increase in HIV/STI transmission and prevention knowledge.

Contact: Frederick Ndip
1200 Lagoon Avenue
Minneapolis, MN 55408
Phone: 612-821-6127

Saint Paul Area Council of Churches

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| Project name: American Indian East Metro Diabetes Initiative Grant Type: Priority Health Area Implementation Amount of Grant: \$200,000.00 | Serving: American Indian Priority health area(s): Diabetes County(s): Ramsey |
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Project Description: EHDI Grant Collaborative includes the Saint Paul Area Council of Churches Department of Indian Work (lead agency), Ain Dah Yung (Our Home) Center, American Indian Family Center, Indian Education (Saint Paul Public Schools), and the University of Minnesota Medical School. The project will improve health of American Indians with diabetes by reducing risk factors leading to diabetes and its complications.

Specific components of the American Indian East Metro Diabetes Initiative include: ·

- Bi-weekly evening sessions for individuals and families to include medical check-up, shared meal, nutrition discussion, presentation by medical professionals, Talking Circle, and exercise activity.
- Culturally-grounded diabetes curriculum for youth in school and community settings.
- Youth support groups (Talking Circles) incorporating American Indian elders and culturally-based framework for healthy lifestyles.
- Active days and Native dance opportunities for youth.
- Family physical activity events shaped and directed by American Indian fathers and men.

EHDI Grant Activity Outcomes:

- 70% of participants have a positive behavior change through at least one of the following; lower blood sugar, weight loss, change in diet, and/or increased level of physical activity.
- 70% of participants will have positive behavior change in diet and physical activity and awareness of sugar and fat content in food. Evaluation logic model developed, implemented & findings disseminated.
- 80% of participants develop a tailored self-management plan for their diabetes or diabetes prevention.
- Additional FTE's will enable ADY/SPPS to expand the number of youth participants by 50% in the Healthy Lifestyles initiative. A new Traditional Dance component will be added.
- 75% of Healthy Lifestyles participants demonstrate increased awareness of health related risk factors and tools to prevent diabetes and other diseases, measured by pre-and post-test at Talking Circle sessions
- 80% of Healthy Lifestyles participants complete fitness journal and reach fitness and health goals.
- 100% of the youth who participate in learning traditional Native dancing exhibit new dancing skills

Contact: Shannon Badwarrier Petersen
1671 Summit Avenue
Saint Paul , MN 55105
Phone: 651-789-3862

Sierra Young Family Institute, Inc.(Agape House)

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| Project name: 'I Rise' (I- Realize-I-Succeed-through my-Efforts) Grant Type: Priority Health Area Implementation Amount of Grant: \$205,000.00 | Serving: African/African American Priority health area(s): HIV/AIDS and STDs, Teen Pregnancy Prevention County(s): Hennepin, Ramsey |
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Project Description: Sierra Young Family Institute, Inc., is a community based, non-profit organization, dedicated to empowering children and families. Through high-quality and culturally relevant training tailored to meet their needs, we provide the guidance, and on-going support they need to live healthy lives and reach their full potential. We work in partnership with each program participant using their own strengths to make their dreams their reality. While daring them to dream big, success is built through choices, and not by chance.

EHDI Grant Activity Outcomes: Sierra's 'I Rise' program provides services to youth & families to help them become sexually healthy, prevent unintended pregnancy & prevent the spread of sexually transmitted infections including HIV/AIDS. I Rise is tailored to address needs of program participants with an emphasis on African American, African Immigrants, and Multi-cultural youth and families. Through expert instructors, they gain knowledge aimed at change in attitude, behaviors, and skill development needed to evaluate situations, think critically, and make decisions that lead them closer to their life goals. These empowered agents join the movement to change family and the State of Minnesota community norms, system change, the social & economic status within their respective communities. The program services for the EHDI I Rise are provided directly or in collaboration: *Foundational Training (Personal Empowerment), *Health Education (Prevention & Safety), *Health Maintenance and Monitoring (All Aspects of Health), *Parenting (Nurturing & Attachment, Child Development, Parent & Child Resilience, Parent & Child Communication, Creating Champions), *Community & Social Connections (Service Learning & Community Service), *Tutoring (School Connectedness & Academic Excellence), *Counseling & Rapid HIV Testing, *Information & Referrals, & *Follow-Up Support

Contact: Roberta D.Barnes
1002 Blair Avenue
Saint Paul , MN 55104
Phone: 651-274-1491

The City, Inc.

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| <p>Project name: SiHLE (Sistering, Informing, Healing, Living, & Empowering) Grant Type: Priority Health Area Implementation Amount of Grant: \$210,000.00</p> | <p>Serving: African/African American Priority health area(s): HIV/AIDS and STDs, Teen Pregnancy Prevention County(s): Hennepin, Ramsey</p> |
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Project Description: The City, Inc. HAS Program implements two evidence-based curricula interventions (SiHLE and Safer Choices) at two alternative high schools in Minneapolis. Through interactive discussions in groups of 10-12 girls, or in classroom discussions with high school age youth, the interventions emphasize ethnic and gender pride, present and future goals, decision making, and awareness of HIV/STD risk reduction strategies such as abstaining from sex, using condoms consistently, and having fewer sex partners.

EHDI Grant Activity Outcomes:

- Reduce the number of girls who become pregnant
- Reduce the number of boys who father a child
- Improve the sexual health of young people.
- Reduce the risk factors and increase the protective factors for sexual health

Contact: Chi Ellis
1315 12th Ave.N.
Minneapolis , MN 55411
Phone: 612-867-5591

Indian Health Board of Minneapolis, Inc

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| Project name: Cardiovascular Disease Prevention and Breast/Cervical Cancer Grant Type: Priority Health Area Implementation Amount of Grant: \$180,000.00 | Serving: American Indian Priority health area(s): Breast and Cervical Cancer Screening, Heart Disease and Stroke County(s): Hennepin, Ramsey |
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Project Description: The Indian Health Board of Minneapolis’ EHDI Program has been carefully designed to promote health and wellness by providing the services and education necessary to prevent CVD and breast/cervical cancer to Native Americans residing in the urban setting. Participants in the program will receive extensive case management. Similarly, they will be given the opportunity to participate in our Women’s Health Day Events and ‘Honoring the Gift of Heart Health’ curriculum.

EHDI Grant Activity Outcomes:

- Number of participants involved in Women’s Health Day Events including the number of women that receive mammograms and pap smears the day of the event.
- Number of participants who receive required annual exams (mammograms and pap smears).
- Number of participants receiving follow-up on abnormal findings of mammograms or pap smears.
- Number of participants completing the “Honoring the Gift of Heart Health Curriculum”
- Number of participants successful in smoking cessation.
- Number of participants successful in preventing CVD through healthy lifestyle change.

Contact: Tammy Didion or Maria Krisch
1315 East 24th Street
Minneapolis , MN 55404
Phone: 612-721-9816 / 612-721-9803

Vietnamese Social Services of Minnesota

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| Project name: Asian American Eliminating Health Disparities Program Grant Type: Priority Health Area Implementation Amount of Grant: \$203,000.00 | Serving: Asian/Pacific Islander Priority health area(s): Breast and Cervical Cancer Screening, Heart Disease and Stroke County(s): Hennepin, Ramsey |
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Project Description: The Asian American Eliminating Health Disparities Program will address disparities in breast and cervical cancer, heart disease, and stroke in the Vietnamese, Chinese and Karen communities in the Twin Cities Metropolitan Area. In concert with its partner organizations - Chinese Social Service Center and Karen Organization of Minnesota - Vietnamese Social Services of Minnesota will build on its past successes in reducing health disparities in the Vietnamese population, while developing equally effective strategies in the Chinese and Karen communities. The Program will engage community leaders and health professionals from each of the target populations in raising awareness of disease prevention and encouraging the use of screening resources. Community health workers at each partner organization will conduct outreach, education and health advocacy to help individuals and families surmount linguistic, cultural and economic barriers to health care and affordable health insurance options.

EHDI Grant Activity Outcomes:

- 25,000 members of the Vietnamese, Chinese and Karen communities will be informed about breast and cervical cancer, heart disease, and stroke through outreach events, health classes, and a media campaign.
- 90% of 700 persons referred to or assisted with health screening will complete screening.
- 95% of persons with abnormal findings will complete appropriate follow-up
- 100% of 200 uninsured or underinsured persons will be enrolled in programs paying for screening and treatment services

Contact: Marie Tran
277 University Avenue West
Saint Paul , MN 55103
Phone: 651-917-2945

WellShare International

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| Project name: Somali Health Care Initiative Grant Type: Priority Health Area Implementation Amount of Grant: \$108,000.00 | Serving: African/African American Priority health area(s): Heart Disease and Stroke, Diabetes, Infant Mortality, Unintentional Injury and Violence County(s): Hennepin, Ramsey |
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Project Description: The Somali Health Care Initiative strives to reduce health disparities in four key health priority areas: diabetes, heart disease and stroke, infant mortality, and unintentional injury and violence. The project works with the Somali community through five programs. Major components include: 1) Culturally appropriate fitness classes for elders as well as youth. 2) The creation and dissemination of a Somali language DVD, “Healthy Moms, Healthy Babies II”. This DVD shares culturally-specific health information for pregnant and post-partum women and their families. 3) The establishment of a sustainable funding system for Community Health Worker services, starting with the development of policies and procedures for this state reimbursement systems. 4) Diabetes education and outreach for diagnosed individuals. This outreach will be conducted through the state reimbursement program mentioned above. 5) Ongoing provision of trainings for Community Health Workers throughout the metro and state. These trainings focus on key health priorities as outlined by EHDI and chosen by the CHW community.

EHDI Grant Activity Outcomes: WellShare International’s Somali Health Care Initiative provides services to Somali youth, elders, and men and women of reproductive age and works towards seven outcomes. These outcomes include: 1) Increasing the number of minutes Somali elders participate in moderate physical activity each week. 2) Increasing the number of minutes Somali youth participate in moderate physical activity each week. 3) Distributing “Healthy Moms, Healthy Babies II” DVD at the local, state, and national level to increase Somali men and women’s knowledge and understanding of health during pregnancy. 4) Developing and implementing a diabetes training module for Community Health Workers. 5) Improve quality of life for Somali individuals with diabetes by increasing their knowledge of diabetes care, maintenance, and lifestyle. 5) Establishing a sustainable funding mechanism for Community Health Worker services. 6) Establishing baseline data for falls of seniors in Minnesota. 7) Increasing the knowledge and understanding of Community Health Workers ability to improve the health of their communities.

Contact: Andrea Everson
122 West Franklin Ave, # 510
Minneapolis , MN 55404
Phone: 612-230-3258

YWCA of Minneapolis

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| Project name: YWCA of Minneapolis Girls & Youth Program | Serving: African/African American, American Indian, Asian/Pacific Islander, Hispanic/Latino |
| Grant Type: Priority Health Area Implementation | Priority health area(s): Teen Pregnancy Prevention |
| Amount of Grant: \$110,000.00 | County(s): Hennepin |

Project Description: YWCA of Minneapolis Girls & Youth Programs prepare urban girls and youth to be leaders, learners and creators of change through culturally specific youth development programs focused on health, school and career success. This project provides gender specific comprehensive sexual health education to Asian American, Native American, and Latino and African American youth with a focus on girls.

EHDI Grant Activity Outcomes: Girls and youth who participate in YWCA of Minneapolis Girls & Youth Programs will:

- Demonstrate increased knowledge about pregnancy prevention, STD and HIV/AIDS prevention and/or misconceptions they had about the topics were corrected.
- Demonstrate knowledge of the importance of delaying pregnancy until they have completed their educational goals.
- Demonstrate positive connection to school.
- Demonstrate knowledge about the importance of graduating from high school and pursuing post-secondary education for long-term life success.

YWCA of Minneapolis Girls & Youth Programs will be strengthened by staff being trained in the Making Proud Choices! or Safer Choices curriculum.

Contact: Mark Campbell
1130 Nicollet Mall
Minneapolis , MN 55403
Phone: 612-332-0501

Tribal Grantees

Bois Forte Band

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| Project name: Bois Forte Band Grant Type: Priority Health Area Implementation Amount of Grant: \$ 49,531.00 | Serving: American Indian Priority health area(s): Breast and Cervical Cancer Screening County(s): Itasca, Koochiching, St. Louis |
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Project Description: The project will coordinate prevention services to American Indian women living on the reservation at two female health clinics and a mobile unit providing access to mammography's.

EHDI Grant Activity Outcomes: Awareness will be raised and early detection for Breast & Cervical Cancer by providing screenings, education, and self screening tools to all American Indian Women on the Bois Forte Reservation.

Contact: Jill Horack
13071 Nett Lake Road
Nett Lake, MN 55771
Phone: 218-757-3476

Fond du Lac Band

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| Project name: Fond du Lac Band Grant Type: Priority Health Area Implementation Amount of Grant: \$110,007.00 | Serving: American Indian Priority health area(s): Infant Mortality County(s): Carlton, Cook |
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Project Description: The project includes a breastfeeding program, initial meeting for home visiting services combined with resource sharing and referrals, and home visiting assessment and development of individualized family care plan.

EHDI Grant Activity Outcomes: 100 percent of mothers will initially receive information about breastfeeding, increase more home visiting after initial visit in clinic waiting area, and 100 % of well child families will be offered family home visiting services.

Contact: Debra Smith
927 Trettle Lane
Cloquet, MN 55720
Phone: 218-878-2104

Grand Portage Band

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| <p>Project name: Grand Portage Band Grant Type: Priority Health Area Implementation Amount of Grant: \$ 22,772.00</p> | <p>Serving: American Indian Priority health area(s): Breast and Cervical Cancer Screening , Heart Disease and Stroke Diabetes, Immunizations for Adults and Children, Teen Pregnancy Prevention County(s): Cook</p> |
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Project Description: Coordinate remote access services for mammography’s, pregnancy prevention education and immunizations for school year.

EHDI Grant Activity Outcomes:

- 75% of woman will receive remote routine mammography screening,
- 2-5 people per month will participate in prevention and education,
- 97 % of all local students will have up to date vaccinations.

Contact: Jennifer Schulz
PO Box 428
Grand Portage, MN 55605
Phone: 218-475-2235

Leech Lake Band

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| Project name: Leech Lake Band Grant Type: Priority Health Area Implementation Amount of Grant: \$158,714.00 | Serving: American Indian Priority health area(s): Unintentional Injury and Violence Prevention County(s): Beltrami, Cass, Hubbard, Itasca |
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Project Description: Develop a behavioral health plan including policies and protocols to address suicide prevention and domestic and intimate partner violence.

EHDI Grant Activity Outcomes: All reservation members will have access to educational services for suicide prevention and domestic violence. A Manual will be developed to guide the implementation of all services around UIV.

Contact: Bernadette Gotchie
115 6th Street NW
Cass Lake, MN 56633
Phone: 218-335-4503

Lower Sioux Community

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| Project name: Lower Sioux Community Grant Type: Priority Health Area Implementation Amount of Grant: \$ 26,079.00 | Serving: American Indian Priority health area(s): Diabetes, HIV/AIDS and STDs, Immunizations County(s): Redwood |
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Project Description: The project addresses the whole family system by creating awareness and education to community members about Immunizations, SDI/HIV, and Diabetes.

EHDI Grant Activity Outcomes: All community members of school age will have school readiness screenings', other family members will participate in organized activities to improve the health of Lower Sioux Community. All community members will attend cultural programming to encourage walking, prevention, and safety training for elders.

Contact: Carol Flahaven
PO Box 308
Morton, MN 56270
Phone: 507-697-6185

Mille Lacs Band

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| Project name: Mille Lacs Band Grant Type: Priority Health Area Implementation Amount of Grant: \$ 57,539.00 | Serving: American Indian Priority health area(s): Breast and Cervical Cancer Screening Immunizations, Infant Mortality, Unintentional Injury and Violence County(s): Aitkin, Kanabec, Mille Lacs, Pine |
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Project Description: Screen for immunization compliance, provide doula support and other maternal health services to ensure a healthy pregnancy and baby, Address safety for babies by educating about safe sleep practices, home safety standards, shaken baby education, and other risk factors. Coordinate education and mammography remote services about breast and cervical cancer.

EHDI Grant Activity Outcomes:

- Increase immunizations for all WIC and PH clients,
- increase first trimester prenatal care with at least 6-12 prenatal visits throughout pregnancy,
- increase breast feeding for 6 months,
- decrease all substance abuse during pregnancy.

Contact: Lisa Blahosky
17230 Noopiming Drive
Onamia, MN 56359
Phone: 320-532-7459

Red Lake Nation

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| <p>Project name: Red Lake Nation Grant Type: Priority Health Area Implementation Amount of Grant: \$139,149.00</p> | <p>Serving: American Indian Priority health area(s): Diabetes, Infant Mortality County(s): Beltrami, Clearwater, Lake of the Woods, Pennington, Polk</p> |
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Project Description: Provide childbirth classes for high risk patients and partners. Address risk factors for diabetes including healthy eating and being active for children.

EHDI Grant Activity Outcomes:

- Increase healthy birth outcomes for all high risk pregnant women.
- Coordinate WOLF curriculum for grades 1-5,
- Children ages 7 - 17 on the Red Lake reservation will learn about healthy living to prevent diabetes.

Contact: Connie Jorgenson
PO Box 249
Red Lake, MN 56671
Phone: 218-679-3316

Upper Sioux Community

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| Project name: Upper Sioux Community Grant Type: Priority Health Area Implementation Amount of Grant: \$ 21,047.00 | Serving: American Indian Priority health area(s): Breast and Cervical Cancer Screening Immunizations for Adults and Children County(s): Yellow Medicine |
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Project Description: Conduct cancer awareness events for all community members, coordinate immunization activities, and provide White Bison culturally appropriate teachings for tribal youth.

EHDI Grant Activity Outcomes: Community members will be informed about cervical and breast cancer including prevention, all community members will be immunized and tribal youth will demonstrate traditional ways.

Contact: Jim Hiedeman
PO Box 147
Granite Falls, MN 56241
Phone: 320-564-6321

White Earth Band

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| Project name: White Earth Band Grant Type: Priority Health Area Implementation Amount of Grant: \$142,374.00 | Serving: American Indian Priority health area(s): Unintentional Injury and Violence County(s): Becker, Clearwater, Mahnomen |
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Project Description: Community based violence prevention activities to reduce unintentional injuries and violence in collaboration with area schools with White Earth tribal students, county court systems, and Tribal substance abuse programs.

EHDI Grant Activity Outcomes: All participants enrolled in the anger management program will have been taught anger management techniques to address domestic abuse, bullying, conflict resolution, and how mood altering substances influences violence and unintentional injuries. A 27 week Domestic Violence Curriculum will address power and control with batterers who live on or near the White Earth Indian Reservation.

Contact: James Schmitt or JoAnne Riegert

White Earth, MN 56591

Phone: 218-983-3285

APPENDIX D: EHDI Legislation

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145.928 ELIMINATING HEALTH DISPARITIES.

Subdivision 1. **Goal; establishment.** It is the goal of the state, by 2010, to decrease by 50 percent the disparities in infant mortality rates and adult and child immunization rates for American Indians and populations of color, as compared with rates for whites. To do so and to achieve other measurable outcomes, the commissioner of health shall establish a program to close the gap in the health status of American Indians and populations of color as compared with whites in the following priority areas: infant mortality, breast and cervical cancer screening, HIV/AIDS and sexually transmitted infections, adult and child immunizations, cardiovascular disease, diabetes, and accidental injuries and violence.

Subd. 2. **State-community partnerships; plan.** The commissioner, in partnership with culturally based community organizations; the Indian Affairs Council under section 3.922; the Council on Affairs of Chicano/Latino People under section 3.9223; the Council on Black Minnesotans under section 3.9225; the Council on Asian-Pacific Minnesotans under section 3.9226; community health boards as defined in section 145A.02; and tribal governments, shall develop and implement a comprehensive, coordinated plan to reduce health disparities in the health disparity priority areas identified in subdivision 1.

Subd. 3. **Measurable outcomes.** The commissioner, in consultation with the community partners listed in subdivision 2, shall establish measurable outcomes to achieve the goal specified in subdivision 1 and to determine the effectiveness of the grants and other activities funded under this section in reducing health disparities in the priority areas identified in subdivision 1. The development of measurable outcomes must be completed before any funds are distributed under this section.

Subd. 4. **Statewide assessment.** The commissioner shall enhance current data tools to ensure a statewide assessment of the risk behaviors associated with the health disparity priority areas identified in subdivision 1. The statewide assessment must be used to establish a baseline to measure the effect of activities funded under this section. To the extent feasible, the commissioner shall conduct the assessment so that the results may be compared to national data.

Subd. 5. **Technical assistance.** The commissioner shall provide the necessary expertise to grant applicants to ensure that submitted proposals are likely to be successful in reducing the health disparities identified in subdivision 1. The commissioner shall provide grant recipients with guidance and training on best or most promising strategies to use to reduce the health disparities identified in subdivision 1. The commissioner shall also assist grant recipients in the development of materials and procedures to evaluate local community activities.

Subd. 6. **Process.** (a) The commissioner, in consultation with the community partners listed in subdivision 2, shall develop the criteria and procedures used to allocate grants under this section. In developing the criteria, the commissioner shall establish an administrative cost limit for grant recipients. At the time a grant is awarded, the commissioner must provide a grant recipient with information on the outcomes established according to subdivision 3. (b) A grant recipient must coordinate its activities to reduce health disparities with other entities receiving funds under this section that are in the grant recipient's service area.

Subd. 7. **Community grant program; immunization rates and infant mortality rates.**

(a) The commissioner shall award grants to eligible applicants for local or regional projects and initiatives directed at reducing health disparities in one or both of the following priority areas:

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(1) decreasing racial and ethnic disparities in infant mortality rates; or

(2) increasing adult and child immunization rates in nonwhite racial and ethnic populations.

(b) The commissioner may award up to 20 percent of the funds available as planning grants.

Planning grants must be used to address such areas as community assessment, coordination activities, and development of community supported strategies.

(c) Eligible applicants may include, but are not limited to, faith-based organizations, social service organizations, community nonprofit organizations, community health boards, tribal governments, and community clinics. Applicants must submit proposals to the commissioner.

A proposal must specify the strategies to be implemented to address one or both of the priority areas listed in paragraph (a) and must be targeted to achieve the outcomes established according to subdivision 3.

(d) The commissioner shall give priority to applicants who demonstrate that their proposed project or initiative:

- (1) is supported by the community the applicant will serve;
- (2) is research-based or based on promising strategies;
- (3) is designed to complement other related community activities;
- (4) utilizes strategies that positively impact both priority areas;
- (5) reflects racially and ethnically appropriate approaches; and
- (6) will be implemented through or with community-based organizations that reflect the race or ethnicity of the population to be reached.

Subd. 8. Community grant program; other health disparities. (a) The commissioner shall award grants to eligible applicants for local or regional projects and initiatives directed at reducing health disparities in one or more of the following priority areas:

- (1) decreasing racial and ethnic disparities in morbidity and mortality rates from breast and cervical cancer;
- (2) decreasing racial and ethnic disparities in morbidity and mortality rates from HIV/AIDS and sexually transmitted infections;
- (3) decreasing racial and ethnic disparities in morbidity and mortality rates from cardiovascular disease;
- (4) decreasing racial and ethnic disparities in morbidity and mortality rates from diabetes; or
- (5) decreasing racial and ethnic disparities in morbidity and mortality rates from accidental injuries or violence.

(b) The commissioner may award up to 20 percent of the funds available as planning grants. Planning grants must be used to address such areas as community assessment, determining community priority areas, coordination activities, and development of community supported strategies.

(c) Eligible applicants may include, but are not limited to, faith-based organizations, social service organizations, community nonprofit organizations, community health boards, and community clinics.

Applicants shall submit proposals to the commissioner. A proposal must specify the strategies to be implemented to address one or more of the priority areas listed in paragraph (a) and must be targeted to achieve the outcomes established according to subdivision 3.

(d) The commissioner shall give priority to applicants who demonstrate that their proposed project or initiative:

- (1) is supported by the community the applicant will serve;
- (2) is research-based or based on promising strategies;
- (3) is designed to complement other related community activities;
- (4) utilizes strategies that positively impact more than one priority area;
- (5) reflects racially and ethnically appropriate approaches; and
- (6) will be implemented through or with community-based organizations that reflect the race or ethnicity of the population to be reached.

Subd. 9. Health of foreign-born persons. (a) The commissioner shall distribute funds to community health boards for health screening and follow-up services for tuberculosis for foreign-born persons. Funds shall be distributed based on the following formula:

- (1) \$1,500 per foreign-born person with pulmonary tuberculosis in the community health board's service area;
- (2) \$500 per foreign-born person with extrapulmonary tuberculosis in the community health board's service area;
- (3) \$500 per month of directly observed therapy provided by the community health board for each uninsured foreign-born person with pulmonary or extrapulmonary tuberculosis; and
- (4) \$50 per foreign-born person in the community health board's service area.

(b) Payments must be made at the end of each state fiscal year. The amount paid per tuberculosis case, per month of directly observed therapy, and per foreign-born person must be proportionately increased or decreased to fit the actual amount appropriated for that fiscal year.

Subd. 10. Tribal governments. The commissioner shall award grants to American Indian tribal governments for implementation of community interventions to reduce health disparities for the priority areas listed in subdivisions 7 and 8. A community intervention must be targeted to achieve the outcomes established according to subdivision 3. Tribal governments must submit proposals to the commissioner and must demonstrate partnerships with local public health entities. The distribution formula shall be determined by the commissioner, in consultation with the tribal governments.

Subd. 11. Coordination. The commissioner shall coordinate the projects and initiatives funded under this section with other efforts at the local, state, or national level to avoid duplication and promote complementary efforts.

Subd. 12. **Evaluation.** Using the outcomes established according to subdivision 3, the commissioner shall conduct a biennial evaluation of the community grant programs, community health board activities, and tribal government activities funded under this section. Grant recipients, tribal governments, and community health boards shall cooperate with the commissioner in the evaluation and shall provide the commissioner with the information needed to conduct the evaluation.

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Subd. 13. **Report.** The commissioner shall submit a biennial report to the legislature on the local community projects, tribal government, and community health board prevention activities funded under this section. These reports must include information on grant recipients, activities that were conducted using grant funds, evaluation data, and outcome measures, if available. These reports are due by January 15 of every other year, beginning in the year 2003.

Subd. 14. **Supplantation of existing funds.** Funds received under this section must be used to develop new programs or expand current programs that reduce health disparities. Funds must not be used to supplant current county or tribal expenditures.

History: *1Sp2001 c 9 art 1 s 48; 2002 c 379 art 1 s 113*