



Office of Minority and Multicultural Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-5813
www.health.state.mn.us

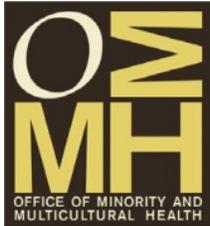
Eliminating Health Disparities Initiative

Minnesota Department of Health
Report to the Minnesota Legislature 2013

January 15, 2013

Eliminating Health Disparities Initiative

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**For more information, contact:
Office of Minority and Multicultural Health
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN, 55164-0975**

Phone: 651-201-5813

Fax: 621-201-4986

TTY: 651-201-5797

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Protecting, maintaining and improving the health of all Minnesotans

January 15, 2013

Dear Legislators,

In the past, Minnesota was consistently first or second in national health rankings. But in recent years Minnesota has fallen to as low as sixth. Reasons for this include alcohol consumption and declining funding for public health. But a significant factor that often gets overlooked is the health differences that exist in Minnesota between white populations and populations of color and American Indians. Minnesota has some of the worst income, employment, and health disparities in the country. Many of Minnesota's populations of color and American Indians lack the same opportunities to be healthy because of factors such as economic instability, unsafe neighborhoods, and inadequate access to health care. These differences ultimately result in poorer health outcomes, shorter life spans, higher health care costs, and lost productivity.

Given the growing racial and ethnic diversity of Minnesota, these disparities are of increasing importance and urgency. Minnesota's populations of color and American Indians have grown from just over 6 percent of the total population in 1990 to almost 17 percent in 2012. This growth is primarily through immigration and adds people who bring talents, energies, skills, as well as their own languages, customs, diets, and health care practices not only to the Twin Cities but to communities across the state.

The Minnesota Department of Health is working to eliminate disparities by partnering with populations of color and American Indians to create their own healthy futures. The department is focused on promoting health in early childhood and adolescence and by helping adults prevent and manage conditions such as diabetes, heart disease and cancer. The Eliminating Health Disparities Initiative (EHDI) was established by a legislative mandate in 2001. It is the result of a collective vision of leaders from various racial and ethnic communities, American Indian communities, local public health officials, and others. Over the years EHDI has invested in strategies that combine evidence-based practices and wisdom of elders and the insights of communities of color and American Indian communities. These community partners provide invaluable information about what does and does not work to eliminate health disparities in chronic diseases and other priority health areas in an efficient and cost-effective manner. The EHDI investment in 2010 was approximately \$5 per person of color or American Indian in Minnesota, a relatively small amount compared to the \$6,913 spent on health care per Minnesotan in 2009.

This legislative report offers examples of successes and lessons-learned, highlights potential partners, and outlines critical strategies that Minnesota should pursue to protect, maintain, and improve the health of all Minnesotans by eliminating health disparities in populations of color and American Indians.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward P. Ehlinger", is written over a light blue horizontal line.

Edward P. Ehlinger, M.D., M.S.P.H.
Commissioner
P.O. Box 64975
St. Paul, MN 55164-0975

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Executive Summary

In 2001 the Minnesota Legislature established the Eliminating Health Disparities Initiative (EHDI), MN Statute 145.928, in response to the growing health disparities between our state's white population and populations of color and American Indians (See Appendix A).

The causes of health disparities are complex. They include individual factors like genetics and levels of physical activity, as well as social determinants of health such as where people live, how well educated they are, or how much money they earn. Even more complex is the impact of racism or historical trauma on health outcomes.

The Minnesota Department of Health (MDH) began documenting these disparities in 1987 through its regular Populations of Color Health Status reports. Among many alarming findings, the health disparity data for the year 2000 revealed that:

- The African American and American Indian mortality rates were nearly three times higher than the white rate.
- The Latina teen pregnancy rate was nearly five times higher than the white rate
- African American and American Indian diabetes mortality rates were nearly three times higher than the white rate.

This data sparked a call for concerted community action. Legislators worked with members of our communities of color and tribes to shape the EHDI legislation that would provide funding for community grants and other strategies in support of effective and sustainable programs designed to address community-identified health needs in eight priority health areas (PHAs):

- 1) Infant Mortality
- 2) Adult and Child Immunizations
- 3) Breast & Cervical Cancer Screenings
- 4) Cardiovascular Disease & Stroke
- 5) Diabetes
- 6) HIV/AIDS/Sexually Transmitted Infections
- 7) Teen Pregnancy
- 8) Unintentional Injury and Violence

The EHDI established state General Fund dollars of \$7.6 million each biennium for a community grants program focused on eliminating health disparities in each of these PHAs. An additional \$4 million per biennium in federal Temporary Assistance for Needy Families (TANF) funds is allocated for teen pregnancy prevention. Tribal governments are allocated \$1 million per biennium from the General Fund to eliminate health disparities. MDH's Office of Minority and Multicultural Health administers the community grants funded by the EHDI. Tribal grants are administered through MDH's Community and Family Health Division.

A Report to the Legislature is required by the EHDI statute and due by January 15 of every other year beginning in the year 2003. This current report is intended to inform the Legislature on efforts to eliminate health disparities in populations of color and American Indians funded

with EHDI dollars through community grants since the last EHDI Report to the Legislature in 2011.

EHDI Grant Activities 2010-2012

2010 Grants

In February of 2010 OMMH announced a Request for Proposals (RFP), the second RFP since the EHDI was created in 2001, to close the gap in the health status of American Indians and populations of color in Minnesota. In June of 2010, OMMH awarded grants totaling \$4.8 million for the period of July 1, 2010 - June 30, 2012 (\$2.8 million in state general funds and \$2 million in federal TANF funds) to 29 community-based organizations in the following categories:

- 24 Priority Health Area (PHA) Grants
- 5 Social Determinants of Health Grants
- Of the 29 grantees, 23 operate in the Twin Cities metropolitan area, 5 in greater Minnesota, and 1 statewide.

Nine tribal nations were awarded EHDI grants in 2010:

- Bois Forte Band of Chippewa
- Fond du Lac Band of Lake Superior Chippewa
- Grand Portage Band of Lake Superior Chippewa
- Leech Lake Band of Ojibwe
- Mille Lacs Band of Ojibwe
- Red Lake Band of Chippewa Indians
- White Earth Band of Ojibwe
- Lower Sioux Indian Community
- Upper Sioux Community

2012 Grants

In June 2012 OMMH awarded \$6.5 million for the period of July 1, 2012 - June 30, 2013 (\$4 million in state general funds and \$2.5 million in federal TANF funds) to 47 community based organizations. Grants were awarded in the following categories:

- 45 Priority Health Area Implementation (PHA) Grants
- 2 Community Primary Prevention (CPP) Grants
- 19 of the 2010 Grantees were renewed in 2012

Grants Awarded by Priority Health Area and by Population

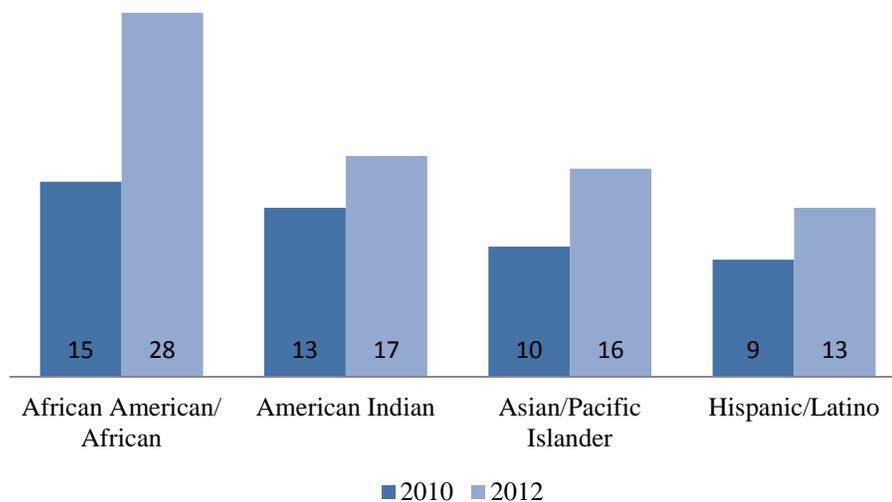
Table 1 provides a breakdown of the number of grantees funded in each priority health area. Figure 1 outlines the distribution of grants by community of color and American Indians

distributed in 2010 and 2012. At the end of the executive summary Tables 2-3 list the organizations funded by priority health area and the population served by each grant.

Table 1. EHDI Grants 2010-2012 – Number of Grants Awarded by Priority Health Area

Priority Health Area	# of Grantees 2010	# of Grantees 2012
Breast & Cervical Cancer screening	3	4
Diabetes	4	11
Heart Disease & Stroke	4	5
HIV/AIDS & Sexually Transmitted Diseases	9	8
Immunizations for Adults & Children	1	3
Infant Mortality	3	4
Teen Pregnancy	13	22
Unintentional Injury & Violence	4	5
Social Determinants of Health /Community Primary Prevention	5	2

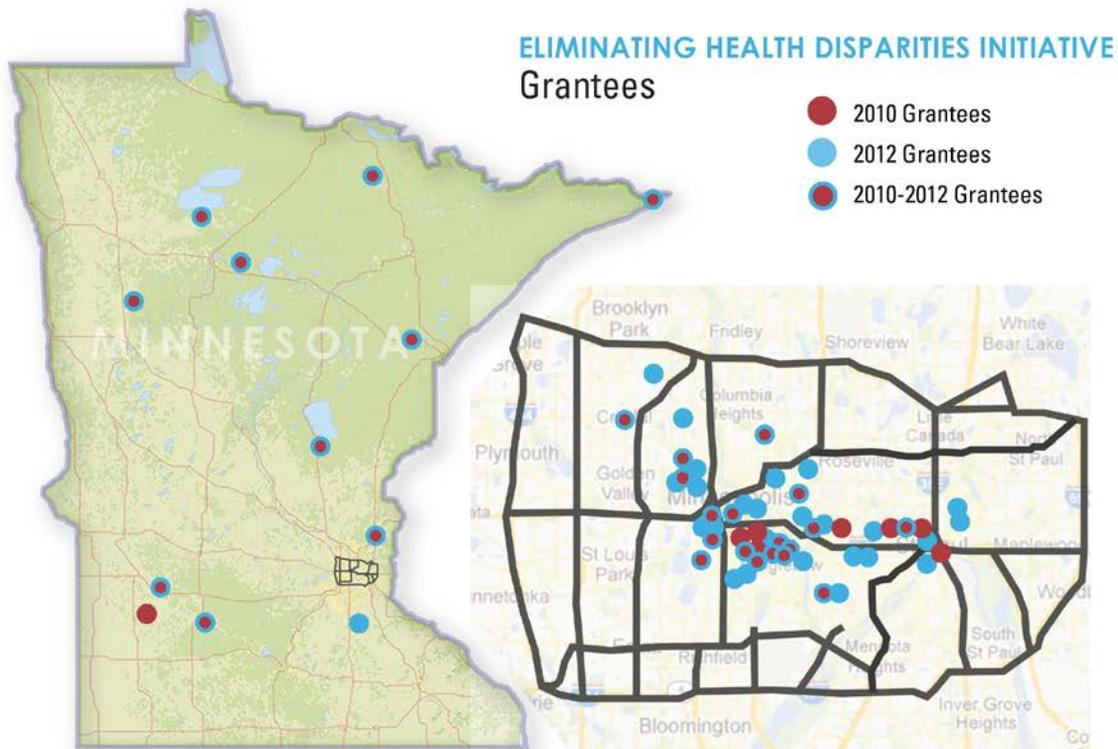
Figure 1. EHDI Grants 2010-2012 – Populations of Color/American Indian Served



Some grantees are providing services to more than one POC/AI

Despite statewide eligibility and outreach, few applications have been received in response to RFPs issued from organizations or groups in greater Minnesota, except from the tribal nations. Figure 2 provides a geographic map of funded grantees for 2010 and for 2012.

Figure 2. EHDI 2010 & 2012 Grantees



2010 Grantees

- African & American Friendship Association for Cooperation & Development
- Annex Teen Clinic
- Bois Forte Band of Chippewa
- Centro, Inc.
- Children's Health Care
- El Colegio Charter School
- Fond du Lac Band of Lake Superior Chippewa
- Freeport West
- Grand Portage Band of Lake Superior Chippewa
- GMCC Division of Indian Work
- Hennepin County Medical Center
- High School for Recording Arts
- The Indian Health Board of Minneapolis
- Indigenous Peoples Task Force
- Lao Family Community of Minnesota, Inc.
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
- Lutheran Social Services of Minnesota
- Mille Lacs Band of Ojibwe
- Minnesota Immunization Networking Initiative
- Minnesota Indian Women's Resource Center
- Model Cities
- The Neighborhood Hub
- NorthPoint Health & Wellness Center, Inc
- Peta Wakan Tipi
- Planned Parenthood MN, ND, SD
- Pillsbury United Communities
- Red Lake Band of Chippewa Indians
- Saint Paul Area Council of Churches
- Sierra Young Family Institute, Inc.

- Southwest Health and Human Services
- Upper Sioux Community
- Vietnamese Social Services of Minnesota
- WellShare International
- White Earth Band of Ojibwe
- YWCA of Minneapolis

2012 Grantees

- African American AIDS Task Force
- American Indian Family Center
- Annex Teen Clinic
- Asian Media Access
- A.S.P.I.R.E. Project
- Axis Medical Center
- Big Brothers Big Sisters
- Bois Forte Band of Chippewa
- Boys & Girls Club of the Twin Cities
- CAPI
- Centro, Inc.
- Community-University Health Care Center
- Crown Medical Center
- Fond du Lac Band of Lake Superior Chippewa
- Grand Portage Band of Lake Superior Chippewa
- GMCC Division of Indian Work
- Health Finders Collaborative
- Hennepin County Medical Center
- High School for Recording Arts
- Hmong American Partnership
- The Indian Health Board of Minneapolis
- Indigenous Peoples Task Force
- Isuroon
- Korean Service Center

- Lao Family Community of Minnesota, Inc.
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
- Lutheran Social Services of Minnesota
- Mille Lacs Band of Ojibwe
- Minnesota African Women's Association
- Minneapolis American Indian Center
- Minnesota Immunization Networking Initiative
- Minnesota Indian Women's Resource Center
- Minnesota Visiting Nurse Agency
- National Asian Pacific American Women's Forum
- The Neighborhood Hub
- NorthPoint Health & Wellness Center, Inc.
- Open Cities Health Center
- Peta Wakan Tipi
- Planned Parenthood MN, ND, SD
- Pillsbury United Communities
- Red Lake Band of Chippewa Indians
- Sabathani Community Center
- Saint Mary's Clinic
- Saint Paul Area Council of Churches
- Saint Paul Ramsey County Public Health
- Southeast Asian Community Council, Inc.
- Stairstep Foundation
- Summit University Teen Center, Inc.
- TeenWise Minnesota
- Turning Point, Inc.
- Upper Sioux Community
- WellShare International
- White Earth Band of Ojibwe
- YWCA of Minneapolis

An Increasingly Diverse State

Minnesota is an increasingly diverse state. In 1990, people of color and American Indians in Minnesota represented just over 6 percent of our total population. By 2010, these communities had grown to represent fully 15 percent of the population. The Hispanic/Latino population grew by 364 percent during that time, and the African-American population grew by 189 percent. By 2025, Minnesota's population of color is expected to be about 22 percent, if this trend continues.

The state's diversity is increasing primarily through immigration. Minnesota attracts a wide range of immigrants from other parts of the U.S. and from other countries, who move here to attend school, start businesses, work in Minnesota industries, and join family members.

Minnesota's recent immigrants come from diverse corners of the globe. The points of origin of our newest residents include Mexico, Laos, Somalia, Vietnam, Canada, Ethiopia, Korea, Liberia, Germany, Burma, and Bhutan, to name just a few. The diversity that exists *within* racial and ethnic categories (especially from Asia and Africa) presents nearly as many challenges as diversity within the population as a whole: for example, at least 19 different countries are represented among Asian immigrants to Minnesota. The peoples from these areas bring a wide range of backgrounds, experiences, cultural practices, languages, and unique health concerns to Minnesota.

It is also important to remember that Minnesota's growing racial and ethnic diversity is not limited to the Twin Cities metropolitan area. The southwestern region of Minnesota, in particular, has experienced a dramatic increase in immigrant populations.

Much of the state's future youth and vitality will come from immigrant groups, since on average, immigrant groups are often younger and have more children. Consider that about one-quarter of the state's public school students today are children of color or American Indians. The state's future health depends on reducing the health differences between populations so that Minnesota can reach its potential as a healthy state for all Minnesotans.

EHDI: A Continuing Investment in Opportunities for Health

The EHDI is working to eliminate disparities by strengthening the capacity of communities of color and American Indian communities to create their own healthy futures and by capitalizing on opportunities that exists to influence health in early childhood.

In 2001, Minnesota's EHDI became one of the nation's first statewide efforts to focus on the health and well-being of populations of color and American Indians. The first nine years of EHDI investments have yielded not only advances on the mandated goals, but also valuable information and lessons, including the need to:

- Make use of practice-based strategies built on evidence-based and promising practices, including consistent attention to integrating culturally responsive approaches into all the Initiative's efforts
- Continue developing or improving culturally-responsive behavioral interventions to improve health outcomes in populations of color and American Indians
- Address critical policy, systems, or environmental barriers that challenge significant progress toward eliminating health disparities in populations of color and American Indians
- Provide support for partnerships that combine the necessary skills, resources and leadership to address barriers in eliminating health disparities in populations of color and American Indians
- Provide grantees with technical assistance in identifying appropriate and measurable outcomes, as well as development of a logic model in their program evaluation and to report on their efforts.

Twenty-nine community grantees highlighted in this report proved to be valuable EHDI investments and incorporated many of the lessons learned noted above. Examples of their accomplishments include:

- At least 90 percent of active participants in a Family Education Diabetes Series to American Indians in East Saint Paul had metabolic control scores at or below the recommended level
- 817 individuals attended at least nine health classes and 312 individuals received a cardio-vascular screening by Vietnamese Social Services of MN, an organization targeting Vietnamese, Chinese, and Karen Asian Pacific Islander communities
- 13,500 people were vaccinated through outreach at 200 clinics by Minnesota Immunization Networking Initiative, and over 180 Fairview healthcare professionals were trained as volunteer vaccinators
- Several programs expanded their outreach capacity through the use of trained Community Health Workers recruited from the communities themselves
- All grantees received evaluation technical assistance and support to evaluate their programs.

Forty-seven grants were awarded in 2012. In addition to efforts to increase the number of grants and grantees working to eliminate health disparities in populations of color and American Indians, grantees also are encouraged to partner as priority health area cohorts and align more closely with other MDH programs, e.g., SHIP, immunizations, diabetes, HIV/AIDS, teen pregnancy, or injury/violence prevention. These grants were awarded for one year with the possibility of extending for up to two more years depending on performance and availability of funding. Their outcomes will be documented in the 2015 Legislative Report.

Future MDH and OMMH efforts to strengthen EHDI will include:

- Engaging a broad array of stakeholders from the community, government, faith-based organizations, managed care and clinic health providers, and others, in order to develop

recommendations on gaps and priorities in future EHDI mandated efforts aimed at eliminating health disparities in populations of color and American Indians

- Improving data collection standards through critical partnerships to improve the quality and consistency of race-specific, ethnic-specific, and language-specific information that can be shared and compared within MDH and statewide
- Supporting partnerships that develop and implement the policy, systems and environmental change strategies necessary to maintain sustainable change focused on eliminating health disparities in populations of color and American Indians
- Developing and implementing strategies to explore the impact of institutional racism and historical trauma on the development and maintenance of health disparities in populations of color and American Indians
- Building the necessary capacity to implement and institutionalize long-term strategies to eliminate health disparities.

Healthy Lives for All Minnesotans

Minnesota's reputation as a healthy state obscures an important issue: health disparities.

When it comes to the differences in health status between populations, Minnesota is far from equal. In reality, populations of color and American Indians in Minnesota experience higher rates of many chronic and infectious diseases and premature death.

"Of all the forms of inequality, injustice in health is the most shocking and the most inhumane."

The Rev. Martin Luther King, Jr., at the Second Annual Convention of the Medical Committee for Human Rights, Chicago, March 25, 1966

It is important to recognize that good health is not the mere absence of disease, but a state of "well-being" in every aspect of life. The foundation of this state of personal well-being starts in homes and schools, jobs and workplaces, as well as in places of worship, socialization, and play. With this broader perspective on what good health means, the sources of health disparities become easier to identify. Many Minnesotans, especially populations of color and American Indians, experience inequitable living conditions and unequal treatment in many aspects of life. Data collected by the Minnesota Department of Health, the Blue Cross Blue Shield Foundation, the Wilder Foundation, and others reveals that disparities in health status and opportunities to be healthy for people of color and American Indians in Minnesota are widespread and persistent in Minnesota in areas such as living environments, safe communities, education, employment opportunities, and health care.

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 (OMMH) provides leadership within MDH to engage populations of color and American Indians in actions essential to the over-arching goal of eliminating health disparities. MDH recognizes the critical importance of effectively addressing these health disparities in order to ensure our vision of keeping all Minnesotans healthy. The Eliminating Health Disparities Initiative is a critical

strategy for strengthening local efforts that are at work in diverse communities across the state toward achieving this goal.

Table 2. EHDI 2010 Grantees by Priority Health Area (PHA) and Population

Priority Health Area	Total	EHDI Grantees	African American/African	American Indian	Asian/Pacific Islander	Hispanic/Latino
Breast & Cervical Cancer Screening	N=3	NorthPoint Health & Wellness Center, Inc. The Indian Health Board of Minneapolis Vietnamese Social Services of MN	•	•	•	•
Diabetes	N=4	NorthPoint Health & Wellness Center, Inc. Peta Wakan Tipi Saint Paul Area Council of Churches WellShare International	•	•	•	•
Heart Disease & Stroke	N=4	NorthPoint Health & Wellness Center, Inc. The Indian Health Board of Minneapolis Vietnamese Social Services of MN WellShare International	•	•	•	•
HIV/AIDS & Sexually Transmitted Diseases	N=9	Annex Teen Clinic Centro, Inc. Children’s Health Care Hennepin County Medical Center High School for Recording Arts Indigenous Peoples Task Force Lutheran Social Services of Minnesota Planned Parenthood MN, ND, SD Sierra Young Family Institute	•	•	•	•
Immunizations for Adults & Children	N=1	MN Immunization Networking Initiative	•	•	•	•
Infant Mortality	N=3	Fond du Lac Band Model Cities WellShare International	•	•		
Teen Pregnancy	N=13	Annex Teen Clinic Centro, Inc. Children’s Health Care Freeport West GMCC Division of Indian Work Hennepin County Medical Center High School for Recording Arts Lao Family Community of Minnesota Leech Lake Band of Ojibwe Lutheran Social Services of Minnesota Planned Parenthood MN, ND, SD Sierra Young Family Institute YWCA of Minneapolis	•	•	•	•
Unintentional Injury & Violence	N=4	Hennepin County Medical Center MN Indian Women’s Resource Center Model Cities WellShare International	•	•		•
Social Determinants of Health – Planning	N=3	Jordan New Life Hub Pillsbury United Communities Southwest Health and Human Services	•	•	•	•
Social Determinants of Health – Implementation	N=2	African & American Friendship Association for Cooperation & Development, Inc. El Colegio Charter School	•			•
Number of grantees serving each population of color/American Indian			N=15	N=13	N=9	N=10

Table 3. EHDI 2012 Grantees by Priority Health Area (PHA) and Population

Priority Health Area	Total	EHDI Grantees	African American/African	American Indian	Asian/Pacific Islander	Hispanic/Latino	
Breast & Cervical Cancer Screening	N=4	Hmong American Partnership			•		
		Open Cities Health Center	•		•		
		Saint Mary's Clinic					•
		The Indian Health Board of Minneapolis			•		
Diabetes	N=11	Crown Medical Center	•				
		Minneapolis American Indian Center		•			
		NorthPoint Health & Wellness Center, Inc.	•		•	•	
		Open Cities Health Center	•		•		
		Peta Wakan Tipi		•			
		Pillsbury United Communities	•				
		Sabathani Community Center	•				•
		Saint Mary's Clinic					•
		Saint Paul Area Council of Churches			•		
		Stairstep Foundation	•				
WellShare International	•						
Heart Disease & Stroke	N=5	Minneapolis American Indian Center		•			
		NorthPoint Health & Wellness Center, Inc.	•		•	•	
		Pillsbury United Communities	•				
		The Indian Health Board of Minneapolis			•		
		WellShare International	•				
HIV/AIDS & Sexually Transmitted Diseases	N=8	African American AIDS Task Force	•				
		Annex Teen Clinic	•				
		Centro, Inc.					•
		HealthFinders Collaborative					•
		Hennepin County Medical Center					•
		Indigenous Peoples Task Force			•		
		Planned Parenthood MN, ND, SD	•			•	
Turning Point, Inc.	•						
Immunizations for Adults & Children	N=3	Axis Medical Center	•				
		CAPI USA	•		•		
		MN Immunization Networking Initiative	•	•	•	•	
Infant Mortality	N=4	American Indian Family Center		•			
		Leech Lake Band of Ojibwe		•			
		Minnesota Visiting Nurse Agency	•	•			
		Open Cities Health Center	•		•		
Teen Pregnancy	N=22	Annex Teen Clinic	•				
		Asian Media Access	•				
		A.S.P.I.R.E. Project	•		•		
		Big Brothers Big Sisters of the Greater TC	•	•	•	•	
		Boys & Girls Club of the Twin Cities	•	•	•	•	
		Centro, Inc.					•
		GMCC Division of Indian Work		•			
		HealthFinders Collaborative					•
		Hennepin County Medical Center					•
		High School for Recording Arts	•				
		Indigenous Peoples Task Force		•			
		Isuroon	•				
		Lao Family Community of Minnesota				•	
		Lutheran Social Services of Minnesota	•	•	•	•	•
		Minnesota African Women's Association	•				
		Planned Parenthood MN, ND, SD	•			•	
Sabathani Community Center	•				•		
Saint Paul Ramsey County Public Health	•	•					

		Southeast Asian Community Council, Inc.			•	
		Summit University Teen Center, Inc.	•	•	•	•
		TeenWise of Minnesota	•	•		
		YWCA of Minneapolis	•	•	•	•
Unintentional Injury & Violence	N=5	Community-University Health Care Center				•
		Hennepin County Medical Center				•
		Korean Service Center			•	
		MN Indian Women’s Resource Center		•		
		Sabathani Community Center	•			•
Community Primary Prevention	N=2	National Asian Pacific American Women’s Forum			•	
		The Neighborhood Hub	•			
Number of grantees serving each population of color/American Indian^{1 2}			N=28	N=17	N=16	N=13

¹ Grantees work in multiple PHA and POC/AI; number of grantees is smaller than number of dots in each column.

² Grantees self-identified POC/AI groups served in their original grant application.

I. EHDI Mission and Strategies

A Historical Overview

In 2001 the Minnesota State Legislature established the Eliminating Health Disparities Initiative [EHDI], MN Statute 145.928 (See Appendix A). This groundbreaking legislation was passed in response to mounting evidence that disparities in health outcomes between Minnesota's white residents of Minnesota and residents from communities of color and American Indian communities were distressingly wide, and on a clear trajectory to grow even wider. Such disparities have meant that Minnesota's communities of color and American Indians experience shorter life spans, higher rates of infant mortality, higher incidences of diabetes, heart disease, cancer and other diseases and conditions, and poorer general health. Even though Minnesota ranks high in terms of general health status compared to other states, some of the disparities that exist in Minnesota are among the worst in the nation. When such disparities are allowed to persist, they have a negative effect, both on the quality of life and the cost of healthcare for all Minnesotans.

Lack of regular access to health care, including preventive care for whatever combination of reasons, creates a situation in which the emergency rooms of our public hospitals become the source of primary care for too many Minnesotans. According to Blue Cross and Blue Shield of Minnesota, the average cost of a visit to a doctor's office in 2008 was \$153. By comparison, the average cost of a visit to an emergency room was \$947.³ Whenever we can prevent serious health problems or effectively treat a potentially serious problem before it becomes chronic, we accomplish much more than alleviating unnecessary suffering – we also bring down the cost of medical care for all Minnesotans, and boost our state's productivity. A healthy population is good for our state's economy and for its resiliency: its ability to bounce back in tough times. Healthy families and a healthy work force elevate the fortunes of the entire state, reinforcing its image as a good place to live, work, and do business.

With the creation of this health disparities initiative, Minnesota became only the second state in the U.S. to enact a legislative mandate to reduce such health disparities. In order to respond to the data and address them, a diverse cross-section of people from Minnesota's American Indian communities and communities of color partnered with The Office of Minority and Multicultural Health and the Minnesota Legislature to design and implement a comprehensive, statewide program focused on strengthening and improving the health of the following four major ethnic groups:

- American Indian
- Asian/Pacific Islander
- African American/African
- Hispanic/Latino

From the outset, the creators and stakeholders of EHDI recognized that the issues contributing to health disparities are broad and complex – an interplay of many factors including access to

³ Blue Cross and Blue Shield of Minnesota. (2008). One cold. Two remedies. Retrieved from: http://www.bluecrossmn.com/internet_core/en_US/ccurl/437/897/mbc1_ercosts2_dm.pdf

health care, genetics, the legacy of racism, social conditions, and a variety of longstanding health behaviors. More than half of a person's health status is driven by social factors: his or her income; education level; race, and/or the neighborhood in which he or she lives.⁴ The MDH and OMMH staff, the State Legislature, and all the EHDI community partners understood that effectively addressing this complex set of interrelated problems would require an approach that is both comprehensive and community-driven. The Minnesotans of color and American Indians who answered the call to become an integral part of this effort as community partners have sustained their engagement, providing continuity and ensuring that EHDI's efforts remain true to its comprehensive, culturally-responsive, and community-driven roots.

The strategies for addressing health disparities created and implemented by EHDI and its community partners have been effective because they have consistently focused on:

- use of practice-based strategies built on evidence-based and promising practices, including a consistent attention to integrating culturally responsive approaches into all the Initiative's efforts
- building capacity in both our American Indian led/American Indian focused grantees, and in our community of color led/community of color focused grantees
- systems and policy changes
- collaboration
- provision of training and technical assistance to support outcome-focused evaluation and learning among grantees

A commitment to this philosophy guided the process through which requests for proposals were widely disseminated across the state, resulting in proposals that were reviewed with community input and grants that were awarded to faith-based organizations, social service organizations, community nonprofit organizations, community health boards, and community clinics for local or regional projects and initiatives aligned with the goals of EHDI's partners and stakeholders. Attention to a strong, ongoing process of evaluation has helped EHDI's grantees, community partners and stakeholders learn about what works and what doesn't, which has led to programming that continually evolves and improves its methods.

The result has been that significant strides have been made in reducing health disparities in Minnesota. Through the legislative mandate which enables the work of this initiative, a powerful and lasting investment is being made in our state and its people. This investment should continue for Minnesota to continue to shine and to thrive.

⁴ Blue Cross and Blue Shield of Minnesota Foundation. (2010). Revealing socioeconomic factors that influence your health: supplement to The unequal distribution of health in the Twin Cities.

II. Minnesota's Changing Demographics

Though strides have been made in lessening the health disparities gap between white residents of Minnesota and American Indians and people of color, significant gaps persist in large part because the last decade has seen a dramatic shift in the state's demographics. Our state's population of American Indians and people of color are growing. In 1990, less than five percent of Minnesota's population was comprised of American Indians and people of color. By 2012 that percentage had risen to seventeen percent, and it continues to rise.⁵

Persistent disparities in education, employment, and income place a disproportionate number of American Indians and people of color below the poverty line – and poverty is a powerful factor in many key measures of a community's health: overall life expectancy; infant mortality; homicide; obesity; mental illness; alcohol and other drug addiction, and more.⁶

Table 1. Minnesota Population Change

Racial/Ethnic Group	1990	2000	2010	1990-2010 Percent Change
African American	94,944	171,731	274,412	189%
American Indian	49,909	54,967	60,196	22%
Asian	77,886	143,947	216,390	178%
Hispanic	53,884	143,382	250,258	364%
White	4,130,395	4,400,282	4,524,062	9.5%
Total Population	4,375,099	4,919,479	5,303,925	21%

Table 2. Immigrants Living in Minnesota 2010

Racial/Ethnic Group	Foreign Born		Percent Foreign-Born Population	
	1990	2000	1990	2010
African American	4,929	75,517	5.2%	28%
American Indian	638	928	1.3%	1.6%
Asian	76,771	131,824	62.5%	62.8%
Hispanic	49,663	96,217	16%	39%
White	113,039	131,500	1.4%	2.9%

⁵ Minnesota Department of Health & Healthy Minnesota Partnership. (2012). The Health of Minnesota: Statewide Health Assessment. Retrieved from:

<http://www.health.state.mn.us/healthymnpartnership/sha/docs/1204healthofminnesota.pdf>

⁶ Ehlinger, E. (2012). Health Disparities: Impact on Minnesota Implications for the Future. Minnesota's Health Insurance Exchange Challenges and Opportunities power point presentation. [Data contained in tables also from Ehlinger, E. (2012)].

Significantly higher numbers of American Indians and people of color in Minnesota have no health insurance compared to white residents.

Table 3. Population by Poverty Rate and Uninsurance 2011⁷

Racial/Ethnic Group	Poverty Rate	Median Income	Uninsurance Rate
All Minnesotans	11.9%	\$56,954	8.8%
White (non-Hispanic)	8.7%	\$59,870	6.8%
African American	37.1%	\$29,266	15.1%
Asian	16.9%	\$59,697	12.2%
American Indian	40.7%	\$26,922	22.5%
Hispanic/Latino	24.9%	\$37,795	29.7%

The advent of healthcare reform will bring with it an unprecedented opportunity to substantially address this gap, but there are barriers that will need to be overcome before this can be achieved. These include:

- Effective, culturally-responsive outreach campaigns must be created and sustained for each of the four major ethnic groups so that people do not feel challenged to become insured, and understand their choices and options
- Language and other cultural barriers will require simplifying application/reapplication processes
- Outreach efforts must acknowledge and take into account the widespread lack of trust in mainstream social institutions that stems from the legacy of institutional racism and historical trauma.

Minnesota's Health Disparities

Although American Indian communities and communities of color throughout the state all struggle with health disparities across the spectrum of EHDI's priority areas of focus, they are not all affected in the same way or to the same degree. Geography, cultural differences within very diverse communities of color and American Indians, and other factors make the experience and the needs of one group very different from another. For example, a quick look at the data on Asian American and Pacific Islander infant mortality rates (5.2 per 1,000 births)⁸ makes it appear, at first blush, as if the Asian community's rates of low birth weight and premature birth are only slightly different from the rate found among Latino/Hispanics and whites. And in some communities within the larger Asian and Pacific Islander community, this is true, but a closer, culturally-responsive look at this highly-diverse grouping of peoples reveals that the rates of low birth weight and premature birth infant mortality found in our Cambodian, Thai and Filipino communities are significantly higher.

⁷ Minnesota Budget Project. (2011).

⁸ Minnesota Department of Health. (2009). Disparities in Infant Mortality. Retrieved from: <http://www.health.state.mn.us/divs/chs/infantmortality/infantmortality09.pdf>

Table 4. Selected Birth Indicators, Asian Race Groups and All Asians, Minnesota 2005-2008⁹

Asian Race Group	Percent of Births		
	Inadequate or No Prenatal Care ¹	Low Birth Weight ²	Premature ³
Asian Indian	2.7*	7.6***	7.2*
Cambodian	5.1***	8.6***	14.1**
Chinese	2.9*	3.2*	5.6*
Filipina	4.6***	8.3***	9.8***
Hmong	7.4**	6.2***	9.2***
Japanese	1.9*	6.5***	5.3*
Korean	2.6*	3.5*	7.5***
Laotian	7.2***	9.4**	12.3**
Thai	10.4**	8.9***	11.0***
Vietnamese	4.0*	5.2***	9.1***
All Asian	5.9	6.5	9.0

¹ Measured by GINDEX (number of prenatal care visits, when prenatal care was initiated, and gestational age)

² Less than 37 weeks gestation, singleton births

³ Less than 2,500 grams (5 lbs, 8 oz) at birth, singleton births

*Significantly better than all Asian rate

**Significantly worse than all Asian rate

***Not statistically different from All Asian rate

(95% confidence intervals were used to determine significant differences)

Note: 3.3% of Minnesota mothers received inadequate or no prenatal care, 4.9% of Minnesota singleton births were low birth weight, and 8.3% of Minnesota singleton births were premature (2005-2009).

This is why the culturally-responsive approach to the work done by EHDI's stakeholders and community partners is so important. Otherwise, programming targeted toward large ethnic groupings of people as if each of them was culturally monolithic would miss the mark.

The strategies chosen by EHDI grantees for addressing health disparities represent carefully-tailored approaches to each community based on an understanding of each community's diverse needs. MDH, OMMH, and their partners at Rainbow Research in Minneapolis work constantly with EHDI grantees to provide current research on the best practice-based strategies as they evolve. In turn, grantees share their own perspective on how these strategies can be transferred or adapted for their own communities here in Minnesota.

⁹ Minnesota Department of Health. (2011). Birth Outcomes of Infants Born to Asian Mothers, Minnesota 2005-2009. Minnesota Vital Signs: Center for Health Statistics. April 2011 Vol.7, No. 2. Retrieved from: <http://www.health.state.mn.us/divs/chs/vitalsigns/asianbirthoutcomes.pdf>

Staff members at Peta Wakan Tipi provided the following example of what can result from such an approach:

“...Ten talented young American Indian leaders tell the story of Coyote’s Adventure before a crowd of rapt students and community members who love the concept of a trickster story and teaching. Taking turns at narration and acting, these young people were illustrating the consequences of poor nutrition and no exercise within a cultural, yet modern day story that they created themselves. Going to the elders for advice and standing up to peer pressure when pushed to eat foods and pop that will increase your chances of getting diabetes were the messages of this play. Thanks to the investment by EHDI, these young people truly are emerging leaders in the American Indian community and have become effective advocates for good health.”

III. EHDI Grant Activities 2010-2012

2010 Grants

In February of 2010 OMMH announced a Request for Proposals (RFP), the second RFP since the EHDI was created in 2001, to close the gap in the health status of American Indians and populations of color in Minnesota. In June of 2010, OMMH awarded grants totaling \$4.8 million for the period of July 1, 2010-June 30, 2012 (\$2.8 million in state general funds and \$2 million in federal TANF funds) to 29 community-based organizations in the following categories:

- 24 Priority Health Area (PHA) Grants
- 5 Social Determinants of Health Grants
- Of the 29 grantees, 23 operate in the Twin Cities metropolitan area, 5 in greater Minnesota, and 1 statewide.

Nine tribal nations were awarded EHDI grants in 2010:

- Bois Forte Band of Chippewa
- Fond du Lac Band of Lake Superior Chippewa
- Grand Portage Band of Lake Superior Chippewa
- Leech Lake Band of Ojibwe
- Mille Lacs Band of Ojibwe
- Red Lake Band of Chippewa Indians
- White Earth Band of Ojibwe
- Lower Sioux Indian Community
- Upper Sioux Community

A full report on tribal EHDI investments will be included in the 2015 Legislative Report.

2012 Grants

In June 2012 OMMH awarded \$6.5 million for the period of July 1, 2012-June 30, 2013 (\$4 million in state general funds and \$2.5 million in federal TANF funds) to 47 community based organizations. Grants were awarded in the following categories:

- 45 Priority Health Area Implementation (PHA) Grants
- 2 Community Primary Prevention (CPP) Grants
- 19 of the 2010 Grantees were renewed in 2012

Grants Awarded by Priority Health Area (PHA) and by Population

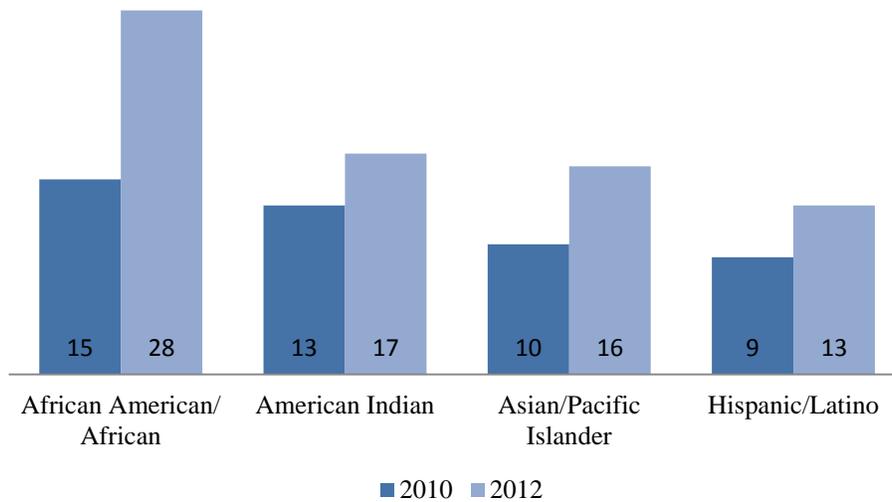
Table 5 and figure 1 provide a breakdown of the number of grantees funded in each priority health area and a listing of the populations of color/American Indian served.

Table 5. EHDI Grants 2010-2012 – Number of Grants Awarded by Priority Health Area

Priority Health Area	# of Grantees 2010	# of Grantees 2012
Breast & Cervical Cancer screening	3	4
Diabetes	4	11
Heart Disease & Stroke	4	5
HIV/AIDS & Sexually Transmitted Diseases	9	8
Immunizations for Adults & Children	1	3
Infant Mortality	3	4
Teen Pregnancy	13	22
Unintentional Injury & Violence	4	5
Social Determinants of Health (SDoH) /Community Primary Prevention (CPP)	5	2

Figure 1 outlines the distribution of grants by community of color and American Indians distributed in 2010 and 2012.

Figure 1. EHDI Grants 2010-2012 – Populations of Color/American Indian (POC/AI) Group Served

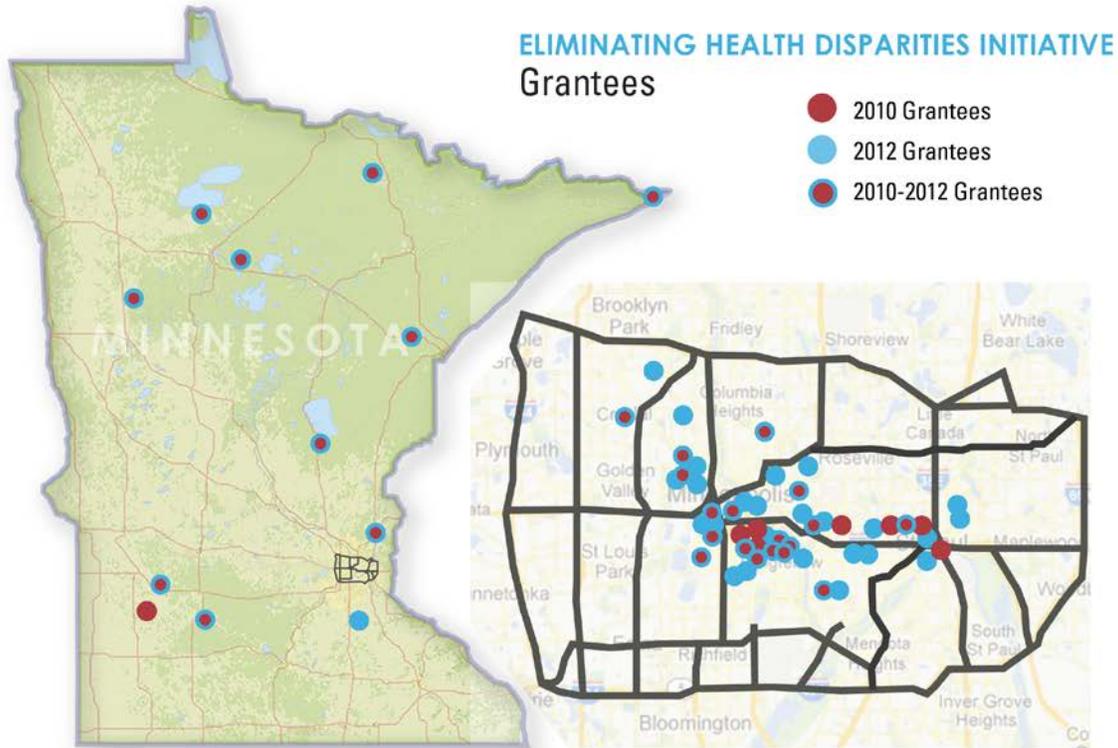


*Some grantees are providing services to more than one POC/AI

Figure 2 provides a geographic map of funded grantees for 2010 and 2012. Despite statewide outreach, few applications have been submitted in response to RFPs from organizations in greater Minnesota, except from tribal nations.

Tables 6 and 7 list the name of the grantees for 2010 and 2012 by priority health area and population served.

Figure 2. EHDI 2010 & 2012 Grantees



2010 Grantees

- African & American Friendship Association for Cooperation & Development
- Annex Teen Clinic
- Bois Forte Band of Chippewa
- Centro, Inc.
- Children's Health Care
- El Colegio Charter School
- Fond du Lac Band of Lake Superior Chippewa
- Freeport West
- Grand Portage Band of Lake Superior Chippewa
- GMCC Division of Indian Work
- Hennepin County Medical Center
- High School for Recording Arts
- The Indian Health Board of Minneapolis
- Indigenous Peoples Task Force
- Lao Family Community of Minnesota, Inc.
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
- Lutheran Social Services of Minnesota
- Mille Lacs Band of Ojibwe
- Minnesota Immunization Networking Initiative
- Minnesota Indian Women's Resource Center
- Model Cities
- The Neighborhood Hub
- NorthPoint Health & Wellness Center, Inc
- Peta Wakan Tipi
- Planned Parenthood MN, ND, SD
- Pillsbury United Communities
- Red Lake Band of Chippewa Indians
- Saint Paul Area Council of Churches
- Sierra Young Family Institute, Inc.

- Southwest Health and Human Services
- Upper Sioux Community
- Vietnamese Social Services of Minnesota
- WellShare International
- White Earth Band of Ojibwe
- YWCA of Minneapolis

2012 Grantees

- African American AIDS Task Force
- American Indian Family Center
- Annex Teen Clinic
- Asian Media Access
- A.S.P.I.R.E. Project
- Axis Medical Center
- Big Brothers Big Sisters
- Bois Forte Band of Chippewa
- Boys & Girls Club of the Twin Cities
- CAPI
- Centro, Inc.
- Community-University Health Care Center
- Crown Medical Center
- Fond du Lac Band of Lake Superior Chippewa
- Grand Portage Band of Lake Superior Chippewa
- GMCC Division of Indian Work
- Health Finders Collaborative
- Hennepin County Medical Center
- High School for Recording Arts
- Hmong American Partnership
- The Indian Health Board of Minneapolis
- Indigenous Peoples Task Force
- Isuroon
- Korean Service Center

- Lao Family Community of Minnesota, Inc.
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
- Lutheran Social Services of Minnesota
- Mille Lacs Band of Ojibwe
- Minnesota African Women's Association
- Minneapolis American Indian Center
- Minnesota Immunization Networking Initiative
- Minnesota Indian Women's Resource Center
- Minnesota Visiting Nurse Agency
- National Asian Pacific American Women's Forum
- The Neighborhood Hub
- NorthPoint Health & Wellness Center, Inc.
- Open Cities Health Center
- Peta Wakan Tipi
- Planned Parenthood MN, ND, SD
- Pillsbury United Communities
- Red Lake Band of Chippewa Indians
- Sabathani Community Center
- Saint Mary's Clinic
- Saint Paul Area Council of Churches
- Saint Paul Ramsey County Public Health
- Southeast Asian Community Council, Inc.
- Stairstep Foundation
- Summit University Teen Center, Inc.
- TeenWise Minnesota
- Turning Point, Inc.
- Upper Sioux Community
- WellShare International
- White Earth Band of Ojibwe
- YWCA of Minneapolis

Table 6. EHDI 2010 Grantees by Priority Health Area (PHA) and Population

Priority Health Area	Total	EHDI Grantees	African American/African	American Indian	Asian/Pacific Islander	Hispanic/Latino
Breast & Cervical Cancer Screening	N=3	NorthPoint Health & Wellness Center, Inc.	•		•	•
		The Indian Health Board of Minneapolis		•		
		Vietnamese Social Services of MN			•	
Diabetes	N=4	NorthPoint Health & Wellness Center, Inc.	•		•	•
		Peta Wakan Tipi		•		
		Saint Paul Area Council of Churches		•		
		WellShare International	•			
Heart Disease & Stroke	N=4	NorthPoint Health & Wellness Center, Inc.	•		•	•
		The Indian Health Board of Minneapolis		•		
		Vietnamese Social Services of MN			•	
		WellShare International	•			
HIV/AIDS & Sexually Transmitted Diseases	N=9	Annex Teen Clinic	•			
		Centro, Inc.				•
		Children’s Health Care				•
		Hennepin County Medical Center				•
		High School for Recording Arts	•			
		Indigenous Peoples Task Force		•		
		Lutheran Social Services of Minnesota	•	•	•	•
		Planned Parenthood MN, ND, SD	•		•	
Sierra Young Family Institute	•					
Immunizations for Adults & Children	N=1	MN Immunization Networking Initiative	•	•	•	•
Infant Mortality	N=3	Fond du Lac Band		•		
		Model Cities	•			
		WellShare International	•			
Teen Pregnancy	N=13	Annex Teen Clinic	•			
		Centro, Inc.				•
		Children’s Health Care				•
		Freeport West	•	•		
		GMCC Division of Indian Work		•		
		Hennepin County Medical Center				•
		High School for Recording Arts	•			
		Lao Family Community of Minnesota			•	
		Leech Lake Band of Ojibwe		•		
		Lutheran Social Services of Minnesota	•	•	•	•
		Planned Parenthood MN, ND, SD	•		•	
Sierra Young Family Institute	•					
YWCA of Minneapolis	•	•	•	•		
Unintentional Injury & Violence	N=4	Hennepin County Medical Center				•
		MN Indian Women’s Resource Center		•		
		Model Cities	•			
		WellShare International	•			
Social Determinants of Health – Planning	N=3	Jordan New Life Hub	•			
		Pillsbury United Communities	•			
		Southwest Health and Human Services	•	•	•	•
Social Determinants of Health – Implementation	N=2	African & American Friendship Association for Cooperation & Development, Inc.	•			
		El Colegio Charter School				•
Number of grantees serving each population of color/American Indian			N=15	N=13	N=9	N=10

Table 7. EHDI 2012 Grantees by Priority Health Area (PHA) and Population

Priority Health Area	Total	EHDI Grantees	African American/ African	American Indian	Asian/ Pacific Islander	Hispanic/ Latino	
Breast & Cervical Cancer Screening	N=4	Hmong American Partnership			•		
		Open Cities Health Center	•		•		
		Saint Mary's Clinic					•
		The Indian Health Board of Minneapolis			•		
Diabetes	N=11	Crown Medical Center	•				
		Minneapolis American Indian Center		•			
		NorthPoint Health & Wellness Center, Inc.	•		•	•	
		Open Cities Health Center	•		•		
		Peta Wakan Tipi		•			
		Pillsbury United Communities	•				
		Sabathani Community Center	•				•
		Saint Mary's Clinic					•
		Saint Paul Area Council of Churches			•		
		Stairstep Foundation	•				
WellShare International	•						
Heart Disease & Stroke	N=5	Minneapolis American Indian Center		•			
		NorthPoint Health & Wellness Center, Inc.	•		•	•	
		Pillsbury United Communities	•				
		The Indian Health Board of Minneapolis		•			
		WellShare International	•				
HIV/AIDS & Sexually Transmitted Diseases	N=8	African American AIDS Task Force	•				
		Annex Teen Clinic	•				
		Centro, Inc.				•	
		HealthFinders Collaborative				•	
		Hennepin County Medical Center				•	
		Indigenous Peoples Task Force		•			
		Planned Parenthood MN, ND, SD	•		•		
		Turning Point, Inc.	•				
Immunizations for Adults & Children	N=3	Axis Medical Center	•				
		CAPI USA	•		•		
		MN Immunization Networking Initiative	•	•	•	•	
Infant Mortality	N=4	American Indian Family Center		•			
		Leech Lake Band of Ojibwe		•			
		Minnesota Visiting Nurse Agency	•	•			
		Open Cities Health Center	•		•		
Teen Pregnancy	N=22	Annex Teen Clinic	•				
		Asian Media Access	•		•		
		A.S.P.I.R.E. Project	•				
		Big Brothers Big Sisters of the Greater TC	•	•	•	•	
		Boys & Girls Club of the Twin Cities	•	•	•	•	
		Centro, Inc.				•	
		GMCC Division of Indian Work		•			
		HealthFinders Collaborative				•	
		Hennepin County Medical Center				•	
		High School for Recording Arts	•				
		Indigenous Peoples Task Force		•			
		Isuroon	•				
		Lao Family Community of Minnesota			•		
		Lutheran Social Services of Minnesota	•	•	•	•	
		Minnesota African Women's Association	•				
		Planned Parenthood MN, ND, SD	•		•		
		Sabathani Community Center	•			•	
		Saint Paul Ramsey County Public Health	•	•			
		Southeast Asian Community Council, Inc.			•		
		Summit University Teen Center, Inc.	•	•	•	•	
TeenWise of Minnesota	•	•					
YWCA of Minneapolis	•	•	•	•			

Unintentional Injury & Violence	N=5	Community-University Health Care Center				•	
		Hennepin County Medical Center				•	
		Korean Service Center				•	
		MN Indian Women's Resource Center			•		
		Sabathani Community Center	•				•
Community Primary Prevention	N=2	National Asian Pacific American Women's Forum				•	
		The Neighborhood Hub	•				
Number of grantees serving each population of color/American Indian^{10 11}			N=28	N=17	N=16	N=13	

¹⁰ Grantees work in multiple PHA and POC/AI; number of grantees is smaller than number of dots in each column.

¹¹ Grantees self-identified POC/AI groups served in their original grant application.

IV. EHDI 2010-2012 Program Accomplishments

EHDI grantees are implementing a wide range of culturally responsive, evidence-based and promising practices to reduce health disparities among communities of color and American Indians in eight priority health areas (PHAs). Project activities are designed to address key objectives and strategies recommended by the Minnesota Department of Health.

Evidence Based, Promising and Culturally Responsive Practices

EHDI grantees are required to implement evidence-based, promising or culturally responsive projects that:

- meet the needs of population of color and American Indians already affected by one or more of the eight PHAs or address the underlying contributing risk factors for these PHAs;
- provide individual or group-based services or change policies, systems, or the environment;
- are culturally responsive and linguistically appropriate;
- give community residents a voice in program planning, implementation, and evaluation; and
- strengthen working relationships and partnerships in the community.

Figure 3. Definitions: Evidence-based and Promising Practices

Evidence-Based Practices	Promising Practices	Culturally Responsive Practices
Interventions that have demonstrated effectiveness based on the principles of scientific evidence, including systematic uses of data and information systems, and appropriate use of behavioral science theory in order to explicitly demonstrate effectiveness.	Interventions that have demonstrated effectiveness based on local practices and/or cultural experiences, for example, non-experimental data or the experience of practitioners.	Interventions that are adapted to meet the unique cultural needs of different communities but might not yet been demonstrated to be evidence-based or promising.

MDH Priority Objectives, Strategies, and Activities

As part of the RFP process, OMMH recommends grantees align their projects with MDH recommended key objectives, strategies, and associated evidence-based activities. Grantees selected strategies from the options provided in the RFP and incorporated additional activities tailoring strategies to meet the needs of the communities to be served.

This section of the report provides an overview of the objectives, strategies, and evidence-based activities being used by grantees by PHA. For each PHA, one grantees work is featured. Appendix C includes a comprehensive summary of all grantees projects. Grantee work summarized here does not include a summary of tribal grantees. A future report will include tribal grant summaries.

Summary of Grant Activities by Priority Health Area

1. Breast & Cervical Cancer Screening

Health Disparity Context

- Breast cancer is the most common form of cancer in Minnesota women and the second leading cause of cancer deaths.
- Although breast cancer incidence rates are 27 percent lower among African Americans/African compared to white women, mortality rates are 22 percent higher among African American/African women.
- In order to reduce deaths from breast cancer, all women age 40 and older should get regular mammograms and clinical breast examinations.
- Women cite economic, social, and cultural barriers to screening, referral, and treatment, such as cost, lack of or inadequate health insurance, poor access to health care, lack of physician recommendation, language, cultural beliefs and practices, fear, and knowledge gaps as reasons for not getting screened. Lack of time and inconvenience has also been reported as barriers.¹²

Grantee Project Objectives, Strategies, & Evidence Based Activities

2010 Grantees

- Three grantee programs addressed disparities in breast and cervical cancer outcomes for the African American/African, American Indian, Asian/Pacific Islander, and Hispanic/Latino communities in Minnesota.
- Key objectives included:
 - 1) Improving the medical care given to women who have abnormal findings from breast or cervical cancer screenings
 - 2) Detecting breast and cervical cancer earlier
- All three 2010 grantees utilized evidence-based and culturally-responsive strategies, including using Community Health Workers (CHWs) to help patients address key barriers to timely follow-up of abnormal results, maximizing electronic medical records to identify those in need of follow-up, and creating linguistically appropriate materials.

2012 Grantees

- Four 2012 grantee programs are addressing disparities in breast and cervical cancer outcomes in communities of color and American Indians.
- Please see the appendices for additional information about 2010 and 2012 grantees.

¹² Health Disparities Context from EHDl 2012 RFP. Retrieved from:
<http://www.health.state.mn.us/ommh/funding/rfp120227/rfp120227.pdf>

Breast and Cervical Cancer Screening		
EHDI Grantee Project Objectives, Strategies and Activities (2010=3; 2012=4)		
Objectives		
<ul style="list-style-type: none"> • Improve the medical care given to women who have abnormal findings from breast or cervical cancer screenings • Detect breast and cervical cancer earlier 		
Strategies	# 2010 Grantees	# 2012 Grantees
<ul style="list-style-type: none"> • Increase the number of women who receive complete diagnostic and treatment services in a timely manner 	3	3
<ul style="list-style-type: none"> • Increase the number of women who are screened for breast and cervical cancer in accordance with state or national health care guidelines 	2	4
Types of Activities		
<u>Example of Evidence-based Strategies</u>		
<ul style="list-style-type: none"> • American Cancer Society breast and cervical cancer guidelines were used to determine how often women should receive pap smears and mammograms • Use of Community Health Worker (CHW) model 		
<u>Example of Culturally-Responsive Strategies</u>		
<ul style="list-style-type: none"> • Use of Talking Circles to facilitate talking to Women’s Empowerment Groups about women’s health issues in the community • Use of cultural media to disseminate linguist and culturally-appropriate messages 		

Featured Grantee – Breast and Cervical Cancer Screening

Grantee: NorthPoint Health and Wellness Center, Inc.

Populations Served: African American/African, Asian/Pacific Islander, and Hispanic/Latino

Community Partners: Susan G. Komen Race for the Cure, American Cancer Society, Pathways Health Crisis Resource Center

Objectives/Strategies: NorthPoint Health and Wellness Center, Inc. is a comprehensive health and human services agency located in north Minneapolis. To address the objective of improving the medical care given to women who have abnormal findings from breast and cervical cancer screenings, NorthPoint is using the following strategies: 1) developing a multi-disciplinary team approach to care for the medical, socioeconomic, and cultural needs of patients and 2) identifying and incorporating culturally-appropriate patient care needs into the practices within the organization.

Example of Key Activities and Evidence-Based Practices: NorthPoint is using an integrated care coordination model in which Community Health Workers (CHWs) assist individuals and families by addressing health care barriers, work on individualized health care goals, and assure patients receive culturally appropriate care and referrals for additional services to community agencies. All patients receiving services through EHDI funding receive regular follow-up calls, culturally appropriate health education, assistance with scheduling and rescheduling, referrals to internal financial case aides as needed, and assistance in addressing any additional barriers (i.e. transportation, housing support, legal referrals, financial management assistance, community referrals, etc.). An incentive program was developed based on MDH’s SagePlus and Healthy Heart incentive programs, but adapted to be appropriate for the population served through this grant. All patients served by EHDI (including breast and cervical patients) receive information about on-campus and/or community exercise programming and receive information on healthy eating.

Results: NorthPoint piloted this model with diabetes patients and moved to using it with women with abnormal breast and cervical cancer screening results later in the first year of funding. The CHW provided follow-up and care coordination services to seven patients with abnormal breast findings. The clinic is in the process of implementing cervical cancer follow-up and care coordination. An evaluation plan is in place to document behavioral and health outcome indicators at the end of Year 2.

Outcomes: The diabetes program served 134 patients, and the breast cancer and cardiovascular group served 23 patients. Community Health Workers (CHWs) made 288 monthly contacts exploring patient's resource needs with regards to medical care; lifestyle interventions; and psycho social factors such as healthy food access; transportation, housing, financial assistance, etc. More than 70 percent of NorthPoint's patients reported a high level of satisfaction with facility, providers and the care they receive as compared to other FHQCs and community clinics. However, many patients did not demonstrate substantial improvements in specific health indicators for various reasons. Due to the complexity of their health condition before enrollment as well as impeding social needs, change will take time.

Key Lessons Learned: Focusing on eliminating health disparities and improving the client experience required NorthPoint to address internal barriers to coordination between the Human Services Division and the Clinic. A decision was made to reinitiate a previously established internal Integration Team.

2. Diabetes

Health Disparity Context

- Diabetes is the sixth leading cause of death in Minnesota and the leading cause of blindness, kidney failure, and lower-limb amputations.
- The death rate from diabetes from African Americans is almost twice the rate for white, and the death rate for American Indians in Minnesota is almost four times higher.
- Kidney failure is two to five times greater in American Indians; and eye disease is two times greater in Hispanics/Latinos and 40-50 percent greater in African Americans.
- Lack of culturally and linguistically appropriate diabetes education materials and support systems, and lack of culturally diverse or culturally responsive health care providers are other barriers to effective diabetes management in these populations.¹³

Grantee Objectives, Strategies and Evidence-Based Activities

2010 Grantees

- Four 2010 grantee programs addressed disparities in diabetes outcomes for African American/African, American Indian, Asian/Pacific Islander and Hispanic/Latino populations in Minnesota.
- Key objectives include:
 - 1) Improving the health status of people with diabetes
 - 2) Reducing the risk factors that can lead to diabetes

¹³ Health Disparities Context from EHDI 2012 RFP. Retrieved from:
<http://www.health.state.mn.us/ommh/funding/rfp120227/rfp120227.pdf>

- Four 2010 grantees utilized evidence-based strategies, all four grantees utilized promising practices and culturally-responsive strategies, including using Community Health Workers (CHWs) to ensure that patients get culturally-appropriate case management and health care services, offering culturally-appropriate exercise classes, using evidenced-based curricula as the basis of support groups promoting healthy lifestyles, and using community theater and youth advocates to promote culturally-appropriate messages about the importance of detecting and treating diabetes.

2012 Grantees

- Eleven 2012 grantee programs are addressing disparities in diabetes outcomes for African American/African, American Indian, Asian/Pacific Islander and Hispanic/Latino populations in Minnesota.
- Please see appendices for additional information about 2010 and 2012 grantees.

Diabetes		
EHDI Grantee Project Objectives, Strategies and Activities (2010=4; 2012=11)		
Objectives		
<ul style="list-style-type: none"> • Improve the health status of people with diabetes • Reduce risk factors that can lead to diabetes 		
Strategies	# 2010 Grantees	# 2012 Grantees
• Assist people with diabetes or pre-diabetes to maintain healthy lifestyles	4	8
• Improve medical care for people with diabetes	2	4
• Assist people with diabetes to manage their disease	1	8
• Teach people with pre-diabetes how to prevent the development of diabetes	2	8
• Detect diabetes earlier	1	3
Types of Activities		
<u>Example of Evidence-Based Strategies</u>		
<ul style="list-style-type: none"> • Use of the I CAN Prevent Diabetes program, the Healthy Heart program, and the SAGE Plus program (MDH) 		
<u>Example of Promising Practices</u>		
<ul style="list-style-type: none"> • Educated young people to be health advocates and leaders • Used traditional dance as a means to increase physical activity 		
<u>Example of Culturally-Responsive Strategies</u>		
<ul style="list-style-type: none"> • Use of Talking Circles to gather information in the community to help make program materials more effective • Promote culturally appropriate food choices (e.g., expanded farmer's markets) 		

Featured Grantee - Diabetes

Grantee: Saint Paul Area Council of Churches (The East Metro American Indian Diabetes Collaborative)

Populations Served: American Indian

Community Partners: The 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.

Objectives/Strategies: The East Metro American Indian Diabetes Collaborative is working on two objectives: 1) improving the health status of people living with diabetes, and 2) reducing risk factors that can lead to diabetes. To achieve the first objective, the Collaborative is assisting people with diabetes to manage their disease by offering culturally responsive support groups that encourage self-care and healthy lifestyles. To achieve the second objective, the Collaborative is teaching people with pre-diabetes how to prevent the development of diabetes by conducting lifestyle change and support programs in clinical and community settings for people with pre-diabetes.

Example of Key Activities and Evidence-Based Practices:

For people living with diabetes: The Collaborative offered the Family Education Diabetes Series (FEDS) to Native Americans in East St. Paul for families and for youth. FEDS is a community-based participatory research project, designed as a supplement to standard diabetes care and guided by the principles of the citizen health care model. FEDS participants include patients, families, tribal leaders, and health-care professionals who met every other week for 21 sessions. Each session included education, nutrition and cooking, and exercise and weight management components, and many included outside speakers on a range of topics such as the physical and emotional aspects of disease management. Activities were community-based, inter-generational and often planned and led by participants.

Results: A total of 60 American Indians participated in at least one FEDS session, with 18 adults participating in 50 percent or more of the 21 bi-weekly sessions hosted by FEDS. At completion of the year, 90 percent of the 35 most active participants had metabolic control scores at or below the recommended level. The Youth Diabetes Education facet of FEDS engaged 143 participants, ages 7-20 at four schools and the Ain Dah Yung Center. Youth participants kept food and activity journals, used games and learning activities to increase awareness of healthy living, and utilized Wii sports and dancing games, yoga and traditional dancing. More than half of the students showed a lowered BMI, while 45 percent reported being more physically active.

For people with pre-diabetes: The collaborative implemented two educational and support programs to prevent diabetes for those at-risk. First, cooperating agencies worked together to implement the Diabetes Education in Tribal Schools (DETS) Health is Life in Balance curriculum in two middle schools and six elementary schools. The DETS curriculum is an evidence-based program designed to increase American Indian students' understanding of health, diabetes, and maintaining life in balance, to increase their understanding and application of scientific and community knowledge, and to increase interest in science and health professions. The curriculum incorporates stories, art projects, skits, individualized computer research, field trips to a fitness center and organic food store, and physical activity such as outings to pow wows to begin learning Native dancing. Of the twelve who studied traditional Native dance, six completed their traditional regalia and one planned a pow wow at her high school. Second, the American Indian Family Center started a father's and men's group called "Ombi'ayaa Anishinabe Ininiwug" (O.A.I.), which means, "rise up, original men" in the Ojibwe language. Cultural activities were used to promote healthy, cultural and traditional community togetherness. For example, field trips to Madeline Island, Wisconsin, and East Lake Mille Lacs Band of Ojibwe Indians offered participants opportunities to meet with elders to learn about responsibilities of the community to promote culture, traditions, and healthy lifestyles.

Results: DETS: Classes using the DETS curriculum reached 90 elementary school participants and 19 middle school participants (included as part of the 143 youth participants described above under FEDS.) O.A.I.: Over the course of the year, 44 evening meetings were held as part of O.A.I. involving

32 men. Each meeting included cooking activities to produce healthy meals and snacks. A summer league softball team participated in 12 games and 27 practice sessions. Men participated in 44 sweat lodge ceremonies in addition to trips to prepare and care for the sweat lodge. Drumming instruction and activities occurred 54 times and included opportunities to learn traditional songs.

Outcomes:

- 90 percent of youth and adult participants demonstrated an increased knowledge of diabetes, improved behavior (diet/exercise), and/or the physical benefits of healthy living behaviors.
- 121 youth demonstrated a positive behavioral change through the use of a tailored self-management plan or increased physical activity through an EHDI-sponsored class or group.
- 75 percent of regular FEDS participants achieved a positive health change by one or more measures (weight, blood pressure, blood sugar, increased physical activity, and increased consumption of fruits, vegetables, and water).
- 75 percent of student participants had improved health (healthy eating, weight loss or maintenance, and increased physical activity).
- Gaming systems and access to recreational activities and cardio-equipment are effective means of achieving increased physical activity for youth.
- Participation in the men's group has a positive impact on the adult males and a positive impact on the healthy lifestyles of their families. Families increased their physical activity through traditional activities, access to the YMCA, and participation in a recreational softball team.

Key Lessons Learned: Regular feedback from adult and youth participants and active participation by the community in planning and decision-making has been instrumental in the success of these strategies. The format of gathering people for food preparation, a shared meal, and instruction on healthy eating has worked well. Incorporating traditional learning and activities such as drumming, sweat lodge, and dancing has been noted by participants as being especially effective in sustaining changed behaviors.

3. Heart Disease & Stroke

Health Disparity Context

- Heart disease and stroke mortality rates for Minnesotans overall are lower than the nation as a whole; however, for populations of color and American Indians, rates for heart disease or stroke are higher than the overall state population rates.
- American Indian heart disease death rates from 2005-2009 were 40 percent higher than those for whites.
- African American men died from stroke at a rate 22 percent higher than for white men during the same time period, while African American women died from stroke at a rate 36 percent higher than for white women.
- Asian American men living in Minnesota are more likely than other populations groups to suffer from stroke.
- Arteriosclerosis (hardening of the arteries) is the underlying disease process of the major forms of heart disease and stroke. It is associated with several modifiable risk factors,

including high blood pressure, high blood cholesterol, cigarette smoking, physical inactivity, diabetes, obesity, and poor diet.¹⁴

Grantee Objectives, Strategies, and Evidence-Based Activities

2010 Grantees

- Four 2010 grantee programs addressed disparities in heart disease and stroke outcomes for African American/African, American Indian, Asian/Pacific Islander, and Hispanic/Latino populations in Minnesota.
- Key objectives include:
 - 1) Improving the health status of people with heart disease and stroke
 - 2) Reducing the risk factors that can lead to heart disease and stroke
- Three 2010 grantees utilized evidence-based strategies, two utilized promising practices, and all four used culturally-responsive strategies, including using the best practice of Community Health Workers to improve medical care for those with cardiovascular disease, and several grantees are offering or referring patients to culturally appropriate exercise classes. Other evidence-based practices include implementing an evidence-based curriculum for Native American community members to manage and prevent heart disease and stroke, using electronic medical records to identify those whose blood pressure and cholesterol are high, and offering linguistically appropriate educational materials.

2012 Grantees

- Five 2012 grantee programs are addressing disparities in heart disease and stroke outcomes for African American/African, American Indian, Asian/Pacific Islander, and Hispanic/Latino populations in Minnesota.
- Please see appendices for additional information about 2010 and 2012 grantees.

¹⁴ Health Disparities Context from EHDI 2012 RFP. Retrieved from:
<http://www.health.state.mn.us/ommh/funding/rfp120227/rfp120227.pdf>

Heart Disease and Stroke

EHDI Grantee Project Objectives, Strategies and Activities (2010=4; 2012=5)

Objectives

- Improve the health status of people with heart disease and stroke
- Reduce the risk factors that can lead to heart disease and stroke

Strategies

	# 2010 Grantees	# 2012 Grantees
• Improve the medical care given to people with heart disease and stroke	2	2
• Assist people with heart disease and stroke to manage their disease	1	3
• Assist people with high blood pressure, high cholesterol, or who use tobacco to reduce their risk	2	1
• Decrease obesity by increasing physical activity and healthy eating	3	4

Types of Activities

Example of Evidence-Based Strategies

- Conduct disease self-management groups (e.g., use of Honoring the Gift of Heart Health curriculum)
- Use of Community Health Worker (CHW) model

Example of Promising Practices

- Use of assessment tools to get baseline and follow-up information related to lifestyle, physical health, mental health, and other needs

Example of Culturally-Responsive Strategies

- Culturally-tailored fitness classes

Featured Grantee - Heart Disease & Stroke

Grantee: Vietnamese Social Services of Minnesota (Asian American Eliminating Health Disparities Initiative (AAEHDI): Vietnamese Social Services of Minnesota, Karen Community of Minnesota, and Chinese Social Services Center)

Populations Served: Asian/Pacific Islander

Community Partners: Minnesota Department of Health, Smoke-Free Living, University of Minnesota Physicians

Key Objectives, Strategies, Activities and Evidence-Based Practices: AAEHDI is working on two objectives: improving the health status of people with heart disease and stroke and reducing the risk factors that can lead to cardiovascular disease. To achieve the first objective, AAEHDI is using the strategy of community health workers (CHWs) to conduct education and coordinate care for patients who have heart conditions. To achieve the second objective, AAEHDI is focused on the strategy of educating Asian/Pacific Islanders about the dangers of second-hand smoke and establishing smoke-free policies.

Example of Key Activities and Evidence-Based Practices: To implement the best practice of offering linguistically appropriate materials, AAEHDI has placed health messages translated into Hmong and Karen in newspapers and on the radio as well as using CHWs to refer patients for screenings, remind them about appointments, and help to interpret results.

Results: While originally targeting 3,740 refugees to receive prevention education about both heart disease and stroke and breast and cervical cancer, the Initiative exceeded its goal. Project staff

collaborated with the MDH to write two prevention articles published in national Asian newspapers, based out of the Twin Cities which reach an estimated 90,000 readers. Both were translated into Karen and will be published in two online publications based in Thailand and Australia read by Karen people around the world. An additional 4,000 people were reached through community events. Eight organizations implemented smoke-free policies, including stores and apartment complexes.

Outcomes:

- 63 women received personal coaching from program staff for lifestyle change intervention services, and received ongoing treatment for heart disease and/or diabetes.
- 817 individuals attended at least one of nine health classes and 312 individuals received a Cardio Vascular screening.
- 90 percent of participants had an increased understanding of the symptoms of a heart attack and stroke, ways to prevent heart disease and stroke, what to do if they or someone they know has the symptoms of a heart attack or stroke, and how to call 911 for assistance.
- More than 70 percent of participants could correctly identify the symptoms of a stroke and more than 65 percent of participants could identify most symptoms of a heart attack, with the exception of weakness (34 percent) and excessive sweating (26 percent).
- 90 percent of participants could identify that exercise is a way to prevent heart disease and stroke, and 67 percent could identify that not smoking and lowering cholesterol were also prevention strategies.
- More than 80 percent of participants indicated an increased understanding of dietary strategies to help prevent heart disease and stroke (less red meat and more fruits and vegetables).

Key Lessons Learned: Partnering with multiple agencies in the Asian community required the investment of time for training and capacity-building. Vietnamese Social Services shared its multi-year experience of preventative health education and screening with the organization, Karen Community of Minnesota, which was just beginning this work. Home visits provided an opportunity for staff to build trusting relationships with clients and address a range of needs before raising issues of preventative health screenings.

4. HIV/AIDS & Sexually Transmitted Diseases

Health Disparity Context

HIV/AIDS:

- Between 2004 and 2008, populations of color or American Indians accounted for 51 percent of newly-reported HIV/AIDS cases in Minnesota, even though these communities made up approximately 10 percent of Minnesota's population. Rates are higher than those among whites, ranging from 26 times greater for African-born to twice that of whites for American Indians.
- Women of color or American Indians accounted for 72 percent of newly-reported HIV/AIDS cases among women in Minnesota.¹⁵

¹⁵ Health Disparities Context from EHDI 2012 RFP. Retrieved from:
<http://www.health.state.mn.us/ommh/funding/rfp120227/rfp120227.pdf>

Sexually Transmitted Infections (STIs):

- Among Minnesotans in 2011, African Americans had the highest rates of gonorrhea and chlamydia. Incidence of chlamydia among African Americans was 11 times greater than for whites in 2011, and incidence of gonorrhea was 10 times higher.
- Compared to whites, new chlamydia cases were two times greater among Asians and five times greater among Latinos in 2011.
- Infection with these STIs can cause infertility in women and increase the chances of spreading HIV.¹⁶

Grantee Objectives, Strategies, and Evidence-Based Activities

2010 Grantees

- Nine 2010 grantees were funded to address disparities in HIV/AIDS and sexually transmitted diseases for African American/African, American Indian, Asian/Pacific Islander, and Hispanic/Latino populations in Minnesota and seven completed the full grant period.
- Key objectives pursued by grantees include:
 - 1) Improving the health of people with HIV and STDs
 - 2) Identifying new cases of HIV infection
 - 3) Reducing the rate of new infections of HIV and STDs, with most grantees focusing on the final two objectives
- Grantees used a variety of evidence-based practices, with the two most common being 1) the use of evidence-based curricula to provide high-risk individuals with education and skills to reduce risky sexual behaviors and improve safer sex skills, and 2) the use of peer education programs. Most grantees are pursuing these activities with youth largely in community-based and school settings. All seven grantees are using at least one evidence-based practice, two are using at least one promising practice, and five are using culturally-responsive strategies.

2012 Grantees

- Eight grantees programs are addressing disparities in HIV/AIDS and sexually transmitted diseases for African American/African, American Indian, Asian/Pacific Islander, and Hispanic/Latino populations in Minnesota.

¹⁶ Health Disparities Context from EHDI 2012 RFP. Retrieved from:
<http://www.health.state.mn.us/ommh/funding/rfp120227/rfp120227.pdf>

HIV/AIDS & Sexually Transmitted Diseases		
EHDI Grantee Project Objectives, Strategies and Activities (2010=9; 2012=8)		
Objectives		
<ul style="list-style-type: none"> • Improve the health of people with HIV and STDs • Identify new cases of HIV infection • Reduce the rate of new infections of HIV and STDs 		
Strategies	# 2010 Grantees	# 2012 Grantees
<ul style="list-style-type: none"> • Increase the number of people who access complete diagnostic and treatment services in a timely manner after testing positive for HIV and/or STDs 	1	3
<ul style="list-style-type: none"> • Increase HIV and STD testing among members of high-risk groups 	4	4
<ul style="list-style-type: none"> • Reduce risky sexual behaviors which lead to the transmission of HIV/STDs 	8	7
Types of Activities		
<u>Example of Evidence-Based Strategies</u>		
<ul style="list-style-type: none"> • Implemented a group or individual intervention for high risk members of the target population with education and skills training to reduce risky sexual behaviors, improve safer sex skills, and increase knowledge of HIV and STDs (e.g., use of Making Proud Choices, Becoming a Responsible Teen, ¡Cuidate! curricula) • Implemented peer education programs and/or media campaigns to encourage adoption of safer sex practices (e.g., Sisters Informing Healing Living and Empowering Intervention (SiHLE)) • Use of Comprehensive Risk Counseling and Services (CRCS) for high risk uninfected persons 		
<u>Example of Promising Practices</u>		
<ul style="list-style-type: none"> • Implemented Padres Informados curriculum to improve family communication 		
<u>Example of Culturally-Responsive Strategies</u>		
<ul style="list-style-type: none"> • Implemented culturally-responsive curricula (e.g., ¡Cuidate!, SiHLE) 		

Featured Grantee - HIV/AIDS & Sexually Transmitted Diseases

Grantee: Indigenous Peoples Task Force

Populations Served: American Indian

Community Partners: The White Earth Tribal Health Department’s Health Education Group; the Dakota Wichoan, a women’s program on the Upper Sioux Community reservation at Morton, MN; Minnesota AIDS Project; Native American Community Clinic; Indian Health Board; Red Door Clinic; Elders Lodge; Anishinabe Child Care

Key Objectives, Strategies, Activities and Evidence-Based Practices: The Indigenous People’s Task Force (IPTF), formerly known as the Minnesota American Indian AIDS Task Force, is working on two objectives: 1) identifying new cases of HIV infections, and 2) reducing the rate of new infections of HIV and STDs. To achieve the first objective, IPTF is using the strategy of working to increase HIV and STD testing among members of high risk groups through a variety of outreach and communication strategies. To achieve the second objective, IPTF is working to reduce risky sexual behaviors which lead to the transmission of HIV and STDs through a peer education program.

Example of Key Activities and Evidence-Based Practices

HIV testing and referral: The project promoted HIV testing through various media channels, including a multi-media campaign include using posters with Native artwork, T-shirts that promoted the women’s program and testing, advertising in the Circle Newspaper, and Facebook updates on testing events. IPTF also conducted a broad-based HIV testing campaign at community events and convenient locations.

HIV tests were offered at 27 different locations, including 8 reservations that are easily accessible to Native Americans, including Pow wows, health fairs, conferences, and a walk-in station at the IPTF office. IPTF also partnered with other programs to host large testing events, such as with Little Earth for World AIDS Day, with Minneapolis American Indian Center for the National Native American HIV/AIDS Awareness Day, and with Ain Dah Yung for National Condom Day. The effort also included incentives for those being tested and referred for further services. A case manager provided “active referrals” for individuals who tested positive for confirmatory testing, case management, medical care, and other screening and helped those who are HIV positive to look for specialty care and keep track of appointments.

Peer education program: The Honor Project of the IPTF is an HIV peer educator program that trains women and adolescent females to promote HIV/AIDS prevention in their own circle of friends and family by hosting “Safer Snaggin” parties. The training session includes approximately 12 hours of education in HIV 101, health issues at different stages of life, communicating about HIV prevention, and tips for hosting a “Safer Snaggin” party. Women who completed the training would host a “Safer Snaggin” party in their home or other places they find comfortable to share what they have learned about sexual reproductive health. The training curriculum was redesigned to incorporate culturally responsive components about relationships and love and video clips of interviews with elders and Native women living with HIV.

Results: As a result of their extensive outreach efforts, IPTF tested 317 people in 2010-11, far exceeding the original target of 150. One person tested positive, and 43 percent were assessed as being at high risk of being infected and received condoms, education about reducing risks, and other referrals. After start-up time for revising the curriculum, 34 women participated in the Honor Project, with 6 later hosting parties with a total of 44 participants and others in the planning stages. Of the 34 participants, 18 were also tested for HIV. IPTF hopes to reach 100-150 women annually in coming years.

Outcomes:

- 1,100 individuals were tested for HIV at 27 locations, including community events and Pow-wows
- 100 percent of individuals tested positive for HIV were referred for confirmatory testing and medical care
- 100 percent of individuals found to be high risk were given information and referrals
- 111 women were trained as peer educators; 56 of these women were tested for HIV
- 37 Safer Snaggin Parties were held; 290 individuals attended
- Five reunions of program participants were held during grant year two; 68 individuals were tested for HIV during these reunions
- Participants reported an:
 - Increase in the comfort level to talk with their children about HIV
 - Increase in comfort level to talk to friends and family about HIV and importance of getting tested
 - Increased knowledge of effective methods of preventing HIV, including condoms
 - Increased ability to put on a condom correctly
 - Increase in sense of responsibility to members in their community

Key Lessons Learned: The use of incentives greatly increased the numbers of community members who come in for testing, particularly those who were very low-income, homeless, or in unstable living situations, and who were assessed as being high-risk because of factors including having unprotected sex with multiple partners, being sex workers, and/or abusing drugs or alcohol. Another key lesson emerged through the creation of the Statewide Advisory Council on HIV to address a previous lack of coordination on HIV issues. The Advisory Council planned a Tribal Summit in September 2011 to bring together tribal council members, tribal health staff, health service professionals, and stakeholders

from other service and education organizations to discuss the importance of testing and ways people from different sectors could work in tandem to remove the barriers to expanded HIV testing.

5. Immunizations for Adults & Children

Health Disparity Context

Childhood Immunization:

- The recommended vaccination primary series for children age 19-35 months are 4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hep B, 1 varicella, and 4 PCV13, abbreviated as 4:3:1:3:3:1:4.
- According to the 2011 National Immunization Survey (NIS) 68.5 percent of children in the United States age 19-35 months have completed the recommended primary series, compared to 72 percent of Minnesota's children age 19-35.¹⁷
- Information from the Minnesota Immunization Information Connection (MIIC) in 2012 shows that overall vaccination coverage rates on Minnesota children age 19-35 months as of October 1, 2012 increased slightly over the previous year.¹⁸
 - White children had the highest vaccination coverage rates of 65 percent.
 - Hispanic/Latino and American Indian children were close behind with coverage rates of 63.7 percent and 63.1 percent respectively.
 - African American/African and Asian Pacific Islander children had lower coverage rates with 54.4 percent and 52.4 percent respectively.

Adult Immunization:

- Influenza Vaccination: Behavioral Risk Factor Surveillance System (BRFSS) indicates that among adults age 18 and older, influenza coverage for the 2011-2012 season for non-Hispanic whites (41.9 percent) was higher than all other racial/ethnic groups except for American Indians (42.6 percent). Asian Pacific Islander coverage was 37.3 percent; African/African American coverage was 32.7 percent; and Hispanic/Latino coverage was 29.4 percent.¹⁹
- Pneumococcal Vaccination: According to the National Health Interview Study (NHIS), coverage among high-risk adults age 19-64 was 18.5 percent overall;
 - Coverage among non-Hispanic whites was highest at 19 percent
 - Coverage among Hispanic/Latinos and Asian Pacific Islanders was lowest at 14.8 percent and 11.5 percent respectively
 - Coverage among adults age 65 and older was 59.7 percent overall
 - Coverage among non-Hispanic whites was highest at 63.5 percent
 - Coverage among Hispanic/Latinos was lowest at 39 percent.²⁰

¹⁷ National Immunization Survey. (2012).

¹⁸ Minnesota Immunization Information Connection. (2012).

¹⁹ Behavioral Risk Factor Surveillance System. (2012).

²⁰ National Health Interview Study. (2012).

Grantee Objectives, Strategies and Evidence-Based Activities

2010 Grantees

- One 2010 grantee program addressed disparities in immunization outcomes and offered extensive outreach to the African American/African, American Indian, Asian/Pacific Islander, and Hispanic/Latino communities in Minnesota.
- Key objective include:
 - 1) Remove barriers to accessing immunizations
- The 2010 grantee utilized evidence-based and culturally-responsive strategies in clinic and community-based settings.

2012 Grantees

- Three 2012 grantee programs are addressing disparities in immunization outcomes and offered extensive outreach to the African American/African, American Indian, Asian/Pacific Islander, and Hispanic/Latino communities in Minnesota.
- Please see appendices for additional information about 2010 and 2012 grantees.

Immunization for Adults and Children		
EHDI Grantee Project Objectives, Strategies and Activities (2010=1; 2012=3)		
Objectives		
<ul style="list-style-type: none"> • Improve clinical immunization rates • Remove barriers to accessing immunizations 		
Strategies	# 2010 Grantees	# 2012 Grantees
<ul style="list-style-type: none"> • Increase access to immunizations • Address knowledge, attitudes, and beliefs regarding immunizations • Ensure that patients receive all needed vaccines at all visits • Ensure that recordkeeping systems prompt for needed vaccines 	1	2
Types of Activities		
<u>Example of Evidence-Based Strategies</u>		
<ul style="list-style-type: none"> • Provide annual influenza vaccination to people in trusted, community-based settings such as neighborhood community centers and senior high-rise and retirement communities 		
<u>Example of Culturally-Responsive Strategies</u>		
<ul style="list-style-type: none"> • Volunteers vaccinators are trained in cultural norms and nuances and all consent forms are available in multiple languages • Partner with community organizations and have community volunteers 		

Featured Grantee - Immunizations for Adults & Children

Grantee: The Minnesota Immunization Networking Initiative (MINI)

Populations Served: African American/African, American Indian, Asian/Pacific Islander, Hispanic/Latino

Community Partners: Key partners include St. Mary's Health Clinics, Stairstep Foundation, American Indian Community Development Corporation, River Valley Nursing Center, Homeland Health Specialists, Inc., Open Cities Health Center, and Fairview Office of Diversity.

Key Objectives, Strategies, Activities and Evidence-Based Practices: The initiative's key objective is removing barriers to accessing immunizations, using the best practice of providing immunizations in non-clinical settings such as neighborhood community centers and senior high-rise and retirement communities. Key strategies include holding free flu shot clinics in trusted, community-based settings, offering pneumonia vaccine to adults age 65 or older, recruiting, training, and placing volunteer vaccinators from Fairview Health Service to expand the reach of services, and engaging new partners in the Asian/Pacific Islander community to host clinics.

Example of Key Activities and Evidence-Based Practices: MINI provides annual seasonal immunizations at no charge to uninsured and underserved individuals age three and older within non-white communities in Minnesota in non-clinical settings. MINI formed partnerships with organizations representing a broad range of races and ethnicities and built on the connections that faith- and community-based organizations have already established within their communities to increase people's awareness and willingness to get vaccinated.

Results: In 2010-11, MINI offered 98 clinics at new sites for flu shots, an increase of 75 percent over the previous year. At these clinics, 6,288 people received flu shots, 24 percent of whom received shots for the first time.

Outcomes:

- Held 200 clinics; 49 were new clinics
- 13,500 people were vaccinated
- 24 percent of participants in year one and 33 percent year two received a flu shot for the first time in their life
- Trained 74 Fairview healthcare professionals in year one and 108 in year two as volunteer vaccinators
- All MINI clinics and client information was entered into the State immunization registry, called MIIC- Minnesota Immunization Information Connection
- Barriers to immunizations were better understood through completed surveys: Reasons given for attending the MINI clinic were: shots were free; lack of health insurance, trusted setting, and convenience
- 15 Fairview departments helped expand MINI during EDHI grant period

Key Lessons Learned: MINI clients have identified expense, inconvenience, lack of health insurance or regular doctor, lack of trust in government and the medical profession, and language barriers as key reasons that POC/AI did not receive their annual flu vaccination. The strategy of going out to people in a trusted, safe, and familiar community setting, such as worship services or a community event, proved to be effective in enhancing service delivery. This required engaging community leaders, building relationships, and cultivating invitations to hold clinics. In partnership, MINI provides vaccine and licensed vaccinators, and the community site "owns" the clinic and provides the facility, publicity, interpreters, and registration assistance.

6. Infant Mortality

Health Disparity Context

- Infant mortality rates are a sentinel public health measure and an important indicator of the health and wellbeing of families and communities.
- While the five-year average mortality rate for white infants in Minnesota during 2005-2009 was 4.5 per 1,000 infants, the rate for African American infants was more than twice as high at 10.7. For American Indians, the rate was 9.4 per 1,000 infants.
- Timing of infant deaths provides guidance to strategies and interventions: the American Indian post-neonatal (28-364 days) infant mortality rate is almost 5 times higher than any other group. This suggests that specific program interventions focusing on preventing sleep-related infant deaths and SIDS risk reduction should be successful in reducing American Indian infant deaths; African Americans have a 4 times higher rate of neonatal (< 28 days) deaths than any other population, suggesting that successful program interventions should be focused on preventing prematurity.²¹

Grantee Objectives, Strategies and Evidence-Based Activities

2010 Grantees

- Three grantee programs addressed disparities in infant mortality outcomes for African American and American Indian populations in Minnesota (two grantees completed the first year of programming)
- Key objectives pursued by the grantees include:
 - 1) improving the health status of women before, during, and between pregnancies
 - 2) improving the health status and safety of infants from birth to one year
- Grantees used a variety of evidence-based, promising practices and culturally-responsive strategies, including educating women and their partners about culturally appropriate family planning and child spacing and conducting culturally and linguistically appropriate education for parents about topics including child development, positive interaction between parents and infants, infant nutrition, and infant weight management. Both grantees are pursuing these activities in community-based settings.

2012 Grantees

- Four grantee programs are addressing disparities in infant mortality outcomes for African American, American Indian, and Asian/Pacific Islander populations in Minnesota.

²¹ Health Disparities Context from EHDI 2012 RFP. Retrieved from:
<http://www.health.state.mn.us/ommh/funding/rfp120227/rfp120227.pdf>

Infant Mortality EHDI Grantee Project Objectives, Strategies and Activities (2010=3; 2012=4)		
Objectives <ul style="list-style-type: none"> • Improve the health status of women before, during, and between pregnancies • Improve the health status and safety of infants from birth to one year 		
Strategies <ul style="list-style-type: none"> • Increase access to health and preventive care before, during and between pregnancies • Provide culturally-responsive outreach and care coordination during pregnancy and birth • Change behaviors that lead to acute and chronic conditions • Provide education and support for pregnancy and parenting teens • Improve infant nutrition and healthy physical growth and development • Ensure that all infants receive high-quality care at birth and infancy • Reduce infant deaths from SIDS and sleep-related unintentional injuries • Reduce infant deaths from unintentional injury and violence 	# 2010 Grantees 2 1	# 2012 Grantees 3 2 2 1 3 1 3 2
Types of Activities <u>Example of Evidence-Based Strategies</u> <ul style="list-style-type: none"> • Use of Community Health Worker (CHW) model • Use of Ages and Stages: Social and Emotional Development assessment tool model <u>Example of Culturally-Responsive Strategies</u> <ul style="list-style-type: none"> • Provide culturally-responsive education on achieving and maintaining healthy weight and good nutrition (e.g., Somali video shown at mosques, apartment buildings, etc.) 		

Featured Grantee - Infant Mortality

Grantee: Model Cities

Populations Served: African American/African

Community Partners: Family Supportive Housing Center, Bethel University, Metropolitan State University, Women Planting Seeds, Eagles Wings, Family Tree Clinic, Women’s Advocate, Inc., Pathways Counseling Center

Key Objectives, Strategies, Activities and Evidence-Based Practices: Model Cities is working on two objectives: 1) improving the health status of women before, during, and between pregnancies and 2) improving the health status and safety of infants from birth to one year. To achieve the first objective, the grantee is offering women culturally appropriate information about family planning methods and sexual health. To achieve the second objective, Model Cities is working to promote the healthy social and emotional development of infants by offering child development and parent education workshops and using a child development assessment.

Example of Key Activities and Evidence-Based Practices:

Reproductive health. Model Cities offered reproductive health workshops for women at five locations, with facilitation by a consultant from Eagles Wings, a youth development organization, and Family Tree Clinic. During the workshops, participants received information on family planning, human anatomy, sexually transmitted infections and HIV/AIDS, and the importance of annual testing.

Parent education. To promote parental knowledge of the healthy physical, emotional, and social development of infants, Model Cities conducted several kinds of activities. First, the program offered two series of parenting classes focused on infant nutrition and healthy physical growth and development, facilitated by a consultant from Family Supportive Housing Center. Second, 44 child development assessments (Ages and Stages of Social and Emotional Development) were conducted with infants in client homes throughout Ramsey County. Third, the program offered four family-building activities at different Model Cities sites to allow parents to positively interact with the children. Finally, case managers were trained and increased their knowledge and skills to promote healthy infant development and provide appropriate follow-up referral services to families with infants.

Results: Of the 25 women attending the sexual health workshops, more than 80 percent reported an increase in accessing appropriate reproductive health screenings and testing on at least an annual basis. Approximately 20 percent reported increased use of contraception to prevent unintended pregnancy and sexually transmitted infections. Of the 29 parents who participated in the parent education and child development workshops, 86 percent reported increased knowledge of infant mental health; approximately 75 percent of parents with infants reported increased access to appropriate mental health services. Approximately 85 percent of the parents reported increased strengths, skills, and competency in responding to their child's social-emotional developmental needs.

Outcomes:

- 85% of clients reported an increase in knowledge of family planning services offered in their community
- 80% of clients reported increased access to appropriate reproductive health screenings and testing on at least an annual basis
- 100% of the case managers reported their increased knowledge and skills to promote healthy infant development and provide appropriate follow-up referral services to families with infants.
- 85% of parents reported increased strengths, skills and competency in responding to their child's social-emotional developmental needs.

Key Lessons Learned: Offering services in clients' homes or community settings has improved attendance. To eliminate barriers to service, the program provided transportation, child care, and meals. Community partnerships offered Model Cities the chance to provide programs and services (e.g., involvement by nursing and social work students from Bethel University and Metropolitan State University and a consultant from the Family Supportive Housing Center to participate in child development screenings).

7. Teen Pregnancy

Health Disparity Context

- Minnesota youth of color and American Indian have significantly higher birth and pregnancy rates than their white counterparts.
- In 2010, the adolescent birth rate for white females aged 15 to 19 was 14.9 per 1,000. Asian Pacific Islanders had a birth rate of 31.4; African/African Americans had a rate of 48.5; Latina teens had a birth rate of 63.2; and American Indian teens had a birth rate of 67.1 per 1,000 teens ages 15-19.

- In 2004, the estimated adolescent childbearing cost to Minnesota taxpayers (federal, state, and local) was approximately \$142 million. Using an inflation rate of 21.9%, that cost would equal \$173 million in 2012.²²

Grantee Objectives, Strategies and Evidence-Based Activities

2010 Grantees

- Thirteen 2010 grantee programs addressed disparities in adolescent pregnancy outcomes for African American/African, American Indian, Asian/Pacific Islander, and Hispanic/Latino populations in Minnesota.
- Key objectives include:
 - 1) Improving the sexual health of young people
 - 2) Reducing the risk factors and increasing the protective factors related to teen pregnancy
- Grantees used evidence-based or promising curricula and programs for young people of various genders, ages, and backgrounds, while a smaller number are using the evidence-based practices of peer educators, curricula for parents to improve communication, or training for clinic staff on the reproductive health needs of teens. Eleven grantees are using at least one evidence-based practice, and nine are using at least one promising practice.

2012 Grantees

- Twenty-two 2012 grantee programs are addressing disparities in adolescent pregnancy outcomes for communities of color and American Indians.

²² Health Disparities Context from EHDI 2012 RFP. Retrieved from:
<http://www.health.state.mn.us/ommh/funding/rfp120227/rfp120227.pdf>

Teen Pregnancy EHDI Grantee Project Objectives, Strategies and Activities (2010=13; 2012=22)

Objectives

- Improve the sexual health of young people
- Reduce the risk factors and increase the protective factors related to teen pregnancy

Strategies	# 2010 Grantees	# 2012 Grantees
• Improve clinic practices to better reach young people	2	5
• Improve sexual health education of young people	10	15
• Increase parent-child connectedness and communication	7	8
• Increase school connectedness		9
• Increase opportunities for young people that help grow a sense of competence, connection and contribution	2	8
• Delay early sexual activity with a special focus on young adolescents	3	10
• Reduce the frequency of sex and number of partners and increase condom and contraceptive use among sexually-active adolescents	7	10

Types of Activities

Example of Evidence-Based Strategies

- Implement evidence-based programs in local schools or in after-school or community programs that discuss abstinence, contraception, and condom use (e.g., *Celebration of Change for African American Females*, *Becoming a Responsible Teen*, *Making Proud Choices*, *SiHLE*, *Healthy Hmong Teen*)
- Implement sexuality education for American Indian youth (e.g., *Live It!*)
- Implement a service learning program (e.g., *Teen Outreach Program*)

Example of Promising Practices

- Establish policies and procedures that will ensure that all clinic staff are trained on the unique development and health needs of culturally-diverse adolescents

Example of Culturally-Responsive Strategies

- Implement an evidence-based program that increases parent and child communication about sexuality (e.g., *Padres Informados*, *Jovenes Preparados* curriculum; *Plain Talk/Hablando Claro*)
- Implemented Celebration of Change for African American females program, a culturally-responsive and evidence-base curriculum

Featured Grantee - Teen Pregnancy

Grantee: Centro, Inc.

Populations Served: Hispanic/Latino

Community Partners: Aqui Para Ti (Hennepin County Medical Center), University of Minnesota Extension, Minneapolis Public Schools, Planned Parenthood, TeenWise of Minnesota

Key Objectives, Strategies, Activities and Evidence-Based Practices: Centro is working on the objective of reducing the risk factors and increasing the protective factors related to teen pregnancy with two key strategies: 1) increasing parent-child connectedness and communication, and 2) reducing the frequency of sex and number of partners and increasing condom and contraceptive use among sexually-active adolescents.

Example of Key Activities and Evidence-Based Practices: Centro's evidence-based youth development model called Raices (the Spanish word for 'roots') focuses not just on Latino youth but on the whole family. The overall goal of the Raices program is to help Latino teens cultivate a strong identity and develop multiple skills to lead a healthy life. The program has four objectives: 1)

increasing the knowledge and skills of Latino teens using an evidence-based curriculum on pregnancy and HIV/STD prevention (*¡Cuidate!*) delivered through peer-support groups (*Sacred Circles*) 2) improving family connections through delivery of a curriculum for parents and some intergenerational sessions (*Padres Informados*) developed with input from parents and partners; 3) promoting self and cultural awareness among youth through culturally appropriate activities; and 4) fostering high school graduation and post-secondary enrollment through mentoring and education of teens and their parents.

In addition to school-based activities, youth in the program have developed and performed plays and dances and created art that reflect Latino culture; participated in experiential photography and critical thinking workshops; engaged in service-learning and volunteer activities serving Latino elders; and participated in a Dia de los Muertos exhibit. Family activities included sexuality education using the evidence-based curriculum *Hablando Claro*, a healthy cooking and nutrition course, and a family retreat.

Results: Raices engaged 123 youth and 73 parents, both at Centro and in four Minneapolis secondary schools, none of whom became pregnant. In addition, 90 percent of parents reported increased communication with their teens, and 90 percent of teens reported increased communication with their parents. To expand the impact of *Padres Informados*, Centro initiated a community research project about implementation of the curriculum to six sites, including several in rural Minnesota.

Outcomes:

- 100% of 2011 and 75 % of new participants in 2012 had increased knowledge of how to prevent pregnancy
- 60% of youth feel comfortable talking about sexual relations with their parents
- 100% of 2011 participants and 75% of new participants in 20102 had increased knowledge of how to use a condom or contraceptive
- 42% of youth increased their knowledge of HIV/STDs
- 60% of youth feel comfortable talking about sexual relations with their parents
- 100% of teens do not contract HIV/STDs
- 100% of teens do not get pregnant or father a child
- 100% of youth demonstrate improved attendance; 91% of the youth achieve grades C or better
- 100% of seniors graduated or expect to graduate from high school in 2012

Key Lessons Learned: The family-focused intervention, a strong network of community support through multi-sector partnerships, and staff development enable Centro to affect systems-wide change. The skills that the teens learn to succeed in school and establish a positive foundation for their lives and the skills that parents learn to support their children and family combine to create the conditions that support healthy choices around sexuality, thus reducing the likelihood of teen pregnancy. Centro partnered with its youth and parents to develop the parent curriculum rather than imposing a top-down model or a pre-developed approach.

8. Unintentional Injury & Violence

Health Disparity Context

- Minnesotans are five times more likely to die from suicide than from homicide; compared to the national average of one suicide for every homicide.

- The suicide rate for American Indians is higher than for any other racial/ethnic group
- More than 90 percent of suicides are associated with mental illness and/or alcohol and substance abuse, but more than 95 percent of those with mental health problems, such as depression or post-traumatic stress disorder, do not complete suicide.
- All populations of color and American Indians are more likely to die from homicides compared to whites.²³

Grantee Objectives, Strategies, Activities and Evidence-Based Practices

2010 Grantees

- Four grantee programs addressed disparities in unintentional injury and violence prevention outcomes for the African American/African, American Indian, and Hispanic/Latino populations in Minnesota.
- Key objectives included:
 - 1) Preventing unintentional injuries and violence
 - 2) Reducing the risk factors that can lead to unintentional injuries and violence
- Grantees are using a variety of evidence-based practices, including conducting home visits with checklists to reduce hazards and promote safety, creating screening tools to identify people at high risk for suicide or self-inflicted harm and refer them to culturally appropriate treatment programs, delivering a culturally appropriate treatment program for those with dual diagnoses of mental illness and chemical dependency, and using community health workers and culturally appropriate exercise programs to improve mental health. Two grantees are using at least one evidence-based practice, and three are using at least one promising practice.

2012 Grantees

- Five grantee programs are addressing disparities in unintentional injury and violence prevention outcomes for the African American/African, American Indian, Asian/Pacific Islander, and Hispanic/Latino populations in Minnesota.

²³ Health Disparities Context from EHDI 2012 RFP. Retrieved from:
<http://www.health.state.mn.us/ommh/funding/rfp120227/rfp120227.pdf>

Unintentional Injury and Violence		
EHDI Grantee Project Objectives, Strategies and Activities (2010=4; 2012=5)		
Objectives		
<ul style="list-style-type: none"> Prevent unintentional injuries and violence Reduce the risk factors that can lead to unintentional injuries and violence 		
Strategies	# 2010 Grantees	# 2012 Grantees
<ul style="list-style-type: none"> Improve home safety Prevent suicide and self-inflicted harm Prevent injuries from assaults Decrease sexual violence Increase physical activity Decrease alcohol misuse 	<p>1</p> <p>3</p> <p>2</p> <p>2</p> <p>1</p>	<p>2</p> <p>3</p> <p>2</p> <p>2</p> <p>2</p> <p>1</p>
Types of Activities		
<u>Example of Evidence-Based Strategies</u>		
<ul style="list-style-type: none"> Use of the Positive Youth Development (PYD) paradigm Conduct home visits to reduce hazards and promote safety in homes, using such tools as the <i>Home Safety Checklist</i> 		
<u>Example of Promising Practices</u>		
<ul style="list-style-type: none"> Encourage people who at high risk for suicide or self-inflicted harm to exercise regularly, participate in culturally and linguistically appropriate counseling or therapy programs, and comply with prescribed medications 		
<u>Example of Culturally-Responsive Strategies</u>		
<ul style="list-style-type: none"> Use of Family Parallel Care to address needs of parents and youth in a parallel fashion with the core traditional Latino value, <i>familismo</i> Promote opportunities in the community for culturally-appropriate physical activity 		

Featured Grantee – Unintentional Injury & Violence

Grantee: Hennepin County Medical Center (Aqui Para Ti)

Populations Served: Hispanic/Latino

Community Partners: Centro, Inc., La Conexion, The Family Partnership, University of Minnesota Extension Service, Tergar International

Key Objectives, Strategies, Activities and Evidence-Based Practices: Aqui Para Ti (APT) is working on one objective in this priority health area - preventing unintentional injuries and violence. To achieve the objective, the project is focusing on preventing suicide and self-inflicted harm by establishing procedures to identify high risk individuals and link them to culturally and linguistically appropriate prevention resources.

Example of Key Activities and Evidence-Based Practices:

Aquí Para Ti (or "Here for you") is a comprehensive bicultural, clinic-based, youth development program that provides medical care, behavioral health consultations, coaching, health education, and referrals to Latino youths aged 11 to 24 years and their families in a clinical setting. APT provides a comprehensive approach to mental health that looks at the family as a unit, considers the social context in which the family is immersed, and identifies the systems that are in place to create a network of support for the family.

Patients are referred to APT through HCMC providers, Centro, Inc., other community programs, and by word of mouth. All new patients and their parents take a youth and parent questionnaire, the Beck

Inventory, and Scale of Well Being to give staff an initial look at the overall physical and mental health of the youth and his/her parent that will guide the best approach for each patient.

The Beck Inventory is administered every three months to both youth and their parents. APT staff organized a parent and youth advisory group (including people of various ages and countries of origin) that met in June 2011 as part of the process of revising the instruments to be inclusive of all patients and parents.

When a mental health diagnosis was made, APT staff educated the youth and parent about the meaning of the diagnosis and treatment options, including the benefits and side effects of medication. Parents were either provided with an internal referral to HCMC's Psychiatric Services or with an extensive list of mental health therapy locations within Minneapolis and St. Paul. The APT team also created lists of Spanish-speaking mental health and basic needs resources that were given to patients and parents when the needs were identified. APT actively managed each case and provided follow-up appointments until the patient/parent was connected with therapy or resources.

Patients and parents were educated about self injury and its association with a mental health diagnosis, first separately to protect the patient's confidential appointment and then with parents to ensure the patient's safety.

Results: APT assessed 62 new patients during the first year. Of the 62, 69 percent received a mental health diagnosis. Of those with a mental health diagnosis, 56 percent had depression and 26 percent had a mental health diagnosis combining at least two of the following: depression, mood disorder, ADHD, anger, adjustment disorder, PTSD, bipolar, and anxiety. Sixty-five percent of those with a mental health diagnosis were referred to therapy, and 35 percent started taking medication. The GAPS youth questionnaire allowed staff to further evaluate patients who reported having suicidal thoughts or attempts. Of the 62 new patients, 16 reported having suicidal ideation and/or having made attempts to hurt themselves. These 16 patients were closely followed up and treated with medication, therapy or both. All of the patients and parents who were identified as having suicidal thoughts or plans or were diagnosed with a severe mental health condition were interviewed immediately by the team to assess safety and create a contract for safety signed by the patient. If patients were unable to contract for safety they were immediately referred to an emergency behavioral crisis center. Parents were also encouraged to closely supervise their youth and to call 911 in case of an emergency. In the past year, 6 of the 62 new patients were hospitalized at an emergency behavioral crisis center.

Outcomes:

- 171 patients completed one or more Beck assessments; 68 patients had data available from two or more Beck assessments. Patients exhibited significantly fewer depressive symptoms at their final assessment compared to their first assessment.
- 107 youth enrolled in APT's Health Care Home and created 230 individual goals (education, increased social support, physical activity, reproductive health, mental health, etc.) as part of the care coordination process.
- 25 parents completed the Parenting Styles and Efficacy assessment. Parents who reported more authoritative behaviors (characterized by warmth and involvement, reasoning, etc.) reported higher efficacy in their role as a parent
- 78 parents completed one or more Beck Depression Inventories. No significant correlations between parents' total Beck scores and their scores on either measure of parenting.

Lessons Learned: By addressing parents' mental health, APT was better able to understand each patient's family situation and history. By addressing individuals in a family separately and then as a family unit assured improved mental health among youth and parents. Referring families to family therapy took into consideration the need for considering the whole family.

9. Social Determinants of Health (SDoH) & Community Primary Prevention (CPP)

2010 Social Determinants of Health Planning Grants

- Three Social Determinants of Health Planning Grants were given to organizations serving the African American/African, American Indian, Asian/Pacific Islander, and Hispanic/Latino populations in Minnesota.
- Key objectives pursued by grantees include:
 - 1) Identifying which social determinants of health affect the community
 - 2) Assessing the status of the social determinants of health in the community
 - 3) Determining a plan of action to address social determinants of health

2010 Social Determinants of Health Implementation Grants

- Two Social Determinants of Health Implementation Grants were given to organizations serving the African American/African and Hispanic/Latino populations in Minnesota.
- Key objective pursued by grantees include:
 - 1) Addressing social determinants of health

2012 Community Primary Prevention Grants

- Two Community Primary Prevention Grants were given to organization serving African American/African and Asian/Pacific Islander populations in Minnesota.
- Key objectives pursued by grantees include:
 - 1) Engaging young women as health leaders
 - 2) Collecting young women's sexual health data
 - 3) Building community connections
 - 4) Increasing community participation

Social Determinants of Health (SDoH) and Community Primary Prevention (CPP) EHDI Grantee Project Objectives, Strategies and Activities (2010 =5; 2012=2)

Objectives		
<u>Social Determinants of Health</u>		
<ul style="list-style-type: none"> Identify which social determinants of health affect the community Assess social determinants of health in the community Determine a plan of action to address social determinants of health Address social determinants of health 		
<u>Community Primary Prevention</u>		
<ul style="list-style-type: none"> Engage young API women as health leaders Collect API young women's sexual health data Build community connections Increase community participation 		
Strategies	# 2010 Grantees	# 2012 Grantees
<u>SDoH Planning</u>		
<ul style="list-style-type: none"> Organize community members Increase community engagement 	3 3	
<u>SDoH Implementation</u>		
<ul style="list-style-type: none"> Utilize foreign-trained health care professionals Build the capacity of the community to address social determinants of health 	1 1	
<u>Community Primary Prevention</u>		
<ul style="list-style-type: none"> Innovative, collaborative, community-based participatory action research program Train youth and adults in community organizing Provide culturally competent educational and support systems 		1 1 1
Types of Activities		
<u>Planning</u>		
<ul style="list-style-type: none"> Form planning groups made up of community members Conduct individual interviews, focus groups, and community forums Develop and implement a culturally appropriate assets mapping tool Conduct community outreach (e.g., Community Outreach Specialists) 		
<u>Implementation</u>		
<ul style="list-style-type: none"> Recruit and train foreign-trained health professionals as Community Health Agents Integrate foreign-trained health professionals into Minnesota healthcare workforce system Conduct community forums and workshops as a way to engage and organize community members Design and produce public murals as an education and community organizing tool 		

Featured Grantee

Social Determinants of Health & Community Primary Prevention

Grantee: Southwest Human and Human Services (Joining Hands for Healthier Living Community Coalition)

Populations Served: African American/African, American Indian, Asian/Pacific Islander, Hispanic/Latino

Community Partners: Key partners include: Insight Language Resources, Southwest Adult Basic Education

Approach: In 2010, Southwest Health and Human Services formed the Joining Hands for Healthier Living Community Coalition in order to address the social determinants of health affecting the local

Latino, Hmong, Native American, and Somali populations in Lyon, Murray, Pipestone, and Redwood Counties. The coalition was made up of local schools, businesses, non-profit organizations, and community members from the local Latino, Hmong, Native American and Somali populations. The project used Community Outreach Specialists, who were fluent in English and the native language of the community in which they were conducting outreach, to engage community members in the work of the coalition. The coalition conducted a community assessment through the use of a survey.

Results: The Joining Hands for Healthier Living Community Coalition included community members from all four targeted population groups and other important community stakeholders. The Coalition conducted a community assessment to assess how the social determinants of health affected the four target population groups in these communities and to address these factors through proposed policy, system, and/or environmental changes. An analysis of the results of the community assessment led to the development of actions plans for six future projects including:

- Interpreter Program (a reduced cost interpreter training program to increase the number of trained interpreters available and to decrease language barriers), a policy change
- Native American Community Garden (a traditional community garden with education on native history, culture, and cooking to increase access to health food), an environmental change,
- Open Door Health Center (assist the Open Door Health Center with marketing and community outreach to increase access to healthcare),
- I CAN Health Literacy Program (a health literacy program for Head Start families)
- Southwest Hmong Community Center (assist the organization with the implementation of programs to address social determinants of health in the Hmong community), and
- Work with Iftiin, Inc., an organization that seeks to create a healthy and self-sufficient community of African immigrants in the Marshall area (assist the organization with implementation of programs to address social determinants in the Somali community).

Key Lessons Learned: The Social Determinants of Health planning grant offered an opportunity to bring together diverse stakeholders from across counties and communities. The Community Outreach Specialists were instrumental to formation and maintenance of the coalition. In addition to the successful formation of a multi-county coalition to identify and assess social determinants of health, Southwest Health and Human Services was able to identify six feasible projects that would address social determinants of health through policy, system, or environmental change.

V. Evaluation Capacity Building & Technical Assistance

OMMH is committed to evaluating individual grantee outcomes and strengthening the capacity of organizations to reduce disparities through shared learning and evaluation. As part of this process, OMMH provides grantees with individual evaluation technical assistance and support and has created a community of practice for ongoing learning.

Evaluation Technical Assistance (TA) and Support

OMMH contracts with an evaluation consulting organization, Rainbow Research, Inc, to be the Evaluation Technical Assistance (TA) and Support provider. The Evaluation TA and Support Team is made up of five consultants who have extensive experience working with populations of color and American Indians on evaluation activities.

Support from the Evaluation TA and Support Team includes:

- Providing customized, culturally responsive, one-to-one consultation
- Assisting grantees to develop logic models, evaluation and reporting plans.
- Giving training on evaluation approaches and reporting outcomes
- Offering interactive work sessions for four to six grantees addressing similar populations and/or PHAs
- Developing and sharing ready-to-use evaluation resources and tools

With this technical assistance, grantees create evaluation logic models, develop detailed evaluation plans, conduct data collection activities, and report annually on program outcomes.

Community of Practice

In 2010, OMMH created a web portal for EHDI grantees with the goal of creating a “community of practice.” Through an interactive website, professional development webinars and gatherings, grantees are encouraged to 1) strengthen their relationships with other organizations who are actively working to eliminate health disparities, 2) share with each other knowledge, tools and ideas, and 3) to learn about new strategies and approaches being used locally and nationally to address social determinants of health.

The EHDI grantee portal 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.

Since 2010, OMMH offered seven webinars featuring national and local experts on topics related to social and economic determinants of health, policy systems and environmental change and evaluation reporting.

Table 8. OMMH Sponsored Webinars for EHDI Grantees 2010-2012

Title	Speaker
Social Determinants of Health and Equity: Frameworks and Definitions	Camara Phyllis Jones, MD, MPH, PhD, FACE Research Director on Social Determinants of Health and Equity Centers for Disease Control and Prevention
Building Capacity for Advocacy	Makani Themba Nixon Executive Director The Praxis Project
Community Health Workers - Panel Presentation by Grantees	Zobeida E. Bonilla, PhD, MPH Assistant Professor, Div. of Epidemiology & Community Health University of Minnesota School of Public Health Windy Fredkove MSN, RN, Public Health Nurse Donn Vargas, Outreach Coordinator NorthPoint Health and Wellness Center Marie Minh-Hien Tran, Program Coordinator Vietnamese Social Services of Minnesota Andrea Everson, MPH, MSW, Program Coordinator WellShare International
Speaking the Language of Return on Investment: How to capture the benefits of your work in dollars and sense	Dr. José Pagán Professor & Chair Department of Health Management and Policy, School of Public Health, University of North Texas Health Science Center at Fort Worth
How to Think About Your Work through a Policy, Systems and Environmental Change Framework	Dr. Kenneth D. Smith Lead Program Analyst for National Association of County and City Health Officials (NACCHO)
Effective Advocacy - Achieving Health Equity through Policy Change	Monica Hurtado Youth Program Developer for EHDI grantee “Aqui Para Ti/ Here For You” Michael Scandrett Policy Director for Halleland Health Consulting
Effective Reporting - Reporting Well: Advice on creating a compelling evaluation report	Dr. Stephanie Evergreen eLearning Initiatives Director American Evaluation Association (AEA)

In addition, grantees are brought together bi-annually to share their work with each other, receive updates from MDH and OMMH, and participate in evaluation training.

VI. Conclusions

An Increasingly Diverse State

Minnesota is an increasingly diverse state. In 1990, people of color and American Indians in Minnesota represented just over 6 percent of our total population. By 2010, these communities had grown to represent fully 15 percent of the population. The Hispanic/Latino population grew by 364 percent during that time, and the African-American population grew by 189 percent. By 2025, Minnesota's population of color is expected to be about 22 percent, if this trend continues.²⁴

The state's diversity is increasing primarily through immigration. Minnesota attracts a wide range of immigrants from other parts of the U.S. and from other countries, who move here to attend school, start businesses, work in Minnesota industries, and join family members.

Minnesota's recent immigrants come from diverse corners of the globe. The points of origin of our newest residents include Mexico, Laos, Somalia, Vietnam, Canada, Ethiopia, Korea, Liberia, Germany, Burma, and Bhutan, to name just a few.²⁵ The diversity that exists *within* racial and ethnic categories (especially from Asia and Africa) presents nearly as many challenges as diversity within the population as a whole: for example, at least 19 different countries are represented among Asian immigrants to Minnesota.²⁶ The peoples from these areas bring a wide range of backgrounds, experiences, cultural practices, languages, and unique health concerns to Minnesota.

It is also important to remember that Minnesota's growing racial and ethnic diversity is not limited to the Twin Cities metropolitan area. The southwestern region of Minnesota, in particular, has experienced a dramatic increase in immigrant populations.²⁷

Much of the state's future youth and vitality will come from immigrant groups, since on average, immigrant groups are often younger and have more children. Consider that about one-quarter of

²⁴ Minnesota Department of Health & Healthy Minnesota Partnership. (2012). The Health of Minnesota: Statewide Health Assessment. Retrieved from:

<http://www.health.state.mn.us/healthymnpartnership/sha/docs/1204healthofminnesota.pdf>

²⁵ Minnesota Department of Health. (2012). Primary Refugee* Arrival to Minnesota by Initial County of Resettlement and Country of Origin, 2011. Retrieved from:

<http://www.health.state.mn.us/divs/idepc/refugee/stats/11yrsum.pdf>

²⁶ Council on Asian Pacific Minnesotans. (2012). State of the Asian Pacific Minnesotans: 2010 Census and 2008-2010 American Community Survey Report. Retrieved from:

<http://www.capm.state.mn.us/pdf/StateoftheAsianPacificMinnesotans.pdf>

²⁷ U.S. Census Bureau. Distribution of people of color, 2010: Atlas of Minnesota.

the state's public school students today are children of color or American Indians.²⁸ The state's future health depends on reducing the health differences between populations so that Minnesota can reach its potential as a healthy state for all Minnesotans.

EHDI: A Continuing Investment in Opportunities for Health

The EHDI is working to eliminate disparities by strengthening the capacity of communities of color and American Indian communities to create their own healthy futures and by capitalizing on the opportunity that exists to influence health in early childhood.

In 2001, Minnesota's EHDI became one of the nation's first statewide efforts to focus on the health and well-being of populations of color and American Indians. The first nine years of EHDI investments have yielded not only advances on the mandated goals, but also valuable information and lessons, including the need to:

- Make use of practice-based strategies built on evidence-based and promising practices, including consistent attention to integrating culturally responsive approaches into all the Initiative's efforts
- Continue developing or improving culturally-responsive behavioral interventions to improve health outcomes in populations of color and American Indians
- Address critical policy, systems, or environmental barriers that challenge significant progress toward eliminating health disparities in populations of color and American Indians
- Provide support for partnerships that combine the necessary skills, resources and leadership to address barriers in eliminating health disparities in populations of color and American Indians
- Provide grantees with technical assistance in identifying appropriate and measurable outcomes, as well as development of a logic model in their program evaluation and to report on their efforts.

Twenty-nine community grantees highlighted in this report proved to be valuable EHDI investments and incorporated many of the lessons learned noted above. Examples of their accomplishments include:

- At least 90 percent of active participants in a Family Education Diabetes Series to American Indians in East Saint Paul had metabolic control scores at or below the recommended level
- 817 individuals attended at least nine health classes and 312 individuals received a cardio-vascular screening from Vietnamese Social Services of Minnesota, an organization targeting Vietnamese, Chinese, and Karen Asian Pacific Islander communities

²⁸ Minnesota Department of Health. (2012). The Health and Well-Being of Minnesota's Adolescents of Color: A Data Book. Retrieved from: http://www.health.state.mn.us/divs/chs/mss/specialreports/AdolescentsOfColor_REPORT_051412.pdf

- 13,500 people were vaccinated through outreach at 200 clinics by Minnesota Immunization Networking Initiative, and over 180 Fairview healthcare professionals were trained as volunteer vaccinators.
- Several programs expanded their outreach capacity through the use of trained Community Health Workers recruited from the communities themselves.
- All grantees received evaluation technical assistance and support to evaluate their programs.

Forty-seven grants were awarded in 2012. In addition to efforts to increase the number of grants and grantees working to eliminate health disparities in populations of color and American Indians, grantees also are encouraged to partner as priority health area cohorts and align more closely with other MDH programs, e.g., SHIP, immunizations, diabetes, HIV/AIDS, teen pregnancy, or injury/violence prevention. These grants were awarded for one year with the possibility of extending for up to two more years depending on performance and availability of funding. Their outcomes will be documented in the 2015 Legislative Report.

Future MDH and OMMH efforts to strengthen EHDI will include:

- Engaging a broad array of stakeholders from the community, government, faith-based organizations, managed care and clinic health providers, and others, in order to develop recommendations on gaps and priorities in future EHDI mandated efforts aimed at eliminating health disparities in populations of color and American Indians
- Improving data collection standards through critical partnerships to improve the quality and consistency of race-specific, ethnic-specific, and language-specific information that can be shared and compared within MDH and statewide
- Supporting partnerships that develop and implement the policy, systems and environmental change strategies necessary to maintain sustainable change focused on eliminating health disparities in populations of color and American Indians.
- Developing and implementing strategies to explore the impact of institutional racism and historical trauma on the development and maintenance of health disparities in populations of color and American Indians.
- Building the necessary capacity to implement and institutionalize long-term strategies to eliminate health disparities.

Healthy Lives for All Minnesotans

Minnesota's reputation as a healthy state obscures an important issue: health disparities.

When it comes to the differences in health status between populations, Minnesota is far from equal. In reality, populations of color and American Indians in Minnesota experience higher rates of many chronic and infectious diseases and premature death.

"Of all the forms of inequality, injustice in health is the most shocking and the most inhumane."

The Rev. Martin Luther King, Jr., at the Second Annual Convention of the Medical Committee for

It is important to recognize that good health is not the mere absence of disease, but a state of “well-being” in every aspect of life. The foundation of this state of personal well-being starts in homes and schools, jobs and workplaces, as well as in places of worship, socialization, and play. With this broader perspective on what good health means, the sources of health disparities become easier to identify. Many Minnesotans, especially populations of color and American Indians, experience inequitable living conditions and unequal treatment in many aspects of life. Data collected by the Minnesota Department of Health, the Blue Cross Blue Shield Foundation, the Wilder Foundation, and others reveals that disparities in health status and opportunities to be healthy for people of color and American Indians in Minnesota are widespread and persistent in Minnesota in areas such as living environments, safe communities, education, employment opportunities, and health care.

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 (OMMH) provides leadership within MDH to engage populations of color and American Indians in actions essential to the over-arching goal of eliminating health disparities. MDH recognizes the critical importance of effectively addressing these health disparities in order to ensure our vision of keeping all Minnesotans healthy. The Eliminating Health Disparities Initiative is a critical strategy for strengthening local efforts that are at work in diverse communities across the state toward achieving this goal.



Office of Minority and Multicultural Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-5813
www.health.state.mn.us

Eliminating Health Disparities Initiative

APPENDICES

Minnesota Department of Health *Report to the Minnesota Legislature 2013*

January 15, 2013

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APPENDIX A EHDI Legislation

MINNESOTA STATUTES 2010 145.928

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:

(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.

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.

APPENDIX B EHDI 2010 Grantees by Grant Type and Priority Health Area

EHDI 2010 Grantees (29)	Social Determinants		Priority Health Areas							
	Planning	Implementation	Breast & Cervical Cancer Screening	Diabetes	Heart Disease & Stroke	HIV/AIDS & STDs	Immunizations for Adults & Children	Infant Mortality	Teen Pregnancy	Unintentional Injury & Violence
African & American Friendship Association for Cooperation & Development		•								
Annex Teen Clinic						•			•	
Centro						•			•	
Children's Health Care						•			•	
El Colegio Charter School		•								
Fond du Lac Band								•		
Freeport West									•	
GMCC Division of Indian Work									•	
Hennepin County Medical Center (APT)						•			•	•
High School for Recording Arts						•			•	
Indigenous Peoples Task Force						•				
Jordan New Life Hub	•									
Lao Family Community of Minnesota									•	
Leech Lake Band									•	
Lutheran Social Services of Minnesota						•			•	
Minnesota Immunization Networking Initiative							•			
Minnesota Indian Women's Resource Center										•
Model Cities of St. Paul								•		•
NorthPoint Health & Wellness Center			•	•	•					
Peta Wakan Tipi				•						
Pillsbury United Communities	•									
Planned Parenthood MN, ND, SD						•			•	
Saint Paul Area Council of Churches				•						
Sierra Young Family Institute, Inc.						•			•	
Southwest Health and Human Services	•									
The Indian Health Board of Minneapolis			•		•					
Vietnamese Social Services of MN			•		•					
WellShare International				•	•			•		•
YWCA of Minneapolis									•	
Total Number of Grantees (29)	3	2	3	4	4	9	1	3	13	4

EHDI 2012 Grantees by Grant Type and Priority Health Area

EHDI 2012 Grantees (40)	Community Primary Prevention (CPP)	Priority Health Areas							
		Breast & Cervical Cancer Screening	Diabetes	Heart Disease & Stroke	HIV/AIDS & STDs	Immunizations for Adults & Children	Infant Mortality	Teen Pregnancy	Unintentional Injury & Violence
African American AIDS Task Force					•				
American Indian Family Center							•		
Annex Teen Clinic*					•			•	
Asian Media Access								•	
A.S.P.I.R.E. Youth Agency								•	
Axis Medical Center						•			
Big Brothers Big Sisters								•	
Boys & Girls Club of the Twin Cities								•	
CAPI						•			
Centro, Inc.*					•			•	
Community University Health Care Center									•
Crown Medical Center			•						
GMCC Division of Indian Works*								•	
Health Finders Collaborative					•			•	
Hennepin County Medical Center*					•			•	•
High School for Recording Arts*								•	
Hmong American Partnership		•							
Indigenous Peoples Task Force*					•			•	
Isuroon								•	
Korean Service Center									•
Lao Family Community of Minnesota, Inc.*								•	
Leech Lake Band*							•		
Lutheran Social Services of Minnesota*								•	
Minnesota African Women's Association								•	
Minnesota Immunization Networking Initiative*						•			
Minneapolis American Indian Center			•	•					
Minnesota Visiting Nurse Agency							•		
Minnesota Indian Women's Resource Center*									•
National Asian Pacific American Women's Forum	•								
NorthPoint Health & Wellness Center, Inc.*			•	•					
Open Cities Health Center		•	•				•		
Peta Wakan Tipi*			•						
Planned Parenthood MN, ND, SD*					•			•	
Pillsbury United Communities*			•	•					
Sabathani Community Center			•					•	•

Saint Mary's Clinic		•	•						
Saint Paul Ramsey County Public Health								•	
Saint Paul Area Council of Churches*			•						
Southeast Asian Community Council								•	
Stairstep Foundation			•						
Summit University Teen Center								•	
TeenWise								•	
The Indian Health Board of Minneapolis*		•		•					
The Neighborhood Hub*	•								
Turning Point, Inc.					•				
WellShare International*			•	•					
YWCA of Minneapolis*								•	
Total Number of Grantees (40)	2	4	11	5	8	3	4	22	5

*2010 and 2012 grantees

APPENDIX C EHDI 2010 Grantees Description by Evidence-Based, Promising Practices or Culturally-Relevant Approaches Utilized

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
African American Friendship Association for Cooperation & Development	Social Determinants of Health - Implementation	*none reported				
Annex Teen Clinic	HIV/AIDS & Sexually Transmitted Diseases	Becoming A Responsible Teen (BART)	BART is an HIV prevention curriculum primarily for African American youth ages 14-18 in non school community based settings. It consists of eight sessions and includes interactive group discussions and role play. The curriculum also includes activities and topics relevant to teen pregnancy prevention.	EB	AA/A	Community after-school faith-based
		Sister to Sister & Sister to Sister Teen	A brief (20 min) one on one, skill-based HIV/STD risk-reduction behavioral intervention for sexually active African American teens and older women (18-45). Sister to Sister Teen and Sister to Sister are both designed to provide intensive, culturally sensitive health information to empower and educate women; help African American women and teen girls understand HIV/STD risk behaviors; and enhance their knowledge, beliefs, motivation, confidence ,and skills to help them make behavioral changes that will reduce their risk .	EB	AA/A	Community/ clinic
	Teen Pregnancy	Making Proud Choices!	Making Proud Choices! is a safer sex approach to HIV/STD and teen pregnancy prevention curriculum.	EB	AA/A	Community/schools/ faith-based
		Celebration Of Change for African American Females Program	A culturally specific and evidence-based curriculum for African American females created by the Annex Teen clinic from community input. The program is designed to strengthen communication and knowledge of puberty and sexuality among mother/adult women and girls ages 9-12.	CR	AA/A	Community /schools/ Faith-based

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
		Teen Outreach Program (TOP)	TOP is a youth development through service learning program for youth between the ages of 12 and 17. Community service, classroom-based activities and service learning are the conduits through which the goals and key principles are realized.	EB		Community/schools
		IT'S THAT EASY	Parent /adult education, communication and connectedness curriculum	EB	AA/A	Community schools / Faith -based
		REACH Peer Education Leadership Development And Becoming A Responsible Teen Teach- back training	A youth development and HIV risk reduction service learning program created by the Annex REACH collaborative through recommendations from the youth advisory to help African American teens clarify their own values about sexuality and sexual activity, make decisions that help them avoid becoming pregnant or infected with STD/HIV, and learn to put their decisions in action through teach-back to their peers and younger students using the Becoming A Responsible Teen curriculum.	CR	AA/A	Community/faith-based
Centro, Inc.	HIV/AIDS & STDs & Teen Pregnancy	Multi-Component Youth Program	Carerra Multi-Component Youth Development Model Implemented by the Children's Aid Society of New York	EB	H/L	Community
		<i>Cuidate!</i>	HIV/STDs prevention curriculum.	EB, CR	H/L	Community
	Teen Pregnancy	<i>Padres Informados</i>	Family Communications curriculum designed to reduce ATOD use and improve family communications.	PP, CR	H	Community
Children's Health Care **						
El Colegio Charter School	Social Determinants of Health - Implementation	Direct Action Organizing	<p>When we engage in direct action organizing, we organize a campaign to win a specific issue, that is, a specific solution to a problem. We have observed that an issue campaign usually goes through this series of stages. Including: People identify a problem; The organization turns the problem into an issue.</p> <p>A strategy for an overall plan for a campaign is developed including power relationships and goal analysis, strengths and weaknesses, stakeholder and allies analysis, tactic analysis; Organizing people to show power to decision makers and working with the decision makers until they make a decision; Win, regroup, go on to next campaign.</p>	EB and CR	H/L	Community

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
Fond du Lac Band*						
Freeport West**						
GMCC Division of Indian Work	Teen Pregnancy	Live It! Curriculum	As a promising practice, the Live It! curriculum encourages American Indian traditional practices to be used to teach, guide and encourage youth to live healthy life-styles. The model that is taught is similar to the “Medicine Wheel”, however, the model is labeled differently using the words “the Four-Parts of Being” or “the Stages of Life” both represent cycles. The “four parts of being” teaches youth about our physical, emotional, spiritual and mental parts of ourselves. Each part has a significant role in our health and well-being. It is important to teach youth about each part to understand their functions and how to take care of themselves and manage a healthy life-style. The Stages of Life model represents the cycle we go through in life, teaching the roles and responsibilities of each stage, from infancy to elderly. Two other traditional practices used are the talking circle which represents the circle of life and community to learn in a respectful manner. Smudging with sage or cedar is another tradition that is shared during each lesson. These traditional values encourage and engage youth and their desire to learn more about their culture, themselves, their health and to be successful in life.	PP/CR	AI	Community
Hennepin County Medical Center	HIV/AIDS & STDs; Teen Pregnancy; & Unintentional Injury & Violence	Social Ecological Model of Human Development	The Developmental-Ecological model emphasizes the role of persons, family, groups, and socio-cultural and historical context in shaping the development, experiences, and health practices of youth. (Bronfenbrenner, 1979).	EB	H/L	Clinic and community setting
		Positive Youth Development	The Positive Youth Development (PYD) paradigm, grounded in the ecological model, suggests that risk and protective factors predict adolescent behaviors, and emphasizes the promotion of internal assets (i.e. self-esteem, self-efficacy, hopefulness) and external supports (i.e. effective parenting, connection to non-parental adults, school and community) to reduce negative behavior and promote positive behavior as a means to achieve healthy	EB	H/L	Clinic and Community Setting

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
			outcomes. ²⁹⁻³²			
		Henne-Teen: “Adolescent-Friendly” System Changes	In May 2008, APT staff launched the Henne-Teen initiative. Henne-Teen’s purpose is to begin a dialogue about adolescent care practices and issues affecting adolescent patient care across the organization and implement those changes at system level to make a clinic “youth-friendly”, to assure that every entry point to the system is ready to provide care with the same standards of excellence: <ul style="list-style-type: none"> • Confidentiality • Respectful treatment • Integrated services • Cultural competent staff • Easy access to care • Free or low cost services • Promotion of parent-child communication (Alford, Advocates for Youth, 2004)	EB	AA/A, AI, API, H/L	HCMC system
	HIV/AIDS & STDs & Teen Pregnancy	Systems of Care	It is based on CAS-CARRERA Program and its components (work related intervention, academic component, comprehensive family life and sexuality education, and arts, individual sports). This approach develops the combined elements of the model with Centro as the community partner, to integrate clinical and community services in their System of Care approach. Main efforts in doing referrals, working together in developing and implementing a Latino Parent curriculum. Working together in implementing Meditation among staff and the community	CR	H/L	Community Clinic and Community Based Organization
	HIV/AIDS & STDs	Comprehensive Risk Counseling and Services	Based on public health strategy the Comprehensive Risk Counseling and Services (CRCS) for high risk uninfected persons for HIV. The core elements of this strategy are identical to the approach APT has utilized for Latino youth ages 11 to 24 since 2002. The CRCS approach is described as “client-centered HIV prevention activity that provides intensive, ongoing, individualized prevention counseling, support, and service brokerage.”	EB	H/L	Community Clinic
	Unintentional	Family Parallel	The needs of both parents and youth are addressed in a parallel	CR	H/L	Clinic

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
	Injury & Violence	Care	fashion. A core traditional Latino value, <i>familismo</i> (familism) including strong family unity, interdependence in daily activities, and close proximity with extended family members is often considered the basis of Latino culture. Immigration and acculturation factors shape parenting practices, which in turn relate to health behaviors.			
		Health Care Home (HCH)	HCH is an “approach to primary care in which primary care providers, families and patients work in partnership to improve health outcomes and quality of life for individuals with chronic health conditions and disabilities” The development of health care homes in Minnesota is part of the ground-breaking health reform legislation passed in May 2008. APT was certified as a HCH in 2011	EB	H/L	Clinic
		Unintentional injury	Comprehensive approach to mental health that looks at the family as unit, APT’s approach utilizes elements from the following EBPs: Family-centered model, Flexible & individualized approach, Brief Strategic Family Therapy, and Systems of Care. Goal: Improve screening/assessment efficiencies for mental health issues of youth-parents by doing 1-Screen; 2-Assess; 3-Counsel & Coaching; 4-Connect; 5-Follow & Coordinate AND 6-Foster System/Community Impact	EB	H/L	Clinic
High School for Recording Arts	HIV/AIDS & STDs & Teen Pregnancy	Safer Choices	Safer Choices is an evidence school- based HIV, other STD and pregnancy prevention program for high school students. Safer Choices intervention is based on social cognitive theory, social influence theory and models of school change.	EB	AA/A	School
		SIHLE	SIHLE is a CDC approved DEBI. SIHLE is a culturally-specific, peer-led, intervention program that includes group-level social-skills training aimed at reducing HIV risk behaviors among sexually active African American teenage females, ages 14–18.	EB, CR	AA/A	Non-school setting. Community - Based
	HIV/AIDS & STDs	Sister to Sister	S2S is an evidence-based, gender-specific, one-on-one, brief skills-based safer sex curriculum designed to empower young women to change their behavior in ways that will reduce their risk of becoming infected with HIV, other STDS, and significantly	EB, CR	AA/A	Non-school setting. Community/ Clinic

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
			decrease their chances of being involved in unintended pregnancies.			Based
Indigenous Peoples Task Force	HIV / AIDS & STDs	Peer education	Peer education training to support community members to share information with others	EB	AI	Community
		HIV testing	Rapid HIV testing in community settings	EB	AI	Community
Lao Family Community of Minnesota, Inc.	Teen Pregnancy	Making a Difference	The Healthy Hmong Teen curriculum that has been used with middle school students for the past 10 years is a culturally specific adaptation of Making a Difference. This model was selected because it is abstinence-based and, therefore, acceptable to Hmong parents and in keeping with Hmong norms. Staff delivering the curriculum are Hmong American professionals – one female and one male. They adapt activities to reflect the realities of Hmong culture, including early marriage, prohibitions on dating, and cross-generational conflicts between Americanized youth and their parents.	EB, CR	API	Schools Community center
		Making Proud Choices	Over the past two years, it has been possible to usher in more open discussion of contraception. The Healthy Hmong Teen curriculum began incorporating aspects of Making Proud Choices, particularly information on safe sex and the prevention of HIV and STDs as well as pregnancy. These are presented within the context of Hmong culture. False information and myths about these topics that circulate in the Hmong community are also addressed with science-based information.	EB, CR	API	Schools Community center
		Hmong Young Parent	Lao Family developed this component to meet the needs of pregnant and parenting Hmong teens. The staff member is a Hmong American professional. Because most of the program activity is directed toward females, it is essential that the case manager be a woman who is respected in the community by her peers, elders, parents, and youth. In addition to presenting information on and discussing contraception, prevention of HIV and STDs, and the importance of completing high school, the <i>young</i> mothers discuss other issues specific to Hmong culture – relationships with their own parents and inlaws, absent or non-nurturing fathers, financial pressures, and the cultural	PP, CR	API	Schools

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
			<p>expectations of young mothers.</p> <p>The program possesses the four characteristics of successful programs identified by The National Campaign to Prevent Teen Pregnancy in <i>Another Chance: Preventing Additional Births to Teen Mothers</i>: close, sustained relationships with teen mothers; effective personnel; family planning emphasis; and encouraging education.</p>			
Leech Lake Health Division	Teen Pregnancy	Live It	A ten-session group-level Sexuality, teen pregnancy prevention, std HIV prevention intervention grounded in cultural values and teachings.	pp	AI	School community
		DMAD	Dads make a difference parenting responsibility (peers) Four lessons aimed at educating young men and women about the responsibilities of parenting and the challenges of parenting too soon.	pp	AI	school
Lutheran Social Services of Minnesota	Teen Pregnancy	Making Proud Choices	<p>“Making Proud Choices” is a curriculum aimed at preventing pregnancy and STD and HIV infection among adolescents by empowering them to change their behaviors in ways that will reduce their risk. It acknowledges that abstinence is the most effective way to eliminate risks and emphasizes that adolescents can reduce their risks for STDs, HIV and pregnancy by using condoms, if they choose to have sex. The target audience id African American, Hispanic and white adolescents. Information about “Making Proud Choices” can be found on the <i>Advocates for Youth</i> website at http://2www.futureofsexed.org/publications .</p>	EB CR	AA/A, AI, H/L	Schools, commu nity groups, juvenile justice centers, residen tial treat ment centers
		It’s That Easy	<p>Parents are the first and most important sexuality educators in their children’s lives but many are afraid they do not know the right answers or feel confused about the proper amount of information to offer and report needing help. Because of this need, a group of key health educators in Minnesota developed a “parents-as-sexuality-educators” curriculum called It’s That Easy.</p> <p>Website Address: http://www.mnschoolhealth.com/</p>	P	AA/A, AI, H/L	Schools, community groups

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
	HIV/AIDS & STDs	Survive Outside	The “Survive Outside” project is designed specifically for staff that works with at-risk youth and alternative schools. It includes Risk Reduction Counseling and use of a documentary called “Blood Lines”. “Blood Lines” was directed and produced by HIV+ youth who traveled across the United States and Europe documenting the experiences of youth struggling with their HIV+ status. More information can be found about “Survive Outside” by visiting the Planned Parenthood of Greater Washington and North Idaho website at http://www.plannedparenthood.org/ppgwni/survive-outside-32 .	PP CR	AA/A AI H/L API	High schools, youth groups, chemical dependency treatment centers, transitional housing facilities, juvenile justice centers
		HIV 101	The “HIV 101” curriculum is a locally developed approach to sharing adequate information about HIV/AIDS to position audience members to make sound choices regarding their behaviors and their impacts on their health. In addition to basic HIV/AIDS knowledge transmission, “HIV 101” sessions include condom use demonstrations, distribution of testing resource lists, and when allowed, distribution of safer sex packets.	PP CR	AA/A AI	Middle and high schools, chemical dependency treatment centers, juvenile justice center, youth groups
		4-3-2-1 Peer Education Protocol	The “4-3-2-1” Peer Education protocol involves identification and training of youth and adults from our target populations, who then go out and share information, testing resources and safer sex packets with their peers. Educators inform their peers about the body fluids that can transmit HIV, the barriers that can be used to reduce HIV infection during sexual activity, the value of clear communication between partners and the logistics of	PP CR	AA/A AI	Community

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
			getting tested for HIV.			
		The Condom Project	The goal of the Condom Project is to destigmatize condoms. One of the approaches used is the creation and distribution of condom art pins. The creative process of making the pins provides facilitators with a venue to cultivate dialog about the protective qualities of a condom. Participants feel free to discuss their own ideas, misperceptions and myths surrounding condoms.	PP CR	AA/A AI H/L API	Youth group meetings, community events
Minnesota Immunization Networking Initiative	Immunizations for Adults & Children	EB Research on Efficacy and Cost Effectiveness of annual flu shot	By providing an annual influenza vaccination to people, MINI is doing what evidence based research has shown to be effective in reducing Influenza Like Illness (ILI), hospitalization and absenteeism in the workplace.	EB	ALL	Community or clinic
		ACIP Standards	MINI meets the quality standards set by the Advisory Committee on Immunization Practices for "Adult Immunization Programs in Nontraditional Settings: Quality Standards and Guidance for Program Evaluation" as reported in the MMWR Weekly Report of March 24, 2000/Vol. 49/No. RR-1	EB	ALL	Community
		Research Article	In <i>Ethnicity and Disease, Vol. 17 Winter 2007</i> , researchers reported that the onsite, faith based organization adult vaccination rates and may be promising for decreasing racial/ethnic disparities in vaccination rates	EB	AA/A, H/L, API	Community
		MINI model (as developed in Minnesota)	The intervention used by MINI is a Promising Practice. The MINI Project itself was identified as a "Promising Partnership" by the Center for Faith-based and Neighborhood Partnerships at the U.S. Department of Health and Human Services in 2009 during the H1N1 flu. The MINI collaboration holds clinics in trusted places where people live and worship: faith communities and neighborhood centers. The relationships build over time within these settings are significant networks of trust that are crucial for delivering services to hard to reach populations. Faith group leaders have experience and influence over their communities and are excellent ambassadors of the MINI model. The buildings where the MINI flu clinics are held are visible, familial and an integral part of the communities served. When people are fearful and overwhelmed, they turn to these places with expectations of	PP/CR	ALL	Community

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
			help.			
		MINI Model	The MINI clinics have also used a culturally specific approach which is sensitive and respectful of the different cultures that have proven to be invaluable to the program. For instance, MINI takes particular care to train vaccinators in order that cultural norms and nuances are known and respected. All consent forms and Vaccine Information Statements are provided in the language of the community served (Spanish, Chinese, Amharic, Somali, Karen and English). See Samples – Attachments 12, 13, 14, and 15. Interpreters are always present where necessary. The events are inclusive and family oriented, building a strong sense of community. MINI community volunteers come from the communities they serve. Building trust and vital relationships between their own communities and the vaccinators provides a strong sense of ownership of the event. The MINI clinics provide immunizations for hard to reach populations regardless of ability to pay. This allows for individual prevention and “herd immunity” that prevents the spread of influenza in the most vulnerable populations.	CR	ALL	Community
		MINI Model	The MINI model is being replicated in nine cities nationally through a partnership with Emory University Rollins School of Public Health, Association of State and Territorial Health Officials (ASTHO) and the Centers for Disease Control and Prevention (CDC).	PP	ALL	community
Minnesota Indian Women’s Resource Center	Unintentional Injury and Violence	Sweat Lodge	Ritual cleanse for the spirit, mind and body; offers spiritual support to individuals and the community for dealing with grief, trauma, loss.	CR, PP	AI	Community
		Ceremony	Women’s prayer ritual for cleansing and releasing of pain and grief; promotes women’s wellness through communal support and healing	CR, PP	AI	Community
		Traditional Nutritional Education	Education in traditional foodways to improve nutrition, reduce diet-related health risk factors, and reconnect women with traditional knowledge of the land and seasonal cycles	CR, PP	AI	Onsite at MIWRC

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
		Rule 25 Assessment Tool	Determines need for treatment, kind of treatment, service eligibility	EB	AI	Onsite at MIWRC
		Drug and Alcohol Normative Evaluation System (DAANES)	MN state-required reporting tool	EB	AI	Onsite at MIWRC
		Michigan Alcohol Screening Test (MAST), revised	Raises individual awareness of drug/alcohol use	EB	AI	Onsite at MIWRC
		Culturally-Specific Sexual Trauma Experience Assessment Tool	Focuses client consciousness on assessing sexual self-image within the context of self as a Native person	CR, PP	AI	Onsite at MIWRC
		American Indian Traditional Family Roles Assessment Tool	Assesses variables determining culturally healthy family functioning	CR, PP	AI	Onsite at MIWRC
		Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)	Standard classification of mental disorders	EB	AI	Onsite at MIWRC
		Beck Depression Inventory	Measures intensity, severity, and depth of depression	EB	AI	Onsite at MIWRC
		Client Satisfaction Interviews	Client assessment of treatment experience	PP	AI	Onsite at MIWRC, Community
		Anti-Trafficking Presentation Evaluation Forms	Measure participant response to trafficking presentations and trainings	PP	All	Community
Model Cities	Infant Mortality & Unintentional Injury and	Ages and Stages: Social and Emotional	Ages and Stages: Social and Emotional Development assessment tool for children between the ages of birth and 6 years. The ASQ questionnaire is designed to check your child's general	CR	AA/A	Community

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
	Violence	Development assessment tool Model	development. The results help determine if a child's development is on schedule. The ASQ: SE questionnaire is to check your child's social emotional development and the results help identify appropriate social emotional competence in young children.			
		Community Health Worker Model from Open Cities Health Care Center	Community health workers also known as community health advocates, serve as connectors between those receiving health care services and providers to promote health among groups that have lacked access to adequate health care. One of the most important attributes of community health workers is that they strengthen existing community network ties because they are rooted in the communities in which they work. They understand what is meaningful to those in the communities, as well as be able to be the voice of the people, and recognizing while incorporate cultural buffers (e.g., cultural identity, spiritual coping, traditional health practices) to help community members cope with stress and promote healthier outcomes.	CR	AA/A	Community
North Point Health and Wellness Center	Breast and Cervical Cancer Screening; Diabetes; & Heart Disease & Stroke	Community Health Worker Model	CHW's are frontline public health workers who are trusted members of and/or have a unique understanding of the community served. This trusting relationship enables CHW's to serve as a bridge between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHW's also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.	EB CR	AA/A, API, H/L	Clinic & Community
	Diabetes & Heart Disease & Stroke	Life Style Overview (LSO) or Healthy Lifestyle Assessment (HLA) intake form	These assessment tools are completed for each Health Care Home patient (LSO) and NorthPoint Inc. client (HLA) to get baseline and follow up information related to lifestyle and physical health (smoking, fruits and vegetable intake, etc.), mental health and other needs (social, financial, etc.).	PP	AA/A, API, H/L	Clinic & Community
		Healthy Lifestyle Program	The NorthPoint Healthy Lifestyle program is based on the Healthy Heart program (University of Minnesota) and the SAGE Plus	EB	AA/A, API, H/L	Clinic & Community

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
			program (Minnesota Department of Health). The program conducts education through outreach and individual education sessions using lifestyle coaching.			
	Diabetes	I CAN Prevent Diabetes	I CAN Prevent Diabetes is a collaborative, community-based, lifestyle change program designed for people with pre-diabetes. NorthPoint support the Simply Good Eating program by assisting with recruitment, registration and co-facilitation of classes.	EB CR	AA/A, API, H/L	Clinic & Community
Peta Wakan Tipi	Diabetes	Food Surveys, Talking Circles, Feasts	The information gathering activities used by Dream of Wild Health have evolved into more culturally specific and community collaborative methods used to develop more effective diabetes prevention materials, incentives and activities.	PP/CR	AI	Community
		Youth Health Advocates	Educating and nurturing young people into health advocates, leaders and active participants in their own health is changing the belief systems as well as health outcomes.	PP/CR	AI	Community
		Improved access to healthy food	Stabilizing the sites and the frequency of our Farmers Markets along with targeted outreach has led to increased use of the Markets by the AI community.	EB/CR	AI	Community
Planned Parenthood MN, ND, SD	Teen Pregnancy	Making Proud Choices Curriculum	<i>Making Proud Choices! A Safer Sex Approach to STDs, Teen Pregnancy, and HIV</i> prevention curriculum is an eight module curriculum that provides young adolescents with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV and pregnancy by abstaining from sex or using condoms if they choose to have sex. It is based on cognitive-behavioral theories, focus groups and the authors' extensive experience working with youth. <i>Making Proud Choices!</i> is an adaptation and extension of the original Be Proud! Be Responsible! Curriculum in that it integrates teen pregnancy prevention along with HIV/STD prevention. At the completion of the program activities, program participants will: <ul style="list-style-type: none"> Have increased their knowledge of HIV, STDs and pregnancy prevention 	EB	AA/A API	Community

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
			<ul style="list-style-type: none"> • Believe in the value of safer sex, including abstinence • Have improved their ability to negotiate abstinence/safer-sex practices • Have increased their ability to use condoms correctly • Have stronger intentions to use condoms if they have sex • Have a lower incidence of HIV/STD sexual risk-taking behavior • Take pride in choosing responsible sexual behaviors 			
Saint Paul Area Council of Churches	Diabetes	Community-based participatory research (CBPR)	Monitor blood sugar, weight, food intake, blood pressure, and physical activity at each FEDS session	EB,CR	AI	Community
			Purposeful integration of culturally appropriate practices with health education and activities (prayer before meals, spirit plate, discussion and implementation of American Indian traditions for balance of life, Native games, etc.)	PP, CR	AI	Community
			Use of Talking Circles to encourage support and generate collective data about participants' experience of historical trauma, chronic illness, life habits, and feedback on the program	PP, CR	AI	Community
			Share diabetes-friendly meals and learn about healthy portions at FEDS	PP, CR	AI	Community
			Use DETS curriculum in Indian Education – Diabetes program and summer Youth Enrichment with pre- and post- tests	EB, CR	AI	School
			Use electronic game system to increase motivation for physical activity among youth participants	PP	AI	School
			Teach traditional dance as a means of increased physical activity	PP, CR	AI	Community
			Use Talking Circles to engage youth and adults	PP, CR	AI	Community
			Implement monthly activities, planned by participants, that are physically active and traditionally based to sustain increased physical activity for men and families	PP, CR	AI	Community
			Engage youth in monthly physical activities utilizing local recreation outlets to increase physical activity	PP	AI	Community
			Use traditional dance to increase physical activity	PP, CR	AI	Community
			Incorporate field trips to community health-promotion center	PP, CR	AI	Community
			Engage youth leaders in policy change endeavors	PP	AI	Community

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
Sierra Young Family Institute, Inc.*						
The Indian Health Board	Breast & Cervical Cancer Screening	American Cancer Society breast and cervical cancer guidelines.	These guidelines are used to determine how often women should receive pap smears and mammograms.	EB	AI	Clinic
		Talking Circles	Using talking circles, the Breast and Cervical Case manager has conducted Women’s Empowerment Groups to facilitate talking about women’s health issues in the community.	CR	AI	Clinic
	Heart Disease & Stroke	Honoring the Gift of Heart Health Curriculum	The Heart Health educator has been trained in, and uses this curriculum, which is a comprehensive culturally appropriate, user-friendly 10 lesson course on heart-health education for the American Indian community. This curriculum was put together by the National Heart Lung and Blood Institute, a division of The National Institutes of Health.	EB and CR	AI	Clinic and Community Settings
		Red Cross CPR and AED Training	Red Cross CPR (cardiopulmonary resuscitation) and AED (automated external defibrillator) training meets the needs of workplace responders, school staffs, professional responders and healthcare providers, as well as the general public	EB	AI	Clinic
Vietnamese Social Services of Minnesota	Breast and Cervical Cancer Screening / Heart Disease and Stroke	Community Health Worker Model	CHWs are from the community, trusted members of and/or have a unique understanding of the community they served. This trusting relationship enables CHW’s to serve as a bridge between health care providers, social services, and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHW’s also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.	EB, CR	API	Community and Clinic
		Friend to Friend	This approach from the American Cancer Society utilizes community members who are trained to be peer educators to share their knowledge and experiences with others in their circle	EB, CR	API	Community

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
			of family, friends, and colleagues in their own friendly environment. Incentives are often offer to the friends who participate.			
		Cultural Medias	Using cultural media to disseminate linguist and culturally appropriate messages is very effective to reach a large number of people.	CR	API	Community
WellShare International	Diabetes & Heart Disease & Stroke	CHW model; fitness classes	With American Senior Fitness Association-certified Somali CHW instructors, we offered several weekly culturally-appropriate fitness classes to Somali elders.	PP, CR	AA/A	Community
	Diabetes	CHW models – diabetes education	A certified Somali CHW provided diabetes education for clients referred by the HER Center. All WellShare CHWs were trained in diabetes self-management and support specific to underserved populations by Pam White, formerly of NorthPoint Health and Wellness.	CR	AA/A	Community
	Infant Mortality	Education materials	Through the creation of a Somali-language DVD, WellShare was able to provide culturally-specific outreach and education to Somali women and men regarding pre- and inter-conception care, culturally-appropriate child spacing, and achieving and maintaining a healthy weight and good nutrition.	PP, CR	AA/A	Community
YWCA of Minneapolis	Teen Pregnancy	<i>Making Proud Choices!</i>	Federally approved science-based sexual health curriculum for middle school youth using a safer-sex approach to HIV/STDs and teen pregnancy prevention.	EB	AA/A H/L	In & after school programs (middle school)
		Safer Choices	Federally approved science-based sexual health curriculum for high school youth focused on std and pregnancy prevention	EB	AA/A AI API H/L	In & after school programs (high school)
		<i>Making Proud Choices!</i>	Federally approved science-based sexual health curriculum for middle school youth using a safer-sex approach to HIV/STDs and teen pregnancy prevention	CR PP	API	After school programs

EHDI Grantees	Priority Health Area	Practice or Model Used	Description of Evidence-Based (EB), Promising Practice (PP) or Culturally-Relevant (CR)	Type (EB, PP or CR)	Target Group (AA/A, AI, API, H/L)	Setting
		<i>Making Proud Choices!</i> in Native American specific program	Federally approved science-based sexual health curriculum for middle school youth using a safer-sex approach to HIV/STDs and teen pregnancy prevention	CR PP	AI	After school programs
		<i>Girls Inc. Preventing Adolescent Pregnancy</i>	Research-based sexual health and body awareness curricula for girls, with various material appropriate for ages 8-18 <ul style="list-style-type: none"> ○ Used in conjunction with <i>Making Proud Choices!</i> to increase relevance for girls ○ Girls Inc. Body Basic provides introductory information on anatomy & puberty for girls lacking this information 	CR PP	AA/A AI API H/L	After school programs

*Grantee did not submit report

**Grantee did not complete first year of grant

APPENDIX D EHDI 2010 Grantees Description of Policy, Systems and Environmental Change Strategies

EHDI Grantees	Priority Health Area	Description of Policy, System or Environmental Change	Type Policy (P), Systems (S), Environmental (E)	Implementation Status Not Started (S), In Progress (IP), Completed (C)
African & American Friendship Association for Cooperation & Development	Social Determinants of Health - Implementation	Addressing community holistic healthcare needs by utilizing trained FTHPs as CHAs into communities and the health work force to provide culturally and linguistically appropriate health care to promote primary care and address chronic diseases, such as hypertension and diabetes	S	IP
		Assisting foreign trained physicians (FTP) to obtain US clinical experience and into the medical residency program in order for them to obtain their medical licensure and integration into the Minnesota workforce	P, S	IP
		Conducting outreach to, and/or advocating for alternative professional healthcare provider pathways for, foreign trained physicians who are unable to attain medical residencies.	S, P	IP
		Outreaching and advocating community members, policy makers, health related businesses and corporations, as well as health maintenance organizations and health care institution partners. This will be done in order to effect policy and system changes to remove financial, clinical experience and medical residency barriers to medical licensure for these foreign trained physicians (FTP).	P, S	IP
Annex Teen Clinic	HIV/AIDS & STDs & Teen Pregnancy	Research has proven that culturally appropriate evidence-based interventions can successfully modify behaviors that place individuals at risk for HIV. The Annex REACH HIV Community based Outreach Testing and Teen Pregnancy Prevention project is designed to mobilize the community and modify community norms to change the environmental context in which people make decisions about STD/HIV (Know their status-get tested) and teen pregnancy risk.	E	C

EHDl Grantees	Priority Health Area	Description of Policy, System or Environmental Change	Type Policy (P), Systems (S), Environmental (E)	Implementation Status Not Started (S), In Progress (IP), Completed (C)
		<p>Providing HIV/STD outreach through education, awareness, risk assessment, testing, case management referral and follow up service, and encouraging healthy behaviors that prevent the spread of HIV and STI's.</p> <p>Providing youth with access to service learning, youth engagement and mentoring opportunities, evidence-based teen pregnancy prevention programs and community based sexual health clinical services.</p>		
		<p>The long term impact of our education services in Minneapolis, Charter school and Private school systems shows some indication of system change by contributing to educating leaders around the importance of comprehensive sexuality education in schools and contributing to the reduction of unintended pregnancies, and an increase in primary prevention and treatment rates of STI/HIV.</p>	S	C
		<p>The Annex Teen Clinic has long established and continues to improve on its adolescent-friendly clinic policies, protocols and environment such as confidentiality, adolescent –friendly waiting room, and ensuring that all clinic and health education staff are trained on the unique developmental and health needs of culturally diverse adolescents.</p> <p>The Annex Teen Clinic also has established policies and procedures that ensure that young men are comfortable accessing family planning services with its ManNex Clinic and hiring of males outreach and clinic staff of diverse cultures.</p>	P	C
Centro, Inc.	HIV / AIDS & STDs, Teen Pregnancy	<p>Replication of <i>Padres Informados</i> Latino Parent Education Curriculum co-developed by Centro, Aqui Para Ti, and University of Minnesota-Extension now being replicated in six sites around Minnesota. In partnership with EHDl, 182 people have been trained in this newly developed Latino parent education curriculum.</p>	S	IP
		<p>Minneapolis Public School awareness regarding Latino youth and family needs, such as: + Breakfast and Art Exhibit hosted by Raices youth reaching 60</p>	S	IP

EHDl Grantees	Priority Health Area	Description of Policy, System or Environmental Change	Type Policy (P), Systems (S), Environmental (E)	Implementation Status Not Started (S), In Progress (IP), Completed (C)
		people including Minneapolis Public School staff and teachers in December 2011; + Ongoing referrals to Raices youth groups held in five Minneapolis secondary schools.		
Children's Health Care **				
El Colegio Charter School	Social Determinants of Health - Implementation	Redistricting Change: New Latino Ward	S	C
		Dream Act	P	C
		Scholarships for Dreamers	P	IP
Fond du Lac Band *				
Freeport West **				
GMCC Division of Indian Works	Teen Pregnancy	<p>A policy in which reservation high schools and/or schools with a high population of American Indian students, would adopt the Live It! curriculum to offer young people age appropriate and medically accurate comprehensive sexuality education.</p> <p>Beginning with a collaboration with two Minnesota Tribes to work on policy change by adopting the Live It! curriculum and implementing it in the classroom with American Indian teachers, elders or those whom have knowledge of American Indian Cultural Traditions. While, Live It! is taught to non-Indian, mainstream teachers, it is encouraged that each site invite an Elder or someone who is knowledgeable with cultural practices to lead the students in any applicable Live It! lesson, allowing the students to learn, experience and share a connection.</p>	P	IP
Hennepin County Medical Center	HIV/AIDS & STDs; Teen Pregnancy	Henne teen is an initiative's main purpose is to create and implement organization wide adolescent friendly clinic policies, protocol, and environments that meet the reproductive and	P,S	IP

EHDl Grantees	Priority Health Area	Description of Policy, System or Environmental Change	Type Policy (P), Systems (S), Environmental (E)	Implementation Status Not Started (S), In Progress (IP), Completed (C)
	Prevention;& Unintentional Injury & Violence	<p>mental health needs of adolescents. APT’s Medical director presented APT’s model to HCMC faculty. Furthermore, the residency program is currently sending one resident per month to be part of the case management discussions. This has been an opportunity for residents to carry on information about APT’s approach within HCMC.</p>		
		<p>As a Health Care Home, APT has been instrumental in the development and implementation of the Care Coordination model within HCMC. APT’s case manager and health educator are now CHW’s, they both have made presentations to the rest of HCMC community health workers who are now informed about APT and its approach. They have also worked in providing feedback to how to adapt HCH to serve Adolescents and Behavioral focused HCF better.</p>	S	IP
		<p>Through its strong participation in ARCHÉ (Alliance for Racial and Cultural Health equity) APT has been part of the REL (Race, Ethnicity and Language) Data Work Group. This group is co-facilitated by MDH and DHS and has representation from different MN stakeholders. This group is developing the recommendations to collect REL Data in a way that Communities of Color are better represented in the data collected by health care providers. The ultimate goal is to create a better statewide standard process of data collection to know the specifics of health inequities. By achieving this, resources could be better allocated, and priorities better established to address health inequities in MN.</p>	P,S	IP
High School for Recording	HIV/AIDS &	High School for Recording Arts made Safer Choices a required	S	NS

EHDJ Grantees	Priority Health Area	Description of Policy, System or Environmental Change	Type Policy (P), Systems (S), Environmental (E)	Implementation Status Not Started (S), In Progress (IP), Completed (C)
Arts	STDs	course starting School Year 2012-2013		
		The Check Yo Self Crew and our Youth Advisory Board presented a workshop at the 2012 National Youth Leadership Council, a nationwide conference. Over 150 people attended our session. We also presented to the Minnesota Department of Health STD & HIV Division.	S	C
		Visit and evaluate Family Planning and HIV/STD clinics for culturally competent services -- goal to one day provide training for their staff.	P	IP
		Continue to change the social environment to make it a community norm to get youth to talk to clergy, parents, medical providers, coaches, and other adults about social health issues important to them as youth.	E	IP
	Teen Pregnancy	The HAS Program has purchased 1,333 slots to air two teen pregnancy prevention PSA's on cable network channels BET,MTV, and VH1 during programming targeted to the demographic we serve.	S	IP
Indigenous People's Task Force	HIV/AIDS & STDs	Cultural norm change that sex and HIV should be talked about	E	IP
Lao Family Community of Minnesota, Inc.	HIV/AIDS & STDs; Infant Mortality; & Teen Pregnancy	Gender diversity of Lao Family board and making Kev Xaiv and other youth programming a priority for the organization: Lao Family's board is unfamiliar with the youth programming, especially the Kev Xaiv program. Their support is needed to generate more resources and to counter any criticism of or misinformation about Kev Xaiv in the Hmong community. Kev	S	IP

EHDl Grantees	Priority Health Area	Description of Policy, System or Environmental Change	Type Policy (P), Systems (S), Environmental (E)	Implementation Status Not Started (S), In Progress (IP), Completed (C)
		Xaiv and other staff feel that having a young female board member on what is traditionally an all-male board is a step toward making youth a priority, increasing support for youth programming, and increasing the likelihood that there will be strengthened efforts in the community to see teen pregnancy as a problem that must be addressed now.		
Leech Lake Band	Teen Pregnancy	Cass lake School Board decision about allowing implementation of sexual health education program in school specifically Live It to be taught to youth in the Cass Lake Bena School Systems	P	C
		Teen Clinic- developing and promoting Teen Clinic protocol and practice to promote sexual health and contraception issues at all youth Teen Clinic visits, and to expand hours and availability of Teen Clinic to evenings hours, off hospital site	P	IP
		Tribal resolution to support the implementation of a pregnancy prevention program	P	C
Lutheran Social Services of Minnesota	HIV/AIDS & STDs	Healthy Youth Protection Education (h.y.p.e.)/AIDS Info Duluth educators have consistently provided accurate and personally relevant information to the clients of Woodland Hills Chemical Dependency Treatment Center, Arrowhead Juvenile Center and Duluth High Schools to the degree that counselors and teachers at those institutions have written our programming into their curricula. In spite of the loss of funding for the h.y.p.e. program, we will do our best to honor the requests for the next round of presentations already expected by these institutions.	P S	C
	Teen Pregnancy	We believe that the SELF Program does lead to systems and environmental changes that aid in the transformation of policy change at all levels. In the spring of 2010, after careful study of	S E	IP C

EHDl Grantees	Priority Health Area	Description of Policy, System or Environmental Change	Type Policy (P), Systems (S), Environmental (E)	Implementation Status Not Started (S), In Progress (IP), Completed (C)
		<p>evidence-based sexual health curricula, Minneapolis Public Schools (MPS) chose only one, <i>Making Proud Choices! A Safer-Sex Approach to HIV/STDs and Teen Pregnancy Prevention</i> for implementation in middle schools beginning school-year 2010-11. As a long time partner with MPS and having implemented <i>Making Proud Choices</i> ourselves since 2007, the SELF Program was perfectly aligned with the new MPS policy and well prepared to support school staff to institutionalize the curriculum. Over the 2010-11 and 2011- 2012 school years, SELF documented each session using the <i>Making Proud Choices</i> fidelity log and delivered the curriculum with 96% fidelity. LSS will contract with Teenwise to evaluate how delivery of <i>Making Proud Choices</i> is impacting the relatively new MPS sexual health education policy and how SELF may be impacting MPS sexual health education system-wide. The South High Peer Educators work to influence systems and environmental changes by educating a ninth grade student body about health care resources within the school. The South High mini-clinic in the fall 2011 reported an increase of at least one hundred students accessing health care because of the presentations. Additionally, Peer Educators have proven that the group is effective in their own lives given they have made responsible choices to prevent pregnancy and STDs, therefore they can achieve their future goals.</p>		
Minnesota Immunization Networking Initiative	Immunizations for Adults & Children	Although the MINI project did not set a goal of “systems change” as a part of its grant application, we are finding that the engagement of Fairview healthcare professionals as volunteer vaccinators is making an impact on this large health care system. We are working within the system to create	S	IP

EHDJ Grantees	Priority Health Area	Description of Policy, System or Environmental Change	Type Policy (P), Systems (S), Environmental (E)	Implementation Status Not Started (S), In Progress (IP), Completed (C)
		<p>awareness of health disparities and to build understanding for people who live in poverty. MINI has been able to highlight the issues of health disparities through articles in the in-house newsletter, through publicity of MINI on the Intranet (the MINI Director and Fairview’s CEO were invited to a 2011 White House “Improving Health Outcomes through Faith-Based and Community Partnerships” meeting) and most importantly, through the recruitment and engagement of Fairview employees as volunteer vaccinators. This project has given dozens of Fairview professionals a first-hand experience of serving people in a community setting. This has had a subtle, but important change of attitudes within this large hospital system. In this next season, we will be measuring attitude change and new knowledge of cultures through our volunteer evaluation survey.</p> <p>As MINI expanded and developed the Fairview track of vaccinators in 2010-2011, we worked with 25 leaders and employees from 15 different Fairview Departments for help with product purchase, vaccine handling, establishing protocols, producing a training video, and communicating the need for volunteers.</p>		
		<p>MINI has developed an extensive network that has strong potential for systems intervention: Through the trusted, personal contacts in multiple settings, MINI has developed a community infrastructure that could be used for response to any number of emergencies. We feel that we are five or six phone calls away from thousands of hard to reach, vulnerable populations.</p>	S	IP
Minnesota Indian Women’s Research Center	Unintentional Injury & Violence	<p>In 2011 the Minnesota State Legislature approved, and Governor Dayton signed into law the Safe Harbor bill, which decriminalizes juveniles that have been commercially sexually exploited. MIWRC was a key partner in this initiative. Full implementation of the law is not effective until 2014 due to the lack of appropriate housing and shelter services for victims. MIWRC is also part of the work group to design this model housing and services program and present to the Legislature in 2013.</p>	S	C, IP

EHDJ Grantees	Priority Health Area	Description of Policy, System or Environmental Change	Type Policy (P), Systems (S), Environmental (E)	Implementation Status Not Started (S), In Progress (IP), Completed (C)
		Hennepin County Attorney’s Office is reviewing a new screening tool provided by MIWRC to more accurately screen youth in the county system for sexual exploitation	S	IP
		Minneapolis Police Department now has one FTE officer dedicated to working on juvenile trafficking cases in the city. Once again, MIWRC was a lead agent in bringing about this policy change.	S	C
		MIWRC is part of Women’s Foundation of MN “Girls are Not For Sale” media campaign.	S	C
		MIWRC provided key outcomes from our Oshkiniigikwe program to the United States Office of the Attorney General’s Defending Childhood Task Force. This input will be used to inform federal policy going forward.	P	IP
		The federal reauthorization of the Violence Against Women Act (VAWA) includes ability of Tribes to use VAWA funds to serve trafficked American Indian women. This is a direct result of MIWRC’s research and advocacy.	P	IP
		Our partnership with the Fond du Lac Band of Chippewa to provide the Nokomis Endaad program is an innovative one that has resulted in a sustainable treatment program that saves the county and state money, and builds the capacity of our organization to meet the needs of our community. Currently the MN Department of Human Services and Tribal Leaders in the state are exploring how this model can be used to expand human services to urban American Indians and have recognized MIWRC’s lead in this initiative.	S	C & IP
		Publication of the Cost Benefit Analysis of Early Intervention	S	C

EHDl Grantees	Priority Health Area	Description of Policy, System or Environmental Change	Type Policy (P), Systems (S), Environmental (E)	Implementation Status Not Started (S), In Progress (IP), Completed (C)
		with High Risk Girls in MN is due out in August. This is a project commissioned by MIWRC to reflect the need for more government investment in prevention and early intervention with girls at risk of predation. Return on investment data will show a highly positive ROI for government funding.		
Model Cities	Infant Mortality & Unintentional Injury & Violence	Integrating of information into the Database; Asset Manager to track outcomes from the Ages and Stages: Social and Emotional assessment on the development of the child's needs for further professional assistance.	S,E	C
		Improving the communication; establishing trust and strengthening community relationships between health professional and community resources.	S,E	IP
NorthPoint Health & Wellness Center, Inc.	Breast and Cervical Cancer Screening; Diabetes; & Heart Disease & Stroke	Developing and implementing the Integrated Health Care Home (IHCH) Model for patients with Diabetes, Breast and Cervical, Cancer and Heart Disease and Stroke. This innovative model includes the integration of a Community Health Worker into the care team to provide comprehensive care coordination.	P, S	C
		Improving the communications; establish trust and strengthen relationships between clinic services and community resource systems at NorthPoint.	S	IP
		Integrating Databases and Systems to seamlessly provide internal referral processes between Human Services and NorthPoint's clinic for EHDl patients.	S	IP
Peta Wakan Tipi	Diabetes	Working with 24 th Street Urban Farms, coordinating East St. Paul community garden, distributing Gardens In A Box and	S, E	IP

EHDl Grantees	Priority Health Area	Description of Policy, System or Environmental Change	Type Policy (P), Systems (S), Environmental (E)	Implementation Status Not Started (S), In Progress (IP), Completed (C)
		providing technical assistance to tribes and other communities has begun to make a systems change from passive consumers to proactively working together to create an Indigenous Food System.		
		Holding nutrition education, food preparation and preservation classes and workshops year round for community members combined along with increased access to healthy, traditional foods is changing the knowledge, food and health habits of the AI community	S	IP
Planned Parenthood MN, ND, SD	Teen Pregnancy	Set up Community Advisory Committees in the various cultural and ethnic populations. These committees are a permanent feature across our culturally specific education programs.	S	IP
		Designing of a youth program's manual that includes an evaluation system that is being used in all Planned Parenthood's youth programs.	S	C
St. Paul Area Council of Churches	Diabetes	Formalize semi-annual meetings between Ramsey County Department of Health (SHIP) and the American Indian East Metro Diabetes Collaborative	P	IP
		Change the agency's (ADYC) food ordering system so that all staff eat more conscientiously and choose healthier foods. Model that by not including fry bread at open houses; instead offer delicious food and recipes that are healthier.	P	C
		Increase access to local fitness facility (YMCA) through group membership	E	C
Sierra Young Family Institute, Inc. *				
The Indian Health Board of Minneapolis	Breast & Cervical Cancer	Health Priority Area: BCCS: We informed the Providers of the	P	C

EHDl Grantees	Priority Health Area	Description of Policy, System or Environmental Change	Type Policy (P), Systems (S), Environmental (E)	Implementation Status Not Started (S), In Progress (IP), Completed (C)
	Screening	new policy guidelines that are now in place for women over 30 years of age to get their pap smears every five years per the American Cancer Society.		
	Heart Disease & Stroke	Health Priority Area: HD&S: EMR Referral Procedures	P, S	C
		Health Priority Area: HD&S: CPR	E	C
		Health Priority Area: HD&S: Community Screenings	E	C
	Health Priority Area: HD&S: Heart Healthy Classes	E	C	
Vietnamese Social Services of MN	Heart Disease & Stroke	Eight local entities (storeowners and landlords with many Karen tenants) were contact and petitioning them to implement no smoking policies. These entities included four large apartment complexes, the majority of whose tenants are Karen families; Double Dragon Foods; Dragon Star Supermarket; Golden Karen Grocery, Inc; and Sun Foods. Each was sent a packet that included a letter of introduction, brochures about the harmful effects of smoking and secondhand smoke, and “no smoking” signage in both English and Karen. Followed up with each organization and providing information on Minnesota’s Freedom to Breathe Act. All eight organizations agreed to implement the policy and hang the signs in both English and Karen.	P,S,E	C
WellShare International	Diabetes; Heart Disease & Stroke; Infant Mortality; & Unintentional Injury & Violence	WellShare hosted four trainings for the CHW Peer Network to increase the CHWs knowledge, skills, and abilities specific to professional development and health topic areas. At the conclusion of these trainings, CHWs reported a better understanding of the health topics and an intention to go back and serve their communities.	S	C
		WellShare is continuing to work with Health Partners, UCare, and Axis Clinic to develop a model and partnerships for CHW	S	IP

EHDJ Grantees	Priority Health Area	Description of Policy, System or Environmental Change	Type Policy (P), Systems (S), Environmental (E)	Implementation Status Not Started (S), In Progress (IP), Completed (C)
		reimbursement for support of chronic conditions through Minnesota State Health Programs. WellShare has signed contracts with both Health Partners and UCare for reimbursement of CHW services for a program to reduce Emergency Department admissions. We are in the process of developing a program to pilot with Axis Clinic for reimbursement of CHW services to support clients with diabetes. Executive Director Diana DuBois presented to the CHW Alliance on CHW reimbursement as a sustainable method of funding.		
		All WellShare CHWs were trained on the role of the CHW in comprehensive diabetes knowledge and community education by Public Health Nurse Pam White of HER Center in Minneapolis.	S	C
	Diabetes	WellShare has teamed up with Ugandan software engineer Peter Musimami to develop an app for mobile telephones that will assist CHWs in their work with pre-diabetic and diabetic populations. The app will also contain functionalities specific to pre-diabetic and diabetic individuals, including culturally relevant health message reminders that will prompt individuals regarding positive behavior changes.	S	IP
YWCA of Minneapolis	Teen Pregnancy	None reported		

APPENDIX E EHDI 2010 Grantee Profiles

African & American Friendship Association for Cooperation & Development

Project Description

Minnesota's population is increasingly diverse. AAFACD estimates that there are over 350 Foreign Trained Healthcare Professionals (FTHPs) in the Twin Cities Metro areas and Rochester Minnesota who are seeking licensure; they bring with them an understanding of medical practices and customs developed in Central and South America, East Africa or Asia. While some of the professionals are able to access licensure in the US, the process is long and expensive and most of these professionals are underemployed or unemployed. AAFACD advocated for support of these professionals to utilize their skills as community health agents (CHAs), working as health educators, cultural brokers, health navigators, medical interpreters and advocate in the communities. This enabled FTHPs to gain some income from their field; and the doctors and nurses trained as CHAs reported increasing trust between them and the community.

Priority Health Area(s)

- Social Determinants of Health - Implementation

Target Population(s) Served

- African American/African
- Asian/ Pacific Islander
- Hispanic/Latino

Geographic Area Served

- Ramsey, Hennepin, Anoka and Olmsted Counties

Programmatic Highlights

- 23 FTHPs were certificated as Community Health Agents. They provided outreach and offered community health education to 411 community members. Community members demonstrated increased knowledge about health literacy; prevention and management of diabetes, obesity, cardiovascular diseases, HIV/AIDS/STI, breast and colon cancers, gout and other arthritis; promotion of dental hygiene, mental health, immunization; and about accessing senior care, health services and insurance,
- State Legislature appropriated \$150,000.00 to the University of Minnesota to develop and implement a Preparatory of Residency Program (PRP).
- University of Minnesota made institutional changes in their policies and systems to provide FT doctors US clinical experience.
- Seven FTHPs benefited in the PRP and four of these got into residency in the Twin Cities.

2010-2012 Key Evaluation Findings

- **TRAINING OF FTHPs for anticipated outcomes:**
 - Assisted 103 FTHPs: 90 foreign trained doctors and 13 foreign-trained nurses in licensure exam preparation.
 - Provided peer support to 25 FTHPs

- Provided mentors to 20 FTHPs:
- Trained 25 FTHPs to become effective community health agents
- **Community Outreach, Education, and Advocacy**
 - Provided advocacy and health navigation services to the 411 community members.
- **Systems Change**
 - Met with 12 legislators and their staffers, 50 mainstream healthcare providers and employers, and administrators of healthcare institutions, U of M, Dept. of Health, Park Nicollet, HealthEast, HealthPartners, U-Care, Boston Scientific and Rural Health Association, MN Board of Nursing, Gillette Children Hospital
- **Integration of FTHPs into the healthcare system**
 - Efforts to integrate FTHPs into the healthcare system are long-term outcomes of FTHP program and changes in this component will be reported anecdotally by the program.

Outcomes

Assisted 103 FTHPs in licensure preparation:

- 100% of nursing participants submitted letters for the credentialing agency and 60% of nurses passed their license exams
- 52% FT physicians passed at least one USLME exam
- 36% of FT doctor participants passed a second USMLE

Provided peer support to 25 FTHPs:

- 100% demonstrated increased understanding of the licensure process and completed an approved plan of action for obtaining their licensure

Provided mentors to 20 FTHPs:

- 80% FTHP reported that they receive assistance from their mentor in writing their personal statement
- 50% FTHP reported increased opportunities for hands-on clinical experience
- 25% FTHP found jobs in the healthcare system

Trained 25 FTHPs to become effective community health agents

- 100% of community members stated that FTHPs helped them to become aware of disease management for their families. 30% learned at least three important questions to ask their doctors, while 33% could name 1-2 important questions
- 60% indicated in the follow-up survey that they have visited a medical clinic for check-ups or treatments since their participation in the FTHP program

Annex Teen Clinic

Project Description

The primary goal of the R.E.A.C.H. collaborative is to provide intergenerational community programming that is culturally appropriate, evidence-based, supports young African Americans' reproductive health and reduces the number of African American teens who get pregnant in North Minneapolis and at the same time address issues to reduce the rates of HIV and other sexually transmitted diseases. Our teen pregnancy prevention target population is African American youth in grades 4-12 living in North Minneapolis, along with parents, families, and other community members of North Minneapolis. Our HIV/AIDS and STD target population is African American women and girls in North Minneapolis, surrounding communities, as well as males and other hard to reach high risk individuals.

Priority Health Area(s)

- HIV/AIDS and Sexually Transmitted Diseases
- Teen Pregnancy

Target Population(s) Served

- African/African American

Geographic Area Served

- African American youth in grades 4-12 living in North Minneapolis

2010-2012 Programmatic Highlights

- Provided HIV Community based outreach education, testing, risk assessment, case management referral, and resources to over 800 at risk African American youth and adults in schools, community centers, faith-based and community agency organizations.
- Our Community Advisory met quarterly and provided valuable input to the collaborative on community needs and suggestions on how to improve our outreach.
- Conducted Celebration of Change programming for mothers and daughters.
- Provided comprehensive sexuality education to youth in schools, faith-based organizations and afterschool programs to over 600 youth.
- Provided parent/adults as sexuality educators presentations
- Provided peer education training and service learning
- Provided indirect outreach resources and information on teen pregnancy and STD/HIV to over 13,000 individuals.

2010-2012 Key Evaluation Findings

Celebration of Change for African American Females

- 728 women and girls ages 9-12 participated and 510 family and community members attended a Celebration ceremony

Affirmation of Change Male Mentoring and Engagement

- 104 adult and young males participated, and 300 family and community member attended an Affirmation ceremony

It's That Easy Parent/Adult Education

- 476 adults attended

Middle and High School Sexuality Education

- 300 middle school and afterschool youth & 300 high school students attended Graduate Leadership Peer Education
 - 25 Peer Educators trained
- Becoming a Responsible Teen Curriculum Teach Back Training
- 250 youth received Peer Educator teach-back presentations
- TOP Service Learning
- 65 youth participated
- Youth Media Arts
- 10 trained youth media Techs; 45 media arts workshop students; 10 adults trained youth; 750 youth, adults and community members were engaged in media literacy training
- Sister to Sister Teen one-on-one intervention
- 180 reached
- Five Adult women Peer Educators
- Outreached to 110 community peers
- Peer Education – BART Teach-back Training
- 8 peer educators facilitated to 30 younger students
- Youth Dialogue Workshops and Summit
- 92 youth attended
- Sister to Sister Group Intervention
- 120 women attended

Outcomes

- 85% of youth and adults responded they had increased their knowledge about pregnancy, sexually transmitted infections, and HIV prevention
- 80% of participants stated a greater willingness to discuss sexuality topics
- 80% of participants responded they had increased their comfort level in discussing sexuality topics
- Youth demonstrated 85% retention of knowledge regarding HIV/AIDS, STI and teen pregnancy prevention
- 80% of Leadership students continue to address misinformation and volunteer at R.E.A.C.H programs and activities to educate peers and younger youth regarding HIV/AIDS and STI prevention
- More than 400 people received HIV/AIDS and STI information at health fairs, community events, and other venues
- over 600 people were tested for HIV during Year 1 of the grant and more than 200 people were tested for HIV during Year 2
- The number of people reached in education programming and number of people assessed for risk tested as reported on HIV forms indicate success in increasing community awareness and testing to reduce the stigma and help people become aware of their status

Centro, Inc.

Project Description

Raices is a nine-year-old multi-component youth program for Latinos; Centro operates *Raices* to eliminate health disparities. *Raices* components include cultural arts, college prep, mentoring, support groups, service learning, health education, leadership, and family activities. New curriculum content includes: Latin American Civilizations, Latinos in the media, Latinos in the US, Photography, and an all-new community service-learning project. One day per week is devoted to *Identity: Gender and Sexuality*. Our *Raices* Program objective, strategies, and activities align with the evidence-based strategies recommended by the MDH Eliminating Health Disparities Initiative.

Between July 2010 and June 2012, *Raices* engaged 218 unduplicated youth and 112 parents. Just over half of the youth attended *Raices* on-site at our thriving cultural community center in south Minneapolis where 25% of the residents are Latino. The other half participated in school-based groups held in five secondary schools in Minneapolis where counselors and attendance staff refer higher-risk Latino students to the in-school *Raices* program. Our school partners included: Anderson, Green Central, Ramsey, Roosevelt, and Sanford. Over the past year, Centro strengthened the *Raices* youth leadership development activities at both school and center sites by piloting a new Latino-specific leadership curriculum.

Priority Health Area(s)

- HIV/AIDS and Sexually Transmitted Diseases
- Teen Pregnancy

Target Population(s) Served

- Hispanic/Latino

Geographic Area Served

- Minneapolis and Hennepin County

Programmatic Highlights

- Wrote and piloted a new Latino youth leadership curriculum, including aspects of Latin American Civilizations, Latinos in the Media, Latinos in the US, Photography and Service Learning. This curriculum is the first of its kind in Minnesota.
- Developed *Padres Informados Jovenes Preparados*, a Latino parent education curriculum
- Nurtured the expertise of our staff, including *Raices* program graduates.
- Formed a stronger, more consistent partnership and *Raices* delivery model in the Minneapolis Public Schools.
- Added Saturday programming for teens and their parents.

Key Evaluation Findings

Reduce risk factors and increase protective factors for Latino teens.

- Increased school-connectedness resulting in:
 - 100% of youth demonstrate improved attendance.
 - 91% of the youth achieve grades C or better.
 - 60% of seniors enroll and pass pre-college courses (school year 2010-2011).

- 60% of seniors graduated from high school in 2012; 40% of seniors expect to graduate by fall 2012
- 60% of seniors have enrolled in post-secondary school
- Implement art and dance as part of the multi-component youth development program, resulting in:
 - 80% of youth who participated in the workshops demonstrated increased leadership.
 - 85% of youth have pride in Latinos and their accomplishments in art and history.

Conduct teen pregnancy prevention and HIV/STDs prevention activities in Centro's Raices Youth Development Program.

- Implement a Latino-specific peer support group led by trained Raices staff, resulting in:
 - 60% of youth feel comfortable talking about sexual relations with their parents
 - Parents are utilizing strategies like: monitoring, communication, discipline and conflict resolution.
 - Parents realized they didn't communicate as well with their teens as they thought (12% decrease between pre and post-test)
 - Parents realized their teens don't like school as much as they thought (11% decrease between pre and post-test)
 - Parents felt more comfortable talking with their daughters about sexual relations (13% increase between pre and post – test)
 - Parents felt more comfortable talking with their sons about sexual relations
 - 42% of youth increased their knowledge of HIV/STDs
 - 100% of teens do not contract HIV/STDs including HIV/AIDS
 - 100 % of teens did not get pregnant or father a child

El Colegio Charter School

Project Description

El Colegio works in a collective and holistic manner to improve the Latino community's access to education, access to local and neighborhood resources, and access to healthy physical environments. El Colegio endeavors to improve the Latino and immigrant community's ability to positively influence policy, systems, and environmental changes by:

- Engage whole families in multi-generational programming for healthy community development.
- Raising awareness about the systemic and root causes of social determinants of health.
- Promoting, establishing and implementing community organizing principles to facilitate youth, immigrant, and Latino family leadership in addressing disparities in access to education, resources and healthy physical environments through school-based, after-school based, and community-based programming.
- Broadening and deepening training and engagement of parents and youth participants so they can use tools to act in their communities to impact policies, systems and environments.
- Reducing isolation of youth and parents through culturally relevant programming.
- Mobilizing participants and the community to impact policies.
- Engaging with partner organizations, businesses and groups in a culturally relevant way to change policies, systems and environments related to food equity and higher education access for immigrant Latino youth and families.

Priority Health Area(s)

- Social Determinants of Health - Implementation

Target Population(s) Served

- Hispanic/ Latino

Geographic Area Served

- Twin Cities Metro

Programmatic Highlights

- Training: 25 youth leaders imagined, organized, and led an environmental justice training;
- Public Art: 17 students completed two Environmental Justice Murals;
- Transportation: 40 youth participated in 38 bike repair training sessions. 4 youth implemented policy and systems changes to install bike racks and create a bike loan program;
- Leadership: 25 youth participated in leadership training and wilderness experience in the Boundary Waters Canoe Area and Afton State Park;
- Advocacy: 30 Parent Training Workshops culminated in one month of intensive public speaking at 13 public hearings aimed at creating the Latino Ward and maintaining the Native American Cultural Corridor.
- Media: Public outreach and education of the Spanish speaking immigrant community and allies through 3 articles in La Invasora/La Prensa, 6 radio spots on Radio La Mera Buena and Univision the Latino television.

Key Evaluation Findings

Those directly involved with the Collaborative in year two demonstrated several changes:

Improved understanding of public policy including:

- The functions of state and local government;
- Belief of personal and collective power to positively impact community;
- Awareness of the impact social issues have on personal and family health;
- Active thought process on options for higher education.

Shifts in Attitude and Behaviors; participants reported improvements in:

- Thinking positively and using time effectively;
- Fear of being an immigrant;
- Pride;
- Understanding and defending individual rights;
- Seeing and participating in community issues;
- Standing up to racism.

Outcomes:

Participants reported pride in the following accomplishments at the end of the two-year period:

- “Compassion and transparency [has improved] between [the participants]”;
- “The successful creation of a Latino District in Minnesota”;
- “I am a better communicator now, more observant to my surroundings”
- “The things that we have achieved and to know there are people that care about the well-being of us immigrants”;
- “I know environmental justice, I know how to prepare a speech”;
- “I speak more in class, ask questions more, from the confidence it has given me”;
- “Learning has impacted and effected my family and the real things that are going on”;
- “I like that I can open up, speak what is on my mind, show people respect”
- “ I grew more as a person, more confident in school, in sports, not afraid to get the ball, go through people, be a team player”

GMCC- Division of Indian Work

Project Description

The Live It! Curriculum is an age appropriate, comprehensive sexuality education curriculum implemented with American Indian youth across Minnesota. LiveIt! Facilitators are trained by to implement the curriculum in their already 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.

Our objectives are to improve the sexual health of young people and to reduce the rate of new infections of HIV and STD's. To meet our objectives we implemented the Live It! Curriculum across Minnesota using a train the trainer model as well as establishing local policies that offered young people age appropriate and medically accurate comprehensive sexuality education. A core component of the curriculum is helping individuals see themselves as four-parts and their roles and responsibilities during each stage of life, giving them self-respect and encouragement to achieve more in life. The program gives the youth tools to use to reach their goals of optimum health and life success.

Live It! is versatile and can accommodate other tribal nations of the United States, because each site is encouraged to use their tribal teachings that promote good health and well-being. Our goal is to have the LI curriculum be approved and adopted for best practice for addressing Teen Pregnancy Prevention across Indian Country.

Priority Health Area(s)

- Teen Pregnancy

Target Population(s) Served

- American Indian

Geographic Area Served

- American Indian communities across Minnesota including rural, urban and reservation.

Programmatic Highlights

- Updated the Live It! Curriculum for American Indian Youth to incorporate suggestions and improve effectiveness
- Participated in a podcast coordinated by the National Campaign for Teen Pregnancy Prevention, promoting Healthy Sexuality across Indian Country
- Hosted guest speaker, Jessica Yee, founder of the Native Youth Sexual Health Network. Jessica shared her expertise regarding Healthy Sexuality including videos created by Native Youth representing North America.
- Approached several tribes in Minnesota about adopting the LI curriculum as an approved best practice for addressing teen pregnancy prevention in their communities. Two tribes are working on implementation of adoption of the curriculum.

Key Evaluation Findings

From July 1, 2010 through June 30, 2012, Live It! was been implemented by a total of 37 sites serving a total of 370 participants. During that period, outcomes were measured in three areas:

- 1) American Indian Youth and adults increasing knowledge of contributors to and methods of preventing teen pregnancy.
- 2) American Indian youth and adults increasing understanding of the issue of teen pregnancy from both a cultural/traditional and contemporary point of view.
- 3) Youth increasing awareness of the risk factors that impact decision-making skills.

Outcomes

1. American Indian Youth and adults increase knowledge of contributors to and methods of preventing teen pregnancy.

- Indicator I: “The only way to avoid pregnancy 100% is?” Before using Live It! only 69.91% answered this question correctly, after using Live It! the percentage increased to 95.58%.
- Indicator II: “The more I understand about my choices about sex, the more likely I am to wait or postpone pregnancy. Agree/Disagree” Before using Live It! 88.50% answered correctly, after using Live It! the percentage increased to 96.90% Therefore, this outcome shows that knowledge was gained.

2. American Indian youth and adults increase understanding of teen pregnancy from both a cultural/traditional and contemporary point of view.

- Indicator I: “I am made up of four parts-label each part” Before using Live It! only 16.37% answered this statement correctly, after using Live It! the percentage increased to 63.27%
- Indicator II: “Label the Four Stages of Life” Before using Live It! only 22.12% answered this statement correctly, after using Live It! the percentage increased to 58.85% Therefore, this outcome shows that there was an increase in understanding

3. Youth increase awareness of the risk factors that impact decision-making skills.

- Indicator I: “Using a condom the right way every time you have sex reduces the chances of getting pregnant. True or False” Before using Live It! only 75.66% answered this statement correctly, after using Live It! the percentage increased to 90.71%
- Indicator II: “While birth control pills protect against pregnancy, they do no protect against STI’s. True or False” Before using Live It! 80.53% answered this statement correctly, after using Live It! the percentage increased to 92.04%. Therefore, this outcome shows that there was an increase of awareness.

Hennepin County Medical Center (Aqui Para Ti)

Project Description

APT is a comprehensive, primary care clinic-based, healthy youth development program that provides medical care, coaching, health education, and referrals to Latino youth age 11 to 24 years and their families. APT uses Motivational Interviewing techniques to capture the adolescents' and parents' goals, perspectives, and readiness to make change, and then employs a multidisciplinary team, supporting the youth and parents/guardians in taking steps towards achieving self-defined goals. The program uses family-centered approach that encourages family members to work together to support the healthy development of the child.

Care delivery based on values that resonate with Latino families by a bilingual and bicultural team is likely to improve outcomes due to improved communication, patient satisfaction, and adherence to recommendations, and increased self-efficacy due to identification with the team as role models who reinforce a positive sense of ethnic identity. This method is particularly important given that the social and economic challenges experienced by immigrant Latino families may undermine youth and parents' perceptions of their own abilities. The dual approach - fulfilling unmet needs in social, mental health and medical health areas, and building on the existing strengths of the individual and family - makes this model appropriate to address the needs of families that are vulnerable because of multiple social determinants of health.

Priority Health Area(s)

- HIV/AIDS and Sexually Transmitted Diseases
- Teen Pregnancy
- Unintentional Injury and Violence

Target Population(s) Served

- Hispanic/Latino

Geographic Area Served

- Hennepin, Ramsey, Dakota, Anoka, and Scott Counties

Programmatic Highlights

- Implemented Mental Health as a priority for youth and their parents.
- Convened an evaluation team to create measurement tools to get critical information about program's strengths and areas for improvement.
- APT became a Certified Health Care Home. Trained two Community Health Workers (CHWs), responsible for coordination of care of families.
- Developed a strong partnership with Navigate to hire a Youth Mentor/School Connector. The School Connectors support youth in finishing high school and/or making sure they know how to enroll in higher education.
- Delivered "Padres Informados Jovenes Preparados" curriculum to 21 families, with positive feedback from families involved.

Key Evaluation Findings

Introduction and Patient Description – Youth and Parent Questionnaires

From July 2010 through May 31st, 2012, APT staff had 881 encounters with 289 distinct patients. Of these 289 patients (74% female, 26% male), 123 were new to the clinic. Most patients

reported that they were sexually active. On the basis of four indicators, a risk index was created. Based on the criteria, 55 patients (42.6%) were considered “high risk” for STIs.

Mental Health – Beck Depression Inventory

In terms of mental health, 171 patients completed one or more Beck assessments. At the time of their first Beck assessment, 32 patients (18.7%) had total scores in the clinical range (>17) for depression. Youths’ Beck scores were significantly correlated with their Scale of Well-Being scores – youth who reported fewer depressive symptoms on the Beck reported higher scores on Scale of Well-Being. Overall, patients exhibited significantly fewer depressive symptoms at their final assessment, compared to their first assessment.

Youth Goals

Currently, the 107 youth enrolled in APT’s Health Care Home in 2011-2012 created 230 individual goals as part of the care coordination process. Attesting to the importance of education for participating youth, of the 230 total goals, 106 (46%) were about education.

Parents’ Experiences – Beck Depression Inventory, and Parenting Styles and Efficacy

Twenty-five parents completed the Parenting Styles and Efficacy assessment. Parents who reported more authoritative behaviors (characterized by warmth and involvement, reasoning, etc.) reported higher efficacy in their role as a parent. The small sample size precluded additional analyses.

Parents’ depressive symptoms were also assessed; 78 parents completed one or more Beck Depression Inventories. At the time of the first assessment, 19 parents (24.1%) had depression scores that exceeded the clinical cut-off (>17).

Outcomes

The program has been evaluated across multiple timeframes using pre-post survey, chart review, and qualitative approaches. Combined results suggest that APT enhances overall health status among youth, while also helping parents improve their ability to interact with their children and become more aware and comfortable in accessing providers and other community resources that can support their child's development.

Youth Clinic Experience Survey

An 8-item follow-up survey was conducted to assess the teen-provider trust and delivery of more appropriate service plans. Thirty-one patients completed the follow-up survey. Response options ranged from 1 (“not at all”) to 5 (“a great deal”). Ninety percent of respondents reported that they could trust the staff “a great deal” (5) or “much” (4) All of the patients reported that they felt like the staff respected them and their concerns and that the staff were helpful in addressing their concerns.

High School for Recording Arts

Project Description

High School for Recording Arts' HAS Program implements two evidence-based curricula interventions (SiHLE and Safer Choices) at two alternative high schools in Minneapolis and Saint Paul. 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. In partnership with the African American women's clinic--the HER Center--the program also serves girls and young women in a one-to-one HIV/STD prevention and testing intervention named Sister to Sister.

Priority Health Area(s)

- HIV/AIDS and Sexually Transmitted Diseases
- Teen Pregnancy

Target Population(s) Served

- African American/African

Geographic Area Served

- Twin Cities Metro Area

Programmatic Highlights

- Provided culturally specific teen pregnancy prevention and HIV/STD risk reduction services to 500 youth.
- Recruited, selected, and maintained 10 young people for our Youth Advisory Board. The youth-driven board represents the voices and programmatic recommendations of the youth we serve through shared input, service projects, outreach initiatives, and new ideas.
- Youth Advisory Board hosted (at our offices) and shared program information with U.S. Representative Keith Ellison and Minnesota State Representative Bobby Joe Champion.
- Implemented a major system(s) change for the 2012-13 school year: Safer Choices will now be a required course for all HSRA students.
- Worked with youth participants to research, write, film, and produce two 30-second public service announcements (PSA) to be broadcast to Comcast cable television (program also produced several broadcast radio PSAs that played on KMOJ and B96.)
- Youth Advisory Board presented a full-scale workshop at the National Youth Leadership Council 2012 nationwide Conference, held in April 2012, at the Minneapolis Convention Center.
- Worked with over 150 young people (in collaboration with other agency partners and organizations) providing safer sex kits and teen pregnancy prevention and awareness education, resources, and HIV testing opportunities.
- Organized two (2) successful teen pregnancy community mobilization projects: June 2011 "I'm Loving Me" and May 2012, "I'm Loving Me, Loving You." Spoken Word and musical artists performed original pieces around the themes of safer sex, HIV/AIDS/STDS

and teen pregnancy prevention as well as the importance of developing and maintaining healthy relationships. HIV testing was available onsite to all participants and program attendees.

Key Evaluation Findings

- From pre-test to post-test youth show marked increases in knowledge of pregnancy, sexually transmitted diseases and HIV.
- For risk behavior change and self-efficacy, young women have demonstrated overall increases in a positive direction from baseline to Time 3.
- Young women increase their self-efficacy to have condoms and to use condoms.
- After the completing the intervention, young women may be more likely to reduce the number of sex partners and the number of times they have sex.
- Young women report increased intention to change their risk behaviors in the future.
- Twenty-one percent of young women reported that alcohol or drugs caused them to have emotional problems in the last 30 days.
- Sixteen percent of young women reported that they used marijuana 10 or more days in the last 30 days.
- Twenty-five percent of young women said they had had unprotected oral sex in the last 30 days.
- Thirty-six percent of young women said the last time they had vaginal sex it was unprotected.
- Eleven percent of young women reported that they had ever had unprotected sex with someone for money, drugs or shelter.
- Sixty-one percent of young women said “Yes, a few times” or more often to “have had unprotected vaginal sex in the last three (3) months.”
- Thirty-eight percent of participants have had one or more sexually transmitted diseases: Chlamydia, gonorrhea, syphilis, herpes, HIV, bacterial vaginosis*, warts/HPV, trichomaniasis, yeast infection*
- Ten percent of women said they had been tested for HIV in the last three months, 69% said they have been tested in the last survey measure.
- Forty-nine percent of women said they had talked to a health care provider about sexual behavior in the last 12 months.
- The majority of young women said friends are their best source of information about condoms, teen pregnancy, sexual experiences, HIV/STDs, abortion, abstinence, “being horny and what you can do besides have sex”, drug use, and “needing to talk to someone or therapy.”

Indigenous Peoples Task Force

Project Description

Reduce Risky Sexual Behaviors which lead to transmission of HIV and STD's among American Indian Youth and to prevent unwanted Teen Pregnancies. The youth will learn to be Peer Educators and create theatrical skits to present education to their peers on and off the reservations. They will be trained using evidenced based curriculum that has been adapted for American Indian youth to present information and educate their peers.

Priority Health Area(s)

- HIV/AIDS and Sexually Transmitted Diseases

Target Population(s) Served

- American Indian

Geographic Area Served

- American Indian communities across Minnesota on reservations and in the Twin Cities metro area.

Programmatic Highlights

- The Honor Project was successful in training 111 Native American women across the state of Minnesota about HIV/AIDS and STD's.
- These women, in turn, reached out to 290 others in their communities by inviting them to a "Safer Snaggin' Party" at which the participants learned about HIV/AIDS and other STD's through games, presentations and fact sheets.
- Over 3,650 people were reached through booths and events at which the Indigenous Peoples Task Force appeared over the two year period, providing information and HIV testing.
- 644 people were tested for HIV/AIDS through the project across the two year period, and four tests were positive, indicating the persons had HIV antigens in their body. These individuals were referred to get a confirmatory test, and to medical care. All 644 people increased their knowledge about their serostatus.
- The participants in the Honor Project peer Education Program showed statistically significant increases in knowledge, more positive attitudes towards safe sex, getting tested and educating others in their community about HIV.
- The participants in the Safer Snaggin Parties also showed statistically significant increases in knowledge and more positive attitudes toward safer sex and getting tested for HIV.

Key Evaluation Findings

The Honor Project was highly effective in increasing the knowledge of Native adult women and teens in the following areas:

- How HIV/AIDS is a health disparity for Native American women.
- What HIV/AIDS is as a disease
- How HIV is transmitted and how to protect oneself from it,
- Issues specific to women, pregnancy and childbearing related to HIV

The participants cited what they thought was the most important things they learned, which mostly concerned how to protect themselves against HIV/AIDS, and that they share the information with others in their community. The program was also highly successful in changing many key attitudes about HIV- the women showed significant increases in beliefs that condoms were effective at preventing HIV, and that it was important to use them. They also showed significant increases in knowing how to put a condom on correctly. Time was spent in the program on helping the women feel more comfortable talking about HIV with others such as their children/relatives as well as other community members. Parents, in particular, showed great increases in comfort level in being able to talk to their children about HIV/AIDS. Many women were tested for HIV as part of the training or the reunions, and they learned through the training how important testing for HIV is, and most said they would get tested if they had not already been tested, and they would also encourage others to get tested.

The women felt empowered in the course the training to talk about health care across the lifecycle and ways to take of themselves, including both Western medicine and Traditional practices. There was a significant increase in women's feelings that they had a responsibility to those in their community, and that they could make a difference.

They indeed did make a difference, the women who participated in the Honor Project Peer Education training went on and held Safer Snaggin parties that were attended by a total of 290 people, who were mostly Native women. These participants at the parties also showed statistically significant increases in knowledge about HIV, and in positive attitudes towards safe sex and getting tested. Most talked about intending to make some changes in their lives after the training, and to continue on telling others about what they

Lao Family Community of Minnesota, Inc.

Project Description

Kev Xaiv seeks to lower the teen pregnancy rate of Hmong American youth and repeat pregnancy rates of Hmong teen mothers. During the grant period (July 1, 2010 to June 30, 2012), it addressed two EHDI objectives:

- Improve the sexual health of young people.
- Reduce the risk factors and increase the protective factors related to teen pregnancy.

Kev Xaiv used the following EHDI strategies:

- Delay early sexual activity with an emphasis on younger youth.
- Provide support groups and community resources for young mothers.
- Build strong relationships with schools and community partners.
- Promote and disseminate information about healthy practices, HIV/AIDS/STD prevention, agency's services, and other community resources.

Priority Health Area(s)

- HIV/AIDS and Sexually Transmitted Diseases
- Infant Mortality
- Teen Pregnancy

Target Population(s) Served

- Asian/Pacific Islander

Geographic Area Served

- Minneapolis and St Paul

Programmatic Highlights

- The LLBO's EHDI-funded teen pregnancy prevention program had some big successes. First, tribal divisions and community organizations worked together to raise awareness and implement teen pregnancy prevention programming. Staff people across five organizations participated in training on the Live It curriculum, and four went on to implement the program.
- Over 110 American Indian youth participated in the Live It training in four schools/sites across the Leech Lake reservation. Many of the youth were high risk, and were in the Alternative Learning Centers because of behavioral health issues, attendance problems, and/or because they were pregnant. These youth showed statistically significant positive *knowledge* changes about preventing pregnancies and sexually transmitted diseases, particularly at the Middle School level. The high school youth-- who came in with a higher level of knowledge-- showed statistically significant positive *attitude* changes indicating greater commitment to delaying sex/postponing pregnancies. They learned about their culture, and about the traditional values, roles and responsibilities for youth.
- The hours of the Teen Clinic were expanded to include one evening per week to increase access to teen-oriented medical care for Leech Lake youth, including contraception and STI

screening and treatment. Training was provided to all staff on teen health issues. All youth who come to the Teen Clinic receive “the talk” about birth control and preventing pregnancy. Across the two years of the EHDI grant, 174 youth participated in teen clinic. While staffing problems meant some of these clinics could not be held, many youth took advantage of the expanded hours.

Key Evaluation Findings

The Healthy Hmong Teen component served 128 Hmong adolescents in grades 6-9 in 2010-11 and 161 in 2011-12.

In 2010-11:

- 94% demonstrated an increased knowledge of the benefits of remaining abstinent.
- 92% demonstrated an increased knowledge of human sexuality.
- 84% demonstrated knowledge of how to prevent HIV/STD infections.
- 94% did not have unplanned repeat pregnancies.
- 100% remained in or returned to school.
- 100% knew how to prevent HIV/STD infections.
- 100% had an increased knowledge of how to prevent birth defects and infant mortality.

In 2011-12:

- 91% demonstrated an increased knowledge of the benefits of remaining abstinent
- 86% demonstrated increased knowledge of human sexuality
- 91% demonstrated knowledge of how to prevent HIV/STD infections
- The Young Parent Program component served 106 young mothers in 2010-11 and 84 in 2011-12.
- 95% young mothers did not have an unplanned, repeat pregnancy.
- 90% were enrolled in school.
- 100% knew how to prevent HIV/STD infections.
- 99% had an increased knowledge of how to prevent birth defects and infant mortality.

Leech Lake Band of Ojibwe

Project Description

Teen Pregnancy Prevention:

- Improve the sexual health of young people.
- Close the gap in teen pregnancy rates of American Indians as compared to whites.
- Reduce the risk factors and increase the protective factors related to teen pregnancy
- Improve clinic practices to better reach young people.
- Improve the sexual health of young people.
- Increase opportunities for young people that help grow a sense of competence, connection and contribution. Delay early sexual activity with a special focus on young adolescents
- Reduce the frequency of sex and number of partners and increase condom and contraceptive use among sexually active adolescents.

Priority Health Area(s)

- Teen Pregnancy

Target Population(s) Served

- American Indian

Geographic Area Served

- Leech Lake Reservation and surrounding counties (Cass, Beltrami, Hubbard, and Itasca)

Programmatic Highlights

- The LLBO's EHDI-funded teen pregnancy prevention program had some big successes. First, tribal divisions and community organizations worked together to raise awareness and implement teen pregnancy prevention programming. Staff people across five organizations participated in training on the Live It curriculum, and four went on to implement the program.
- Over 110 American Indian youth participated in the Live It training in four schools/sites across the Leech Lake reservation. Many of the youth were high risk, and were in the Alternative Learning Centers because of behavioral health issues, attendance problems, and/or because they were pregnant. These youth showed statistically significant positive *knowledge* changes about preventing pregnancies and sexually transmitted diseases, particularly at the Middle School level. The high school youth-- who came in with a higher level of knowledge-- showed statistically significant positive *attitude* changes indicating greater commitment to delaying sex/postponing pregnancies. They learned about their culture, and about the traditional values, roles and responsibilities for youth.
- The hours of the Teen Clinic were expanded to include one evening per week to increase access to teen-oriented medical care for Leech Lake youth, including contraception and STI screening and treatment. Training was provided to all staff on teen health issues. All youth who come to the Teen Clinic receive "the talk" about birth control and preventing pregnancy. Across the two years of the EHDI grant, 174 youth participated in teen clinic. While staffing

problems meant some of these clinics could not be held, many youth took advantage of the expanded hours.

Key Evaluation Findings

- Community capacities were increased through training, expanded services, and partnerships: trainings for schools, tribal program service providers, and community based organizations to learn about teen pregnancy programs were held. Four organizations hosted Live IT programs, and one other program targeting teen dads.
- Capacities were expanded for Teen Clinic, by providing new protocol and training for staff, to ensure teen sexual and reproductive health issues were addressed in all visits, among other changes. Teen Clinic hours were expanded as well to be more convenient to teens. One hundred and seventy-four teens visited the Teen Clinic during the EHDI grant period, and received the expanded sexual health education component.
- Community awareness efforts were initiated to expand awareness of these and other resources for teens so more teens and parents would be aware that confidential services were available.
- A teen pregnancy prevention program (Live It) was implemented with approximately 110 youth. 10 youth participated in a pilot of Dads Make a Difference, as well. Of the 110 youth, 75% completed the program. These youth, had the following outcomes:
 - Increase in knowledge about pregnancy prevention, STI's efficacy of contraceptives/condoms among youth
 - More positive attitudes among youth towards waiting to have sex and postponing getting pregnant
 - Increased understanding of pregnancy and pregnancy prevention from a cultural perspective - increases in knowledge of the stages of life model, and holistic model of health, and the roles and responsibilities of teens.

Over 100 adults attended these meetings, and 50+ filled out surveys. Over 100 youth also completed surveys. Most of the adults who filled out the survey believed that parents had major responsibility for teen pregnancy prevention. They believed that more education should be provided to youth, and to parents, and that parents should be talking to their youths more, supervising them more, and passing on family values. Over a fifth of these adults who were parents/grandparents, however, said they were uncomfortable talking with their children/grandchildren about sex and pregnancy prevention.

In spring of 2012, staff from the Tribal Health Division presented before the School Board and educated them on the problems of teen pregnancy in the community, the community's attitude towards the importance of teen pregnancy prevention programming, and the early indications of effectiveness of the Life It Program curriculum. The School Board voted to approve the continued implementation of the Life It curriculum with the Cass Lake Bena Schools.

Lutheran Social Services of Minnesota

Project Description

SELF Program

The SELF (Seeing and Exploring Life's Future) Pregnancy Prevention Program provides teen pregnancy prevention services primarily to youth of color who reside in or attend school in the city of Minneapolis. SELF provides youth with intensive, long term services through groups, peer education, youth development and leadership, and also delivers community and classroom presentations. The SELF program has been implementing the evidence-based program, *Making Proud Choices*, in the Minneapolis Public Schools system for 6 years and will expand those services with this grant.

h.y.p.e. Program

The efforts of Healthy Youth Protection Education (h.y.p.e.) relative to EHDI grant directives have centered on taking actions to reduce the rate of new infections of HIV and STDs in the greater Duluth area. We aimed to serve as many people as reasonably possible in our region with priority attention being given to African Americans, American Indians and youth in high risk populations. By garnering participation of respected adult members of these groups as volunteer direct service providers and Advisory Council members, h.y.p.e. staff strengthened their cultural sensitivities and benefitted greatly from easy access to a diverse group of will advisers.

Priority Health Area(s)

- HIV/AIDS and Sexually Transmitted Diseases
- Teen Pregnancy

Target Population(s) Served

- African American/African
- American Indian
- Hispanic/Latino

Geographic Area Served

- Minneapolis and Hennepin County
- Duluth and Carlton and St Louis Counties
- Northern Minnesota Reservations

Programmatic Highlights

SELF Program

- Established strong relationship with MPS Health & Physical Education Lead Teacher to reinforce our relationships with schools
- Far surpassed the targeted number of students served
- Recruited 15 new peer educators from diverse backgrounds.
- Peer educators ran a booth at the CFCL's summer celebration. Engaged adults and youth in a jeopardy game related to sexual health and healthy decision making
- Created strong relationship with South High School mini-clinic with plans and utilizes the peer educators as ambassadors for the mini clinic, informing and educating all the 9th graders at South about clinic services.

- SELF staff provided information to parents and school staff at Open Houses, parent’s nights, teacher meetings, and Native American Family Involvement Day.

h.y.p.e. Program

- 950 individuals received 45 minutes of instruction on HIV/AIDS and other STDs. These sessions included condom use demonstrations and distribution of testing resource lists
- Use of digital media provided a way for h.y.p.e. educators to engage participants in deeper discussions not typically afforded by the “HIV 101” sessions alone. Powerful stories were shared after movie showings often with mutual support offered to one another by those present.
- 217 youth and adults viewed the documentary *Blood Lines*; 67 African American individuals saw either *Divine Intervention* or *Life Support* with follow-up conversations.
- 200 HIV rapid tests were administered to youth; all test results were negative.
- 87 peer educators were trained using the “4-3-2-1” Peer Educator Model of HIV Prevention; peer educators made presentation contacts with 183 individuals.

Key Evaluation Findings

SELF Program LSS/Minneapolis

- Over 650 students were served.
- 146 students went to a teen friendly clinic as part of a field trip.
- 97% youth increased knowledge of abstinence, contraception, and condom use.
- 92% of youth increased knowledge of condom use and contraception.
- 92% of youth increased awareness of and comfort level with accessing a sexual health community resource.
- 10 peer educators increased communication with youth about teen sexual health and had increased knowledge of abstinence, contraception and condom use.
- Peer educators presented to 379 South High School 9th graders about mini clinic services; 93 percent of students reported that they would feel comfortable accessing mini-clinic services; over 100 students accessed health services during school year due to the presentations delivered by the peer educators.
- 157 out of 166 (95%) of parents increased their comfort level and ability to communicate with their child about sexual health topics.

h.y.p.e. Program

- More than 1,000 individuals received HIV risk assessment and reduction planning information via some or all components of the “Survive Outside” program.
- “HIV 101” presentations were made to 950 individuals who took pre and post surveys reflecting on content knowledge and potential behavioral impacts.
- 217 people viewed and discussed the documentary, “Blood Lines”.
- 200 youth were tested for HIV.
- Dozens of people, both youth and adults, were trained to be peer educators.
- 80% of individuals who view *Blood Lines* showed an increase in knowledge of HIV/AIDS via pre and post presentation surveys; 96% reported they intend to use barriers when engaging in sexual activity; and 92% noted that they plan to get tested for HIV.

Minnesota Immunization Networking Initiative

Project Description

The mission of the Minnesota Immunization Networking Initiative (MINI) is to reduce barriers to accessing influenza immunizations for adults and children. We do this by holding MINI clinics in trusted, community based settings and by providing the vaccinations at no charge. We serve uninsured, minority populations, primarily within the greater Twin Cities metro area. The largest group served is Latino, followed by Asian, African American, and Native American. Evidence based research shows that receiving an annual flu shot reduces missed days at work, hospitalization, and incidence of influenza-like illness.

Priority Health Area(s)

- Immunizations for Adults & Children

Target Population(s) Served

- African American/African
- American Indian
- Asian/Pacific Islanders
- Hispanic/Latino

Geographic Area Served

- Twin Cities Metro Area

Programmatic Highlights

- Provided free flu shots to 13,523 people age three and older (6,288 in 2010-2011 and 7,235 in 2011-2012)
- Provided free pneumococcal vaccinations for age 65 and older- 424 total
- Tracked persons receiving a first time flu shot: 24% in the 2010-2011 season; 33% in the 2011-2012 season
- Increased the number of MINI clinics from 52 in 2009-2010 season (before EDHI) to 98 (91 unduplicated) in the 2010-2011 season and 102 in the 2011-2012 season.
- Developed 14 new Asian sites— served 3,695 Asians total
- Provided influenza vaccine for St Mary's Health Clinics (SMHC)-- total of 187 influenza vaccinations for uninsured clients at the St Mary's Clinics (different from church clinics coordinated by SMHC for MINI sites)
- Expanded capacity by adding a third group of licensed vaccinators—volunteer healthcare professionals from Fairview. The Fairview group did 36 clinics in 2010-2011 (24 of them new sites) and 54 clinics in 2011-2012
- Met standards to qualify as a MDH Mark of Excellence (MOE) community vaccinator in both seasons (See Section 4 for MOE description)
- Entered all MINI clientele immunization information into Minnesota Immunization Information Connection (MIIC)
- Received 2,627 completed MINI evaluation surveys

Key Evaluation Findings

- MINI held 200 clinics; 49 were new clinics. 2010-2012 season- 98 clinics; 2011-2012 season-102 clinics (Before EDHI, MINI did 52 clinics in 2009-2010)
- 13,500 people were vaccinated (6,288 year one; 7,235 year two)
- Consent forms tracked persons receiving their first flu shot- 24% year one; 33% year two received a flu shot for the first time in their life. (This was surprising- the expectation was that this number would go down in subsequent years.)
- MINI expanded its capacity by training Fairview healthcare professionals as volunteer vaccinators (74 spots filled year one; 108 spots filled year two.) Many volunteers work in multiple clinics.
- All MINI clinics from year one and two were entered into the State immunization registry, called MIIC- Minnesota Immunization Information Connection
- Over 2,627 adults completed the evaluation survey (1,008 year one; 1,619 year two)
- Populations reached with free vaccinations: Latino (largest number); Asian (Burmese, Chinese, Hmong, Lao, Vietnamese, Tibetan); African (Ethiopian, Oromo, Liberian, Somali); African American, Native American
- New Asian sites hosted a MINI clinic: 16 year one service 1,409 Asians; 18 year two serving 2,286 Asians
- Barriers to immunizations were better understood through completed survey: Reasons given for attending the MINI clinic were: shots were free; lack of health insurance, trusted setting, and convenience.
- Fairview vaccinators evaluate experience- 100% indicated that they would serve again. We changed to a Likert scale year two.
- Attitude/system change noted at Fairview because of MINI- 15 Fairview departments helped expand MINI during EDHI grant period.
- 100% of MINI client information was entered into the State registry- MIIC
- One other Fairview site hosted a MINI clinic (Fairview Northland in Princeton, MN); Fairview Lakes in Wyoming, MN declined due to positive working relationship with local public health department

Minnesota Indian Women's Resource Center

Project Description

The Nokomis Endaad and Oshkiniigkwe programs were developed and implemented with community input to fill identified service gaps for adult American Indian women suffering from chronic chemical dependency and mental health issues arising from complex sexual violence and trauma, and youth who are at extremely high risk for developing chronic social and medical health problems due to experiences of violence and sexual trauma. The EHDI Community Grant program's Unintentional Injury & Violence area fits perfectly with our dedication to providing American Indian girls and women with primary, secondary, and tertiary interventions that are grounded in cultural strengths and practices proven effective in reducing health disparities caused by violence and unintentional harm in this highly vulnerable population. Both programs are designed to reduce harms by holistically addressing the entrenched social ills that contribute to the high rates of Suicide & Self-Inflicted Harm, Injuries from Assaults & Sexual Violence, and Alcohol Misuse experienced by American Indian girls and women.

Priority Health Area(s)

- Unintentional Injury & Violence

Target Population(s) Served

- American Indian

Geographic Area Served

- Twin Cities metro area

Programmatic Highlights

- Since December 2010, 64 women have been accepted into the Nokomis Endaad program.
- 91-100% of Nokomis Endaad participants reported "huge" or "moderate" improvement in their ability to maintain sobriety, respect themselves and their right to be safe, build a sober support system, understand their mental health issues, and take care of problems before they become a crisis, take care of their spiritual health, and maintain safe housing.
- Though more than ¼ of participants have been court-ordered to treatment, 30% have achieved at least 30 days' sobriety. Of these, 29% have achieved 6-9 months' sobriety as of 6/30/2012.
- In two years of EHDI funding, MIWRC's Oshkiniigkwe (Young Woman) provided UIV prevention education and services to 64 American Indian girls and young women aged 11-22.
- 83% of Oshkiniigkwe participants said the activities helped "a lot" or "some" at improving life areas that support UIV prevention, including longer periods of sobriety and improved relationships with families and partners.
- 86% of participants reported "a lot" or "some" improvement in safety-promoting attitudes and behaviors.
- In 2011, Governor Dayton signed into law the Safe Harbor bill decriminalizing commercially sexually exploited juveniles under age 16. MIWRC was a key partner in this initiative, and is now part of the Safe Harbor working group designing a housing/services program for CSEC victims, to be presented to MN Legislature in 2013.

Key Evaluation Findings

Nokomis Endaad Program

- Out of 15 participants 40% of women were assessed as having no problem for acute intoxication and/or withdrawal symptoms at either intake or discharge, but discharge scores for the remaining 60% showed increased, not decreased, risk.
- Four participants maintained their scores at baseline and discharge related to infectious diseases, allergies, or chronic or acute pain status; two participants improved their scores; and two participants decreased their scores due to dependence on opiate pain medications.
- Three participants maintained their scores at baseline and discharge related to readiness to change. 65% of participants were mandated to treatment by Child Protection, probation/courts, or both. These participants, especially the 38% that were attempting to regain custody or avoid placement of their children, may have strongly emphasized their willingness to change, but lost enthusiasm once the crisis was over and decisions about consequences were on hold.
- Three participants had an increased risk of relapse or continued use at time of discharge compared to baseline.
- Seven participants had an increased score for her recovery environment at discharge compared to baseline; five maintained their scores; and one improved.
- 22 of the 30 women that were discharged did not complete Phase I. It is not surprising that scores at discharge were worse than they had been at intake, since most of the women that left the program without completing the first phase had not changed their daily environments.
- Almost half of the women that entered the program in the past 18 months are still actively participating.

Oshkiniigikwe Program

- Participants who had been involved in violence prevention education and services for 6 months reported an increased in threat of violence, which indicates their growing awareness of threat in their peer and neighborhood environments.
- At baseline, 31% of participants reported current abuse or violence. At 6-month follow-up, none of the participants reported current violence, but 4 reported current threat of violence.
- Participants reduced their contact with drinking and using friends and family members while increasing their contact with clean and sober friends and family.
- At least 83% girls said the prevention education and activities had helped “a lot” or “some” and improved life areas that support injury and violence prevention, including staying sober for longer periods of time and improved relationships with families and partners.
- At least 86% of participants each year reported having experienced “a lot” or “some” improvement in safety-promoting attitudes and behaviors.

Model Cities

Project Description

Model Cities addressed two EHDI health priority areas – infant mortality and unintentional injury and violence – from 2010 to 2012 by focusing on delivering education and information to 100 Model Cities’ participants on infants physical growth and development; increasing access to health and preventive care before, during and after pregnancies; improving homes by conducting home safety checklist tools/kits; and prevention of suicide and self-inflicted harm.

The impact on Model Cities families was significant, particularly as the same families participated in receiving education and information throughout the entire two years of the program. Families received 680 hours of education, support, and information over the course of the grant period.

Priority Health Area(s)

- Infant Mortality
- Unintentional Injury and Violence

Target Population(s) Served

- African American/African

Geographic Area Served

- St Paul

Programmatic Highlights

- Of the 31 who received follow up ASQ (Ages and Stages Questionnaire) visits, 27 (88%) reported improved children’s behavior, learning, and development.
- 8 families received Home Safety Kits and reported that they were very helpful in keeping their families safe in their apartments.
- “I really enjoyed the empowerment class because the instructors were so real. They really helped me think about me as a person...I liked the day we talked about ‘Why we Matter’.” – Empowerment Workshop attendee.
- Bringing in trained Community Health Workers also known as community health advocates, who served as connectors between those receiving health care services and providers to promote health among groups that have lacked access to adequate health care.
- In 2012, Model Cities was awarded the National Parent Leadership Award from Circle of Parents, Prevent Child Abuse Minnesota. This award was given to recognize parents, parent partners, and professionals working with and on behalf of parents in Minnesota to build on the strengths of families and prevent child abuse and neglect.

Key Evaluation Findings

- 85% of clients reported an increase in knowledge of family planning services offered in their community.
- 80% of clients reported increased access to appropriate reproductive health screenings and testing on at least an annual basis.
- Staff reported a 95% decrease in activities observed in the homes of families that could result in unintentional injuries.
- 95% of clients utilized the Home Safety Checklist tool and other guides on a monthly basis to aid in reducing hazards in the home that can lead to serious injury and/or death.

- 85% of clients reported an increase in awareness of healthy behaviors that contribute to preventing suicide and self-inflicted harm.
- 90% of clients reported an increase in knowledge of skills needed to aid in managing crisis situations and ongoing mental health needs.
- 85% of staff reported an increased knowledge on developing safety plans.
- 85% of clients reported an increased knowledge of domestic violence.
- 100% of the case managers reported their increased knowledge and skills to promote healthy infant development and provide appropriate follow-up referral services to families with infants.
- 85% of parents reported increased strengths, skills and competency in responding to their child's social-emotional developmental needs.

NorthPoint Health & Wellness Center, Inc.

Project Description

NorthPoint Health and Wellness Center, Inc. is a comprehensive health and human services agency located in the north side of Minneapolis. With the missions of “actively partnering to create a healthier community”, NorthPoint serves all residents of north Minneapolis, 82% of who are from a community of color and are disproportionately affected by chronic disease. NorthPoint is the lead agency for EHDI grant.

NorthPoint developed a community advisory committee made up of community partners and clients to advise the project and give input on how to improve services. The current Community Advisory Committee includes representatives from NorthPoint Inc., NorthPoint Clinic, NorthPoint patients/clients, the University of Minnesota Extension Services Simply Good Eating Project, the Minnesota Department of Health (MDH) SAGE and SAGE Plus program, AmeriCorps VISTA and the Minneapolis Department of Health Statewide Health Improvement Program.

Priority Health Area(s)

- Breast & Cervical Cancer Screening
- Diabetes
- Heart Disease & Stroke

Target Population(s) Served

- African American/African
- Asian/Pacific Islander
- Hispanic/Latino

Geographic Area Served

North Minneapolis

Programmatic Highlights

- Trained three community health workers (CHWs) to provide comprehensive case management services including referrals and support for accessing help for improved housing, regular follow-up calls, culturally appropriate health education, assistance with scheduling and rescheduling, referrals to our internal financial case aids as needed and assistance in addressing any additional barriers (i.e. transportation, housing support, legal referrals, financial management assistance, community referrals, etc.).
- Provided comprehensive case management services to more than 110 high-risk patients with diabetes, and heart disease.
- In collaboration with other supporting programs at NorthPoint, conducted community outreach to more than 1000 women to promote breast and cervical cancer screening.
- Implemented a major systems change by enhancing the integration of services at NorthPoint through improved communications between staff, having the EPIC electronic medical record system available for EHDI staff housed at the Human Services building, participation on the NorthPoint Integration Team and working towards streamlined referrals and follow-up communication between staff.
- Convened a community advisory committee to provide input and suggestions about how to improve services and outreach to community members in need for services. This group

provided input for the creation of a group education component (Wellness Group), that we started in March 2012. The advisory group also talked about offering services for patients who may not be officially eligible or enrolled in Health Care Home. In response to this we have broadened the scope of our activities to be inclusive of all patients/clients who may be at risk for heart disease and stroke, breast and/or cervical cancer or diabetes.

Key Evaluation Findings

Advisory Committee

- Developed a Community Advisory committee made up of key community partners, internal staff and patients/clients in the EHDI/IHCH program. The committee has been successful in advising the project director and staff on a number of project activities.
- Patients, clients, community members and partners are engaged in the EHDI Advisory Committee through quarterly meetings, with intentional discussions on ways to increase the program's effectiveness.

Systems Change Integration

- The Integration Group has been able to discuss system and service integration between Human Services and the Clinic. These activities are currently in development phase and we expect they will result in better integration of services to benefit clients and patients.

Implement IHCH Model

- NorthPoint has been able to identify a total of 157 patients in the three PHAs using health specific enrollment protocols that take into account the Integrated Healthcare Home (IHCH) model's criteria and enroll them as they attended appointments with providers.

Health Outcomes

- More than 26% of participants were enrolled before July 1st 2010, 41% enrolled between July 1 2011-June 30, 2011 & roughly 33% enrolled from July 5, 2011-May 3, 2012.
- A total of 288 monthly contacts were made by the CHWs face to face or via phone calls, letters, exploring patient's or client's resource needs with regards to medical care; lifestyle interventions; and psycho social factors such as healthy food access; transportation, housing, financial assistance, etc.
- Our Diabetes CHW connected more than 30 patients with much needed internal and external resources working under the supervision of the IHCH care coordination team. In addition, 188 contacts were made by the Diabetes CHW with patients in the program who receive regular follow ups and check-ins on a monthly basis as well as general health education and outreach and resource referral.
- CHW contacts with clients dealt with health assessment; scheduling appointments with, connecting patients with internal or external human services; and as well as education and outreach via culturally responsive methods.
- Many patients did not demonstrate substantial improvements in specific health indicators for various reasons. Due to the complexity of their health condition before enrollment (BMI; weight and BP) as well as impeding social needs.

Peta Wakan Tipi

Project Description

Peta Wakan Tipi/Dream of Wild Health takes a youth-led approach to preventing, intervening and managing type 2 diabetes with an emphasis on building awareness and educating American Indian youth and their families about the causes, the symptoms and the lifestyle changes that can prevent and intervene in skyrocketing type 2 diabetes in our community. It is important to have Native people create and deliver messages about early diabetes detection and prevention in a culturally-appropriate way. Dream of Wild Health farm provides a unique asset for the Native community to access traditional teaching about healthy lifestyles as well as to grow, distribute and prepare nutritional foods.

Priority Health Area(s)

- Diabetes

Target Population(s) Served

- American Indian

Geographic Area Served

- Twin Cities metro area
- American Indian reservations and rural populations

Programmatic Highlights

- Provided over 1,069 community members with fresh food grown at DWH farm through increased farmers markets, donations to Native organizations and food banks. After evaluating results at various sites over two seasons, we have institutionalized our farmers markets at larger Minneapolis venue and specific stops in St. Paul for Mobile Market. We also improved our outreach and marketing efforts that precipitated more Native people finding us with ease.
- Youth leaders came up with innovative ways to educate community members about diabetes. The first group wrote and performed a play about making healthy lifestyle choices in 2010-11. The next youth in 2011-12 had the idea of sponsoring a healthy concession stand at pow wows and events to give an alternative to fry bread tacos. With the help of our nutritionist, they prepared buffalo sliders, wild rice pilaf, fruit salad and iced tea. This success was brought about, in no small measure, by the high quality consistent staffing who work with the youth.
- We have been able to nurture relationships with Native youth to a much greater degree over the course of the EHDI grant period enabling new curriculum to be created. Creating a system of increasing responsibilities and skills from Cora's Kids (ages 8-12) to Garden Warriors I & II (ages 13-18) and finally Junior Staff (ages 16-20) has not only helped to bring new educational resources to Native youth but also supplement our staff working with younger children.

Key Evaluation Findings

- We have been very effective in increasing food access as demonstrated by increased number of Native people receiving fresh food through Dream of Wild Health farmers markets, feasts, and events as indicated by exceeding our goals annually.

- The best indicators of effectiveness in education on diabetes prevention and intervention are responses to specific efforts as well as unexpected outcomes like the number of videos and films that were made about Dream of Wild Health over the last 2 years was amazing. From Public TV to Foundations to our own historical film about Dream of Wild Health founding, there was an excitement about food sovereignty and community-controlled healthy food systems. Based on these outcomes alone, our outreach was more successful than we could have imagined.
- Over 1,500 cookbooks and 500 tote bags have been distributed within the community as incentives to eat and shop healthy.
- We have witnessed some profound changes as our participants learn new ways of cooking, how to garden, and the importance of exercise. One adult lost 16 pounds and no longer needed diabetes medication. A Garden Warrior who refused to try new foods his first year is now taking a leadership role in the kitchen. A young woman in our summer program was surprised to learn that potatoes grow underground and thoroughly enjoyed digging them up. From a garden-in-a-box to the farm, we are teaching participants how to rebuild an indigenous relationship with their food and the land. As they learn to plant, grow, harvest, and cook, they are also reclaiming their physical health.
- 80 percent of youth leaders completed Advocate training.
- Archery has been a big hit in the summer but we haven't been able to continue year round due to school schedules. In 2011-12 we bought youth YMCA memberships for the youth leaders. We are assessing the impact of this membership at this time.
- There is an acute need for foundational cultural knowledge among all of our youth program participants. We begin each morning in the summer with Circle, listening in a nonjudgmental way to the various good and bad experiences of our youth and praying for a good day. Before each meal, there is an offering to the Creator that may be new to young people when they start but ends up being a habit of thankfulness and sharing that their parents say they take back home.

Planned Parenthood, Minnesota, North Dakota, South Dakota

Project Description

The overall goal of Planned Parenthood EHDI youth programs (Youth Power & Hmong STAR) is to promote sexual health and responsible behaviors among program participants. The specific long term goal is that young people will experience healthy relationships, reduced rates of unintended pregnancy and reduced rates of STDs and HIV transmission in the African-born and Hmong populations. Planned Parenthood's Youth Programs Model blends theory, research, and practice from the fields of sexuality education, youth development and peer education. It incorporates evidence-based interventions (EBI) that are informed by experience and reflect the needs of the community. Planned Parenthood Youth Programs provided at least 24 hours of sexuality education and experiential skill building and include three core components:

- Sexuality Education – builds competence in knowledge, attitudes and skills
- Group Experience – provides connection with peers and caring adults
- Peer Education – offers opportunities for contribution to the program and the broader community

Together, these components offer opportunities for youth program participants to gain the confidence and character vital to taking responsibility for the decisions they make that ultimately lead to their health and well being.

Priority Health Area(s)

- Teen Pregnancy Prevention

Target Population(s) Served

- African American/African
- Asian/Pacific Islander

Geographic Area Served

- Northwest Twin Cities metro area (Northwest Minneapolis, Brooklyn Park, Brooklyn Center, Fridley, Champlin, and Blaine).

Programmatic Highlights

- Trained a total of thirty-nine peer educators: twenty-one from the Hmong population and eighteen from the African born population.
- The trained peer educators provided educational contacts to over 1,488 members of the African and Hmong populations. Contacts included at least a fifteen minute education presentation/discussion and the sharing of resources and educational information on teen pregnancy and STI/HIV/AIDS prevention.
- Convened two community advisory committees each in the African born and Hmong community. Six adults and six youths from the African and South East Asian communities were recruited to each of the CAPs and YCACs. The committees provided feedback and recommendations on how to provide cultural appropriate programs in each of the communities. Specifically, the committees provided specific input of program activities and curriculum adaptation.

Key Evaluation Findings

- Set up one Community Advisory Committee and one Youth Advisory Committees each in the African and Hmong populations. These committees were made up of key community members from these two populations and provided input and recommendations on implementing our programs to the respective communities.
- The Youth Power Program enrolled ten participants and had two participants withdraw from the program. The Youth Power Program met for ten sessions (25 hours) between February 14th, 2012 and April 17th, 2012.
- The Hmong STAR Program enrolled 12 participants and had one participant withdraw from the program after the first session. The Hmong STAR Program met for five sessions (31 hours) between February 4th, 2012 and March 3th, 2012. Both programs covered all the intended lesson plan topics.
- Participants were asked to report on if they had ever talked with one or both of their parent(s)/guardian(s) about the following topic: the female menstrual cycle (period), how pregnancy occurs, not having sex (abstinence), how to say not sex, methods of birth control (pregnancy prevention), sexually transmitted infections (STIs), and how to prevent HIV/AIDS using safe sex practices. For each topic, except “how pregnancy occurs” there was an increase in the number of participants choosing “yes, a little” and/or “yes, a lot”.
- There were a total of 33 questions that tested adolescents’ level of knowledge about sexual health issues. Like year one, this group of young people demonstrated varying degrees of knowledge prior to the start of the program (with a range of 7-28 correct at pre-test), and a significant increase in knowledge by the end of the program. There was a significant increase in knowledge for four of the 33 questions. The four questions covered the following topics: STI/HIV, condoms, and other birth control.
- At pre-test all participant knew that the same condom could not be used more than once.
- Increase in participants comfort in carrying condoms with them.
- No significant change was found related to sexual activity measures.
- High levels of self-efficacy related to comfort buying and using condoms and sex refusal were found in year one. In year one, the measure of comfort buying condoms, the measure of comfort using condoms, and one of the measures of sex refusal resulted in a significant change.
- The most highly endorsed response at both pre- and post-test was, “I would not choose to have sex for any reason”. In response to the statement “I plan to have sex in the next 3 months”, only one participant at post-test responded in the affirmative. At post-test no one indicated, if they had sex, they would not want to use condoms or other birth control.
- At post-test, among the participants’ who have not had sex, the three most highly endorsed reasons were:
 - 1) “I am afraid of getting pregnant or getting someone pregnant”
 - 2) “I don’t want to get a STI”
 - 3) “Sex education taught me the advantages of waiting until I’m older”
- At both pre- and post-test participants indicated that outside of their home or school there is not an adult who really cares about them, and there is not an adult they can trust.

Saint Paul Area Council of Churches

Project Description

Two years ago, four agencies, all addressing needs within the American Indian community in the east metro area, came together to increase awareness of diabetes and to introduce healthy eating practices and increased physical activity, particularly among American Indian youth and men. The University of Minnesota Medical School joined the collaboration with an interest in the data collected during this project and in being a part of such a community-led initiative to reduce the lifelong impact of diabetes. Each agency designed a series of activities to involve either children and youth or adults. Activities were rooted in traditional practices within the American Indian community, built on existing community groups and resources, and generated planning ideas from participants. Traditionally, the American Indian community depends on all members to look out for the overall well being of the larger group. This EHDI project reflected that collective energy and communal commitment to make a substantive, lasting change.

Priority Health Area(s)

- Diabetes

Target Population(s) Served

- American Indian

Geographic Area Served

- St Paul and East Twin Cities metro area

Programmatic Highlights

- Created a new collaborative partnership with the capacity to address a health disparity with greater impact than a single agency could achieve. In the process we engaged 659 participants and achieved outcomes that will shape future collaborative efforts in the American Indian community.
- Empowered 207 youth to improve their physical indicators and 121 youth to change their diets or increase physical activity. We did this by teaching traditional dance, using cardio-equipment and the Wii, and building up an interest in cycling and measuring steps and heart rates. In both school and community group settings, youth learned about wild plant foods and healthy snacks. 10 youth served as peer teachers at an annual health symposium.
- Demonstrated success in leveraging the participation of nearly 40 adults in a men's group into activities that impacted the food and physical activity choices of their families.
- 156 adults and 24 youth and children learned about diabetes-friendly meals and portion control at a bi-weekly dinner. These intergenerational gatherings drew on traditional outdoor activities and drumming, as well as the benefits of walking and stretching. Medical professionals attended as speakers, volunteers, and co-participants.

Key Evaluation Findings

- 659 persons participated in the various projects and activities.
- 90% of individual youth and adults demonstrated an increased knowledge of diabetes, improved behavior (diet/exercise), and/or the physical benefits of healthy living behaviors.
- The changes in self-reported behaviors about diet and exercise were significant with participants for not only addressing their health but also passing on teachings to other family members. This included 37 adults in the men's group sponsored by American Indian Family

Center and 234 youth participants in the diabetes awareness and healthy lifestyle sessions in classrooms (using the DETS curriculum) through the Saint Paul Public Schools.

- 121 youth demonstrated a positive behavioral change through the use of a tailored self-management plan or increased physical activity through an EHDI-sponsored class or group.
- 158 participated in the FEDS program and 22 men played on the 2011 softball team sponsored by AIFC. Active FEDS participants demonstrated the following positive changes or maintenance of health indicators: systolic blood pressure scores were stable, diastolic blood pressure scores were lower (mean difference -2), measures of body mass index were stable.
- Regular, consistent participation in FEDS sessions leads to improved self-management of health measures (weight, blood pressure, blood sugar, increased physical activity, and increased consumption of fruits, vegetables, and water). 75% of regular participants achieved a positive health change by one or more measures.
- Participation in classroom-based youth diabetes education leads to improved health as measured by healthy eating, weight loss or maintenance, and increased physical activity for 75% of students.
- For youth participants gaming systems and access to recreational activities and cardio-equipment are effective means of achieving increased physical activity.
- Participation in the men's group has a positive impact on the adult males and a positive impact on the healthy lifestyles of their families. Families increased their physical activity through traditional activities, access to the YMCA, and participation in a recreational softball team.

Our evaluation summary suggests that using established communication streams (information sharing at school-sponsored events and Pow wow's) and including diabetes information at health fairs and an annual symposium are efficient ways to promote EHDI-sponsored activities and convey basic information on diabetes.

The Indian Health Board of Minneapolis

Project Description

The health disparities addressed in this project are Breast and Cervical Cancer Screening and Heart Disease and Stroke. Breast and Cervical Cancer Screening (BCCS): The Women's Health Program at IHB is available to any Native American Woman between the ages of 21-64. It has been designed to detect breast and cervical cancer early and to improve the medical care given to women who have abnormal findings from breast and cervical cancer screening. Heart Disease and Stroke (HDS): The CVD prevention program at IHB is available to any (male or female) Native American over the age of 18 that is at risk for heart disease and stroke. It has been developed and implemented to aid in reducing the risk factors that can lead to heart disease and stroke and to decrease obesity by increasing physical activity and healthy eating as well as increase knowledge surrounding CVD risk factors.

Priority Health Area(s)

- Breast Cancer and Cervical Screening
- Heart Disease and Stroke

Target Population(s) Served

- American Indian

Geographic Area Served

- Phillips Neighborhood, Minneapolis

Programmatic Highlights

Breast and Cervical Cancer Screening

- Helped 124 American Indian Women receive mammograms
- Helped 412 American Indian Women receive pap smears
- No women were diagnosed with cancer
- Increased the number of American Indian women who are screened for breast and/or cervical cancer in accordance with Institute for Clinical Systems Improvement (ICSI) guidelines.

Heart Disease and Stroke

- Provided 521 Blood Pressure Screenings for AI Adults at 46 different community events.
- Brought in 74 Urban American Indians for Cholesterol Screenings.
- Provided 103 AI Adults with CVD Education. These participants attended at least three CVD Prevention Education Classes.
- Taught 16 people Red Cross CPR, which they can take back to their families and communities.

Key Evaluation Findings

Breast and Cervical Cancer Screening

- 132 women attended Women's Health Days:
 - 93% of women rated the information provided about breast cancer and mammograms as "very helpful."

- 85% of women rated the information provided about pap smears and cervical cancer as “very helpful” and 77% said having someone available to help with referrals for a pap smear or to help apply for medical insurance as “very helpful.”
- 255 American Indian women were identified as due or overdue for a mammogram, and were provided with information about the availability of mammograms at the next Women’s Health Day
- 188 American Indian women scheduled mammograms
- 124 women received mammograms and were advised of their test results
- 919 American Indian women were identified as due or overdue for a pap smear, and were provided with information about the availability of pap smears at the next Women’s Health Day
- 403 American Indian women scheduled pap smears
- 412 women received pap smears and were advised of their test results
- 6 American Indian women assisted with mammograms had abnormal results. Of those:
 - All 6 were provided with their results and discuss medical follow-up; received assistance in scheduling an appointment with an oncologist; none were diagnosed with breast cancer
- In Year 1, 7 women had abnormal pap smear results, and in Year 2, 12 women had abnormal pap smears. Of those:
 - All 19 were provided with their results and discuss medical follow-up; were assisted in scheduling an appointment with an oncologist; none were diagnosed with cervical cancer

Heart Disease and Stroke

- 521 adults and adolescents attended at least one of 46 community-based blood pressure screening events.
- 432 filled out CVD risk assessment and screening forms.
- 368 of these adults and adolescents completed blood pressure tests. 23% had Stage 1 high blood pressure, and 13% had Stage 2. Based on blood pressure results and other risk factors:
 - 113 adults were referred to IHB for cholesterol testing and medical care
 - 134 adults were referred to IHB’s Smoking Cessation Program; 40 attended one or more sessions
- 177 American Indian adults were referred to IHB’s CVD Prevention Education Program during community-based blood screening events. 103 attended at least one class, 75 attended three or more, and 58 completed intake assessments at the start of classes.
- Follow-up assessments were completed with 16 American Indian adults that had completed the CVD Prevention Education Program. Most experienced reduced risk as a result of participating in the program:
 - 56% of program completers had made positive changes in some dietary practices
 - 56% had lowered their blood pressure
 - 56% had reduced their total cholesterol
 - 38% had lower BMI
 - 2 of the 4 smokers had cut down their tobacco use

Vietnamese Social Services of Minnesota

Project Description

The EHDI program aims to reduce health disparities in Breast and Cervical Cancer, Heart and Stroke Disease in Asian population in Minnesota by addressing barriers to preventive and adequate medical cares and to assure better treatment outcomes for Asian populations in Minnesota. There were two objectives-activities:

- 1) To improve the medical care given to Asian women who have found abnormal finding from breast or cervical cancer screening;
- 2) To improve the health status of people with heart disease and those who have experienced strokes.

Priority Health Area(s)

- Breast and Cervical Cancer Screening
- Heart Disease and Stroke

Target Population(s) Served

- Asian/Pacific Islander

Geographic Area Served

- Twin Cities metro area (primary); St Cloud; Mankato; Rochester; Worthington

Programmatic Highlights

- Increased the number of women who were screened for breast and cervical cancer and heart health in accordance with state or national health care guidelines. Over 4,000 calls were made to remind women about their screening. Screening completed: 1526 Mammogram, and 668 Pap, 312 Cardio Vascular and Diabetes.
- Improved medical care access for women who have abnormal findings from breast or cervical cancer screening. Bridging the connection between providers and patients.
- Increased the number of women who receive complete diagnostic and treatment services in a timely manner. 10 women found precancerous results for cervical cancer had received follow-up cares, one case of cervical cancer was found. 14 women found abnormal breast screening results and needed additional diagnostic procedures.
- Detected breast and cervical cancer earlier. 1 woman was diagnosed with breast cancer at stage 1, 2 others were diagnosed with stage 3 breast cancer.
- Improved the health status of people with heart disease and stroke. 63 women were diagnosed with cardio vascular and or diabetes problems.
- Reduced the risk factors that can lead to heart disease and stroke. These 63 women diagnosed with cardio vascular and or diabetes problems.
- Reduced the risk factors that can lead to heart disease and stroke. These 63 women received personal coaching from program staff for lifestyle change intervention services, and receiving ongoing treatment for heart disease and or diabetes at a community clinic of their choice. All of these women are uninsured individuals.
- Facilitated the cancer survivors support group. Provide 6 support group sessions a year with 25 to 45 participants at each session.

Key Evaluation Findings

Breast and cervical cancer classes:

- All respondents answered correctly that it is “true” family history of breast cancer is the chief risk factor for breast cancer and 92 percent accurately indicated that having multiple sex partners increases the risk of developing cervical cancer.
- About 90 percent of respondents said that the class increased their understanding of the importance of breast and cervical cancer screenings and the importance of follow---up medical care if an abnormality is.
- As to whether the class increased the likelihood of their getting a pap test and mammogram, about 80 percent of female respondents said “yes” and 17 percent said “maybe.” Also, 86 percent of respondents said “yes” and 11 percent “maybe” they would go to a doctor for follow---up if an abnormality was found during a screening.
- About 85 percent of respondents reported their knowledge increased about: ways to prevent cervical cancer, ways to prevent breast cancer, and programs available to help pay for screenings.
- 83 percent of respondents correctly identified a lump in the breast and nipple discharge as symptoms of breast cancer.
- 96% of respondents said the class was of high quality.

WellShare International

Project Description

The Somali Health Care Initiative worked toward the goal of reducing barriers to healthcare access for the Somali community in the Twin Cities. The vision for this project—and the overall work of WellShare—is to establish sustainable, culturally-appropriate approaches to community health to support the Somali community in the Twin Cities. The mission of the Somali Health Care Initiative was to improve the health status of Somalis by reducing the risks of diabetes, cardiovascular disease, pregnancy and childbearing and unintentional injury. In order to do this, WellShare worked to strengthen our staff of well-trained, trusted, bilingual, and bicultural Community Health Workers to serve their communities.

Priority Health Area(s)

- Diabetes
- Heart Disease and Stroke
- Infant Mortality
- Unintentional Injury and Violence

Target Population(s) Served

- African American/African

Geographic Area Served

- Twin Cities metro area

Programmatic Highlights

Elder Exercise Classes

- Two Somali CHWs certified by the American Senior Fitness Association,
- Twice weekly classes at Cedar and Lake Adult Day Care Center, and Franklin Terrace,
- Weekly classes at Skyline, The Cedars, Seward Towers, and Hawa Adult Day Care,
- 100% positive evaluations (“strongly agree” or “agree”) with a high demand for increased number of classes,
- Self-reports that health is improving as a result of increased physical activity.

Diabetes Group Education Sessions

- All WellShare CHWs at the time (5) trained in diabetes education by HER Clinic,
- 158 clients successfully met with a CHW,
- 100% of clients reported (“strongly agree” or “agree”) that:
 - The education provided taught them something new about diabetes,
 - They felt better equipped to prevent diabetes, and
 - They felt better equipped to manage diabetes.

Healthy Moms, Healthy Babies II DVD

- Six imams (Muslim religious leaders) viewed and approved the messages contained in the video,
- 2,479 copies of the DVD were distributed widely throughout Minnesota, and to Somali communities nationwide, and internationally,
- The video was broadcast on three local television stations, reaching an estimated audience of 51,000,

CHW Systems

- Four trainings hosted on health topics and CHW professional development,
- Meetings held with UCare, Health Partners, and Axis Clinic to discuss formal reimbursement through the State of Minnesota,
- Meetings with clinicians from Axis Clinic to prepare for a pilot study for reimbursement for CHW services.

Key Evaluation Findings

Elder Exercise

- Many participants would like to have more classes offered. The classes have provided participants with weekly exercise, which is much harder to get here than it was in Somalia.
- Participants stated they are happy the classes are bringing them together with their Somali neighbors.
- Additional oral and written feedback from participants indicated that they experienced improved health as a result of the exercise classes, resulting in an increase in the number of classes offered per week.
- 3,369 individuals participated.
- 100% of participants surveyed agreed (“strongly agree” or “agree”) that: I enjoy the class; I feel comfortable with my instructor; and I get more exercise each week because of this class.

Systems Change

- All eligible CHWs at WellShare have been registered with the State (DHS) and have an active provider number.
- WellShare has established contracts with HealthPartners and UCare for CHW specific services to reduce Emergency Department admissions.
- WellShare was unable to register with the State as a primary biller for CHW services since it is not a clinic, but has developed a pilot program to explore third-party reimbursement in collaboration with Axis Clinic.

Diabetes

- 158 Somali community members participated in Diabetes education classes during the grant extension period. 100% of participants surveyed agreed (“strongly agree” or “agree”) with each of the following statements that: I learned something new about diabetes today; Because of our discussion today, I know more about diabetes; Because of our discussion today, I know more about how to PREVENT diabetes; and Because of our discussion today, I know more about how to TAKE CARE OF or MANAGE diabetes.

Healthy Moms, Healthy Babies II DVD

- 2,479 copies of “Healthy Moms, Healthy Babies II” distributed in Minnesota and throughout states with large Somali communities (i.e. Kentucky, Washington);
- Six imams (100%) expressed their support of the health messages – even those related to child spacing—in the video;
- 70% of DVD recipients were using the DVD for patient education;
- 60% were using the DVD to educate providers and other clinic staff;
- 70% of respondents indicated that their Somali clients learned new information from the DVD; and 60% indicated they themselves learned new information from the DVD.

YWCA of Minneapolis

Project Description

The EHDI project of the YWCA of Minneapolis reduces health disparities in teen pregnancy through science-based comprehensive sexual health education offered within long-term youth development programs designed to meet the needs of youth of color and support them in reducing risk factors and increasing protective factors for teen pregnancy. These include two YWCA Healthy Life Choices programs and one Girls Incorporated® at the YWCA program:

- **Contact Plus**, a comprehensive school connectedness and sexual health education program for girls and boys in Minneapolis middle and high schools
- **Strong Fast Fit Youth**, an obesity/diabetes prevention & intervention program for Latino and Native American youth, with pregnancy prevention for middle/high school participants
- **YWCA Girls Inc. After School**, a girl-specific program focused on STEM education, leadership, financial literacy, and healthy decision-making, with pregnancy prevention for middle school participants

Priority Health Area(s)

- Teen Pregnancy Prevention

Target Population(s) Served

- African American/African
- American Indian
- Asian/Pacific Islander
- Hispanic/Latino

Geographic Area Served

- Minneapolis and Hennepin County

Programmatic Highlights

- Provided training in two federally approved best practice sexual health education curricula (*Making Proud Choices!* for middle school youth and *Safer Choices* for high school youth) to 20+ YWCA youth counselors.
- Successfully integrated sexual health education into two established youth development programs: Strong Fast Fit Youth & YWCA Girls Inc. After School
- Operated three long-term (school year or longer) youth development programs that addressed pregnancy prevention as a portion of programs:
 - Contact Plus: Sexual health & school engagement support
 - YWCA Girls Inc.: math & science, leadership, financial literacy & healthy choices for girls
 - Strong Fast Fit: culturally-specific obesity/diabetes intervention & prevention for Latino & Native American youth
- Served 769 youth over two years, 365 in year one and 404 in year two with youth who completed the program demonstrating increased capacity to avoid pregnancy through exceeding program evaluation target outcomes in all measures
- In Contact Plus, the program that provides over 75% of EHDI programming, over 2 years 592 youth were served, 555 completed the full program, and 100% of those who completed the program avoided becoming a pregnant or fathering a child during the 9 month program.

- 89.3% of youth who completed the YWCA’s EHDI programs demonstrated increased knowledge about pregnancy prevention, STI and HIV/AIDS and 88.7% demonstrated positive connection to school

Key Evaluation Findings

Advisory Group

- Advisory groups met 6 times in years 1 & 2 and included both youth and adults. Most participants were high school students, in year one at Roosevelt High School and in Year 2 at North High School. Adult participants included teachers from each school and youth workers from the YWCA and other youth-serving agencies.
- Youth in the advisory group conducted two SWOT (Strengths, Weaknesses, Opportunities & Threats) analyses, one focused on school engagement and the other on teen pregnancy.

Internal Systems-Change: Strengthening & Expanding Teen Pregnancy Prevention Work

- In year 1 the YWCA contracted with Teenwise to train staff in *Making Proud Choices!* (20+ staff) and *Safer Choices* (10+ staff). In years 1 &2 staff integrated these two curricula into programs to strengthen and expand Teen Pregnancy Prevention work with youth.
- Services are provided in both multicultural programs and in culturally specific programs, with culturally specific pregnancy prevention in three cultural communities: Latino, Native American, and Asian/Hmong.
- The YWCA added measures to program reporting addressing high school graduation and planning for post secondary education; these measures are now tracked for all YWCA youth programs.
- The groups for Hmong girls in Contact Plus was very successful in year one; the school requested similar services for Hmong boys. Groups started in January 2012, reaching 40 Hmong youth in 4 groups, two for girls and two for boys.

Health Outcomes: Teen Pregnancy Prevention

- Served 769 youth over two years, 365 in year one and 404 in year two with youth who completed the program demonstrating increased capacity to avoid pregnancy
- 89.3% demonstrated increased knowledge about pregnancy preventions, STI and HIV/AIDS and or misconceptions they had about the topic were corrected
- 88.7% demonstrated positive connection to school
- 88.6% demonstrated knowledge of the importance of delaying pregnancy until they completed their educational goals (Added in year 2)
- 93.0% demonstrated knowledge about the importance of graduating from high school and pursuing post-secondary education for long-term life success (Added in year 2)
- Contact Plus - 592 youth were served, 555 completed the full program, and 100% of those who completed the program avoided becoming a pregnant or fathering a child during the 9 month program.

*Note – profiles were not included for grantees who did not complete the full two years of the 2010-2012 grant period (Children’s Health Care, Fond du Lac Band, Freeport West), who did not submit a final report (Sierra Young Family Institute, Inc.), Social Determinants of Health – Planning grantees (Jordan New Life Hub, Pillsbury United Communities, Southwest Health and Human Services), and the tribal grantees.

APPENDIX F EHDI 2012 Grantee Profiles

African American AIDS Task Force

WILLOW (Women Involved in Life Learning from Other Women)

Project Description

WILLOW is a small group, social-skills training and educational intervention designed for heterosexual adult women 18 and up, who are living with HIV/AIDS and who have know their HIV status for at least 6-months. WILLOW is delivered in four 4-hour sessions to groups of 8-10 women and is conducted in a community based setting. WILLOW provides women with information, skills, and strategies that will enhance the quality of their lives and specifically encourages the adaptation of safer sex behaviors to prevent sexually transmitted disease (STD) transmission and HIV re-infection.

Racial/ethnic group(s) to be served

- African American/African

Priority health area(s)

- HIV/AIDS and Sexually Transmitted Diseases

Geography and Population Served

African American heterosexual adult women 18 and up, who are living with HIV/AIDS and who have known their HIV status for at least 6-months.

EHDI Grant Activity Outcomes

The number of WILLOW program participants that completed the WILLOW intervention and a re reporting: "Increased knowledge about STD and HIV re-infection transmission reduction "Fewer partner-related barriers to using condoms "Higher use of self-efficacy "Greater skill in using condoms "Having more social support network members "Using more effective coping strategies

Contact

Gwendolyn Velez
1113 E. Franklin Ave Suite 211
Minneapolis, MN 55404
612-825-1137
gvelez@aatf.org
www.aatf.org

American Indian Family Center

Wakanyeja Kin Wakan Pi (Our Children are Sacred)

Project Description: The project goal is to reduce infant mortality by improving the health status of women before, during and between pregnancies and improving the health and safety of infants from birth to age one.

Racial/ethnic group(s) to be served

- American Indian

Priority health area(s)

- Infant Mortality

Geography and Population Served: American Indian women who are pregnant or parenting children under the age of one in St Paul and the East Metro surrounding area.

EHDI Grant Activity Outcomes

Pre-assessment, attendance, and post-assessment in: childbirth education, parenting education and/or early childhood education, nutrition education, completion of a home safety checklist and injury prevention education, SIDS/safe sleep education, secondhand smoke education, shaken baby prevention education, car seat safety education. Referrals as needed to prenatal and well child health care, breastfeeding and lactation support, and nutrition resources. Screening and assessment for intimate partner violence and maternal mental and chemical health, and referrals to services as needed.

Contact

Jessica Gourneau

579 Wells St

St Paul, MN 55130

651-793-3803 or 651-793-3803

jessica_gourneau@aifc.net

www.aifc.net

Annex Teen Clinic

Annex R.E.A.C.H Collaborative

Project Description

Restore and Empower African American Adolescents to Create Hope (R.E.A.C.H) is a community approach to preventing teen pregnancy that builds on community strengths to implement programs and activities that combine youth development with solid comprehensive sexuality education. Programs and activities are culturally specific; include evidence-based curriculums; involve male and female youth, parent/caregiver and other caring adults; provide leadership development through peer education, mentorship, advocacy and service learning; and rapid HIV community-based outreach testing services and referral.

Racial/ethnic group(s) to be served

- African American/African

Priority health area(s)

- HIV/AIDS and Sexually Transmitted Diseases
- Teen Pregnancy Prevention

Geography and Population Served: African American youth grades 4-12 in North Minneapolis Zip 55411

EHDI Grant Activity Outcomes

Decrease risk factors and increase protective factors in teen pregnancy, increase the number of African-American youth who receive evidence-based and evidence-informed programs, provide effective reproductive health education that is age-and-culturally appropriate and involves parents/caregivers, increase the number of sexually active youth who use clinical services, and increase parent/caregiver-child communication about sexuality.

Contact

Theresa Evans-Ross, REACH Programs Director
5810 42nd Ave North
Robbinsdale, MN 55422
763-235-1986
theresa@annexteenclinic.org
www.annexteenclinic.org

Universal Medical Services, Inc. dba AXIS Medical Center

Immunizations for Adults & Children in the African Community

Project Description

The AXIs program serves both adults and children, targeting 1,000 Somali adults and 500 Somali children, both male and female, to start and/or complete all their recommended immunizations. The program goal for adults is seasonal flu and pneumococcal vaccinations. AXIS chose to focus on immunizations for adults and children for two reasons: one, preventive medicine measures are not innate to the Somali patients served by AXIS and immunizations require proactive input from providers to suggest, encourage, and educate patients of their benefits; and two, many parents are reluctant to immunize their children due to scientifically unfounded reports illnesses and complications related to vaccinations.

Racial/ethnic group(s) to be served

- African American/African

Priority health area(s)

- Immunizations for Adults and Children

Geography and Population Served

- Somali patients from Minneapolis and the surrounding metropolitan area.

EHDI Grant Activity Outcomes

Reach 1500 patients within one year targeting 1000 Somali adults and 500 Somali children; adults are vaccinated with seasonal flu and pneumococcal vaccinations; and, children complete their recommended immunizations as prescribed by the Minnesota Vaccines for Children Program (MnVFC).

Contact

Ann Cazaban

1801 Nicollet Avenue South

Minneapolis, MN 55403

612-823-2947

info@axismedicalcenter.org

www.axismedicalcenter.org

Big Brothers Big Sisters of the Greater Twin Cities

Teen Pregnancy Prevention

Project Description: Big Brothers Big Sisters of the Greater Twin Cities [BBBSGTC] will be using its core strengths as a mentoring program to reduce risk factors and increase protective factors related to teen pregnancy via increased parent-child connectedness and communication and increased opportunities for young people that help them grow a sense of competence, connection and contribution.

Racial/ethnic group(s) to be served

- African American/African
- American Indian
- Asian/Pacific Islander
- Hispanic/Latino
- Multiple populations

Priority health area(s)

- Teen Pregnancy Prevention

Geography and Population Served: Youth ages 12-19, both females and males, in the Greater Twin Cities areas. BBBSGTC's population come from single parent households (80%), qualifies for reduced-fee or free lunch (80%), and/or has an incarcerated parent (21%).

EHDI Grant Activity Outcomes: BBBSGTC will serve 100 youth by engaging them in one or more of the following activities: group sessions using the Sexual Health & Adolescent Risk Prevention (SHARP) curriculum; "Learning Dreams" cohorts; and "Tell It To Me Straight" dinners. Fifty youth will attend BBBSGTC activities designed to increase competence, connection and contribution.

Contact

Maypahou Ly
2550 University Avenue West Suite 410N
Saint Paul, MN 55114
651-789-2412
mly@bigstwincities.org
www.bigstwincities.org

CAPI USA

Immunization Partner Network

Project Description: The Immunization Partner Network (IPN) works with several organizations to make immunization education, preventative health care, and immunizations accessible to Somali, Karen/Burmese, Hmong and Lao community members. IPN removes barriers to accessing immunizations and improving clinical immunization rates. CAPI Health Advocates provide direct assistance, outreach and education to increase access to immunizations.

Racial/ethnic group(s) to be served

- African American/African
- Asian/Pacific Islander

Priority health area(s)

- Immunizations for Adults and Children

Geography and Population Served: East African and Southeast Asian immigrant and refugee populations living in and around Hennepin County

EHDI Grant Activity Outcomes: 300 first-time clients receive immunizations tracked in Immulink with 100 fully immunized; out of 300 community members, approximately 40% will receive assistance in securing health insurance, 50% will secure insurance; and 90% will establish a medical home; facilitate monthly IPN meetings with goals of getting network members' commitment to increasing the number of immigrants and refugees who are fully immunized, insured and have a medical home, and making recommendations around immunization best practices, a seamless referral system and effective messaging that will motivate the target population to secure immunizations.

Contact

Jennifer Racho
3702 East Lake Street
Minneapolis, MN 55406
612-767-3680
jennifer.racho@capiusa.org
www.capiusa.org

Centro, Inc.

Raices

Project Description: The Raices Youth Development Program is a successful evidence-based multi-component youth development program that reduces the likelihood of pregnancy among low-income Latino teens in Minneapolis.

EHDI Grant Activity Outcomes: Youth: demonstrate increased knowledge of how to prevent pregnancy, learn how to protect themselves from HIV/STDs, use contraceptives when engaged in sexual activity; feel more connected to their roots and their peers; demonstrate increased knowledge on how to make healthy decisions; demonstrate increased leadership skills; demonstrate improved academic achievement; graduate from high school; and, enroll in post-secondary education. Parents increase communication with their teens and vice versa.

Racial/ethnic group(s) to be served

- Hispanic/Latino

Priority health area(s)

- HIV/AIDS and Sexually Transmitted Diseases
- Teen Pregnancy Prevention

Geography and Population Served: Latino immigrant families, primarily those living in the urban core of Minneapolis.

Contact

Roxana Linares
1915 Chicago Avenue South
Minneapolis, MN 55404
612-874-1412
rlinares@centromn.org
www.centromn.org

Community-University Health Care Center (CUHCC)

Empowering Latinas to Prevent Sexual Violence in the Community

Project Description: The Community-University Health Care Center (CUHCC) is located in South Minneapolis Phillips Neighborhood, one of the poorest and most diverse areas in Minnesota with some of the worst health disparities and highest rates of uninsurance in the state. This program works with Latino women who have been victims of sexual/domestic violence crimes to engage them in a peer mentor program for the prevention of sexual violence in the community.

Racial/ethnic group(s) to be served

- Hispanic/Latino

Priority health area(s)

- Unintentional Injury and Violence

Geography and Population Served: Phillips Neighborhood, in South Minneapolis, serving Latino women who have been victims of sexual/domestic violence crimes.

EHDI Grant Activity Outcomes: Develop a cultural competent leadership curriculum for peer mentors; 70% of mentors will increase knowledge about sexual violence prevention strategies and leadership skills; and, 6-8 mentors will complete training program. Peer mentors will: work in the community with partners in educating the larger community on sexual violence prevention strategies; attend at least 4 community activities; offer sexual violence prevention information, support and advocacy to 3 mentees at a given time.

Contact

Coleen McDonald Diouf
2001 Bloomington Ave. S
Minneapolis, MN 55404
612-638-0663

mcdon057@umn.edu

<http://www.ahc.umn.edu/cuhcc/>

Crown Medical

Eliminating Health Disparities in Diabetes among Minnesota African Immigrants

Project Description: Health education and diligent monitoring are combined to enable families to make lifestyle and diet changes that will improve health and extend life. Dramatic changes in diet and lifestyle following immigration to the U. S. has led to an upsurge in the number of African immigrants diagnosed with diabetes-related diseases. Twenty-five percent of Somali adults who utilize the clinic's primary care services have diabetes, and even more have hypertension. Left untreated, they could lead to coronary artery disease, heart attack, congestive heart failure, kidney damage and death. Morbidity and mortality rates due to these two diseases can be reduced through health education.

Racial/ethnic group(s) to be served

- African American/African

Priority health area(s)

- Diabetes

Geography and Population Served: African immigrants, primarily Somali, and African Americans, most of whom live below 275% of federal poverty level

EHDI Grant Activity Outcomes: Detect diabetes early by providing culturally appropriate messages about risk factors for diabetes, identify those at risk, increase awareness about the importance of detecting, preventing and treating diabetes, and increase medication compliance. Success will be measured by extent to which five essential targets are met: A1C blood sugar level at or below 7%, LDL cholesterol below 130, blood pressure below 130/80, daily aspirin use if over 40, and no tobacco use.

Contact

Joyce Onyekaba, M D.
1925 1st Avenue South
Minneapolis, MN 55403
612-978-3783
crownmed@msn.com
crownmedicalcenter.org

GMCC Division of Indian Work

Live It!

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 staff to implement the curriculum at their locations and at 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: American Indian youth and adults increase knowledge of contributors to and methods of preventing teen pregnancy; American Indian Youth and adults increase understanding of the issue of teen pregnancy from both a cultural/traditional and contemporary point of view; and, American Indian youth and adults increase awareness of the risk factors that impact decision making skills.

Racial/ethnic group(s) to be served

- American Indian

Priority health area(s)

- Teen Pregnancy Prevention

Geography and Population Served: American Indian youth across Minnesota including rural, urban and reservation.

Contact

Adrienne Morris

1001 East Lake Street

Minneapolis, MN 55407-0509

612-722-8722

amorris@gmcc.org

www.gmcc.org/diw

HealthFinders Collaborative, Inc.

MESA (Mejorando la Salud de los Adolescentes)

Project Description: MESA forms effective and supportive systems and programs around students to support them in making healthy decisions. Community members are involved as leaders and direct service providers. Family support is MESA's foundation, thus the acronym MESA which translates to "table" in Spanish. MESA focuses on teens' connection with: parents and families, schools, supportive education, and healthy environments. Program findings and changes made will be translated into system-wide permanent and institutional changes.

Racial/ethnic group(s) to be served

- Hispanic/Latino

Priority health area(s)

- HIV/AIDS and Sexually Transmitted Diseases
- Teen Pregnancy Prevention

Geography and Population Served: Latino youth and families in the service areas of Northfield Hospital and District One Hospital in Faribault.

EHDI Grant Activity Outcomes: Examples of outcomes are: 75% of parents attending Tell it to Me Straight! Dinner report increased skills and knowledge parent-child connection around sexual health; 80% of participants will be able to articulate life goals and values and report having a strong relationship with a caring adult. School suspensions courses failed will drop by 20%. New policies regarding increased staff development around Latino specific issues will be proposed and adopted in each school district. 75% of participants will report better understanding of and improved behavior related to condom use.

Contact

Janet Lewis Muth
PO Box 731 710 Division Street
Northfield, MN 55057
507-646-8964
janet@growinguphealthy.org
healthfindersmn.org

Hennepin County Medical Center

Aqui Para Ti

Project Description: Aquí Para Ti ("Here for you") is a comprehensive, bicultural, clinic-based, youth development program that provides 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 their parents (almost all of whom are immigrants) access culturally appropriate resources and educates youth on mental health issues and how to avoid risky behaviors.

Racial/ethnic group(s) to be served

- Hispanic/Latino

Priority health area(s)

- HIV/AIDS and Sexually Transmitted Diseases
- Teen Pregnancy Prevention
- Unintentional Injury and Violence

Geography and Population Served: Latino adolescents aged 11-24 and their families throughout Hennepin County and other metro area counties.

EHDI Grant Activity Outcomes: Youth screened for HIV/STDs; youth diagnosed will be offered treatment; youth establish a connection with a youth mentor and identify goals and plans to accomplish them; youth will serve on APT advisory; youth will receive mental health screenings; parents will complete parenting assessment and mental health screening; youth and parents experiencing depression will be referred to services and will improve; care coordination plans developed for high risk patients.

Contact

Sonya Bethke

701 Park Avenue

Minneapolis , MN 55415

612-873-6595

sonya.bethke@hcmcd.org

www.hcmc.org

High School for Recording Arts (HSRA)

SIHLE (Sistering, Informing, Healing, Living, & Empowering)

Project Description: High School for Recording Arts' HAS Program implements two evidence-based curricula interventions (SiHLE and Safer Choices) at two alternative high schools in Minneapolis and Saint Paul. 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. In partnership with the African American women's clinic--the HER Center--the program also serves girls and young women in an one-to-one HIV/STD prevention and testing intervention named Sister to Sister.

EHDI Grant Activity Outcomes: Reduce by 75% the number of girls who become pregnant; reduce by 75% the number of boys who father a child; improve the sexual health of young people as measured by new cases of STDs in a year (50% reduction); and, reduce the risk factors and increase the protective factors for sexual health (as measured by youth talking to adults about their sexual health).

Racial/ethnic group(s) to be served

- African American/African

Priority health area(s)

- Teen Pregnancy Prevention

Geography and Population Served: Twin Cities Metropolitan Area - Hennepin and Ramsey counties

Contact

Charlitta Ellis
550 Vandalia Street
Saint Paul, MN 55114
612-867-5591
Chi@hsra.org
www.hsra.org

Hmong American Partnership

Learn and Live

Project Description: The Learn and Live program approaches breast and cervical cancer literacy using a multi-generational framework that is culturally and linguistically appropriate. The program trains and educates women, girls, and men in the same household to be facilitators and advocates for breast and cervical health. The whole family is engaged because families and clans are the central unit of social interactions in Hmong culture. The program utilizes a train-the-trainer format so that the information reaches others beyond families; this also supports HAP's commitment to a community-based participatory approach while empowering participants to teach and share the information.

EHDI Grant Activity Outcomes: 100 women receive a first-time breast and/or cervical screening; 80% of women who receive navigation services report satisfaction; 90% of cohort participants demonstrate increased knowledge of breast and cervical cancer (BCC) health and screenings; 85% of community dialogue forum participants and 90% of attendees at educational workshops report they learned new information about BCC; a Task Force is convened to address BCC health disparities within the context of policy and systems change; at least 2 community-wide events held to promote BCC to 100 Hmong community members.

Racial/ethnic group(s) to be served:

- Asian/Pacific Islander

Priority health area(s):

- Breast and Cervical Cancer Screening

Geography and Population Served: Hmong individuals and families in Hennepin and Ramsey counties

Contact

Mai Moua
1075 Arcade Street
Saint Paul, MN 55106
651-291-1811

E-mail: maim@hmong.org

Web site: www.hmong.org

Indigenous Peoples Task Force

Indigenous RAPP Program

Project Description: The goals are to reduce risky sexual behaviors which lead to transmission of HIV and STDs among American Indian youth and to prevent unwanted teen pregnancies. The youth will learn to be Peer Educators and create theatrical skits to educate their peers on and outside the reservations. They will be trained using an evidenced-based curriculum that has been adapted for American Indian youth.

EHDI Grant Activity Outcomes: 10 youth will be recruited and receive 30 hours of training in HIV, STD's and Reproductive Health; 500 youth will be reached through direct contact; 75% will learn about HIV/STDs and reproductive health; 75% will protect themselves through safer sex practices or abstain from sex; 1000 youth will be reached through social media with prevention messages; and, 50 youth will become engaged to work on policy issues related to sexual health in their communities.

Racial/ethnic group(s) to be served

- American Indian

Priority health area(s)

- HIV/AIDS and Sexually Transmitted Diseases
- Teen Pregnancy Prevention

Geography and Population Served: Native American youth in Hennepin and Ramsey counties and other counties located on Minnesota Tribal lands

Contact

Brenna Anderson

1335 E. 23rd Street

Minneapolis, MN 55404

612-72-2508

brennaa@indigenouspeoplestf.org

Indigenouspeoplestf.org

Korean Service Center

Eliminating Health Disparities in Mental Health

Project Description: Eliminating Health Disparities in Mental Health (EHDMH) is designed to prevent unintentional injuries and violence in the Asian/Pacific Islander community in Minnesota. EHDMH is a collaboration of three community based organizations. The Karen Organizations of Minnesota (KOM) serves the Burmese/Karen refugee community, the Korean Adoptees Ministry Center serves international adoptees and their adoptive parents, and the Korean Service Center (KSC), the lead agency, serves the Korean refugee community.

EHDI Grant Activity Outcomes: For the Karen/Burmese community, individuals reduce their feelings of depression, learn to follow prescribed medications, and clients with mental health referrals receive consultation. For the international adoptee community, event participants learn about their heritage and feel proud of it, have positive perceptions about adoption, make connections, and increase their understanding of identity crisis and abandonment issues felt by international adoptees. For the Korean immigrant community, Father/Mother School attendees gain positive parenting skills and improve their relationship with their children.

Racial/ethnic group(s) to be served

- Asian/Pacific Islander

Priority health area(s)

- Unintentional Injury and Violence

Geography and Population Served: Burmese/Karen refugee community, Korean immigrant community, and adoptive parents of Korean adoptees in Minnesota

Contact

Yoonju Park
2417 Larpenteur Ave. W.
Lauderdale, MN 55113
612-342-1344
yoonyupark@gmail.com
koreanservicemn.org

Lao Family Community of Minnesota, Inc.

Kev Xaiv (Making Choices)

Project Description: Kev Xaiv is a Pregnancy Prevention and Parenting program that provides abstinence-based pregnancy prevention education for Hmong youth in middle schools and comprehensive pregnancy prevention education for youth in high schools. Support services for young Hmong parents are also available with support groups in schools.

Racial/ethnic group(s) to be served

- Asian/Pacific Islander

Priority health area(s)

- Teen Pregnancy Prevention

Geography and Population Served: Hmong community in Minneapolis and St. Paul

EHDI Grant Activity Outcomes: 80% of 150 students will demonstrate: a) Increased knowledge of the benefits of abstinence b) Increased knowledge of human sexuality c) Increased knowledge of HIV/STIs and how to prevent infections d) Increased skills to cope with gender role expectations and parent-child conflict. 90% of 75 young mothers and 15 young fathers will: a) Remain in or return to school b) Know how to prevent HIV/STD infections c) Increase awareness of the importance of family planning d) Increase knowledge of child development milestones e) Increase knowledge of harmful parenting practices. 100% of young mothers will not become pregnant while in the program

Contact

Nachee Lee
320 University Avenue West
Saint Paul, MN 55103
651-221-0069 Ext. 117
nachee@laofamily.org
www.laofamily.org

Leech Lake Band of Ojibwe

Healthy Beginnings

Project Description: Healthy Beginnings aims to reduce infant mortality rates by improving prenatal health and education to women. A hands-on educational model is used to empower women to create their own improved health, share it with their daughters and walk towards wellness creating environmental change that will leave a generation of health disparities behind. Strategies include talking circles, home visits, community education, a mass media campaign, use of electronic database system, screenings, one-on-one counseling, routine wellness exams, incentive programs, intense follow-up, and improved protocols and medical system infrastructure. The program works closely with the State MDH Title V representative, Indian Health Service, surrounding healthcare centers, schools, cultural advisors, clinics, consumers, providers, and families.

Racial/ethnic group(s) to be served

- American Indian

Priority health area(s)

- Infant Mortality

Geography and Population Served: Native American females of child bearing years and/or pregnant who live within the Leech Lake Reservation or within the counties which fall within the reservation.

EHDI Grant Activity Outcomes: Provide: safe sleep education to 60 participants, safe ride education to 100 participants, FAS and shaken baby syndrome education to 100 participants; Reduce: tobacco use by pregnant women and infant mortality.

Contact

Bernadette Gotchie
115 6th Ave. NW, Suite E
Cass Lake , MN 56633
218-335-4500
bernadette.gotchie@llojibwe.org
www.llojibwe.org

Lutheran Social Service of Minnesota (LSS)

S.E.L.F. and H.Y.P.E.

Project Description: The LSS Teen Pregnancy and HIV Prevention Project is comprised of two LSS programs: SELF (Seeing and Exploring Life's Future) Program provides sexual health education and peer education to urban youth of color ages 11 to 18 who attend public school in Minneapolis, and HYPE (Healthy Youth Protection Education) provides HIV prevention in Duluth and serves males, females, and transgendered youth who are homeless or reside in non-permanent housing or engage in sex trade for survival.

Racial/ethnic group(s) to be served

- African American/African
- American Indian
- Asian/Pacific Islander
- Hispanic/Latino
- Multiple populations

Priority health area(s)

- Teen Pregnancy Prevention

Geography and Population Served: Youth ages 13-24 in Minneapolis and Duluth

EHDI Grant Activity Outcomes: Improve sexual health of young people; implement evidence-based or promising programs; reduce risk factors and increase protective factors related to teen pregnancy; implement youth development/peer education program; promote effective parent-child communication; reduce rate of new HIV/STD infections; implement group or individual intervention for high risk members of target population; increase knowledge about HIV/STDs; implement Peer Education Program and Media Campaign about safer sex practices.

Contact

Mary Anderson, Director
2400 Park Ave. S.
Minneapolis, MN 55404
612-879-5279
mary.anderson@lssmn.org
www.lssmn.org

Minnesota African Women's Association (MAWA)

Becoming A Responsible Teen Project

Project Description: MAWA will implement the Becoming a Responsible Teen (BART) curriculum with 180 African refugee and immigrant youth in the Twin Cities metro. BART is an effective evidence-based program promoting strategies to delay onset of sexual activity, reduce frequency of sex, increase the use of condoms and reduce unprotected sex among those who choose to be sexually active. The curriculum will also increase AIDS knowledge among participants, and increase youth skillfulness in handling pressures to engage in unprotected sex. All of the female teen participants in BART will be involved in MAWA's African Girls Leadership and Empowerment (AGILE) Project, where they gain crucial social competency and self-esteem skills and set and pursue goals for success in school and college attendance. These AGILE components have a strong evidence base for preventing teen pregnancy.

Racial/ethnic group(s) to be served

- African American/African

Priority health area(s)

- Teen Pregnancy Prevention

Geography and Population Served: African immigrant and refugee girls and boys in Brooklyn Center, Brooklyn Park, Minneapolis, New Hope, Saint Paul.

EHDI Grant Activity Outcomes: 90% of the girls will avoid becoming pregnant and 90% will increase condom use; 100% of advisory members will begin talking about teen pregnancy issues and BART in their communities/churches; 100% of targeted clinics will design and implement new clinic procedures.

Contact

Melissa Nambangi
3300 County Road 10, Suite 510
Brooklyn Center, MN 55429
763-561-2224
mawa0302@yahoo.com
www.mawanet.org

MINI Minnesota Immunization Networking Initiative

Minnesota Immunization Networking Initiative (MINI)

Project Description: MINI's mission is to reduce barriers to accessing influenza immunizations for adults and children. It serves uninsured, minority populations primarily within the greater Twin Cities metro area. MINI clinics are held in trusted, community-based settings and vaccinations are given at no charge. MINI is a collaboration of community partners which organize and host the clinics during times when people are in a facility for another reason such as a worship service. Vaccinators are licensed healthcare professionals, and interpreters and translated materials are available when necessary.

EHDI Grant Activity Outcomes: Provide free influenza immunizations in trusted non-clinic settings such as community centers and faith based entities; provide interpreters and translated materials to non-English speaking adults and children needing immunizations; provide influenza vaccinations to clients in their homes as requested; provide free pneumonia shots for persons with chronic illness and persons age 65 and older; and, engage new community partners to host MINI clinics.

Racial/ethnic group(s) to be served

- African American/African
- American Indian
- Asian/Pacific Islander
- Hispanic/Latino

Priority health area(s)

- Immunizations for Adults and Children

Geography and Population Served: Latinos, Asians, Africans, African Americans, and Native Americans ages 3 and older in the Greater Twin Cities including the seven-county metro area who may be uninsured or under-insured.

Contact

Patricia Peterson
2849 Johnson Street NE
Minneapolis, MN 55418
612-706-4562
ppeters1@fairview.org

Minneapolis American Indian Center

Minneapolis American Indian Center Health & Wellness Program

Project Description: The Minneapolis American Indian Center Health & Wellness Program is a new program for American Indians ages 45+. The program supports an urban Wisdom Steps office to provide resources and support for American Indian elders ages 55+. The program works with other adults in the 45-54 age category to reduce the risk factors for diabetes, heart disease and stroke, thus, preventing incidences of diabetes, heart disease and stroke in this pre-elder population. MAIC will work with up to 100 individuals annually with partners Native American Community Clinic, Indian Health Board, Running Wolf Fitness Center, and Wisdom Steps.

EHDI Grant Activity Outcomes: Objective 1: Improve the health status of people with diabetes; Objective 2: Reduce the risk factors that can lead to diabetes and its complications; Objective 3: Improve the health status of people with heart disease and stroke; Objective 4: Reduce the risk factors that can lead to heart disease and stroke.

Racial/ethnic group(s) to be served

- American Indian

Priority health area(s)

- Diabetes
- Heart Disease and Stroke

Geography and Population Served: Urban American Indian adults ages 45+, with a primary focus on American Indian elders, ages 55+, in Minneapolis and St. Paul.

Contact

April Smith
1530 East Franklin Avenue
Minneapolis, MN 55404
612-879-1770
asmith@maicnet.org
www.maicnet.org

Minnesota Visiting Nurse Agency

Healthy Start

Project Description: Healthy Start is a collaboration of Twin Cities Healthy Start, The Family Partnership and Minnesota Visiting Nurse Agency to provide intensive case management services through the evidence-based home visiting model, Healthy Families America. We respond to infant mortality with improved and increased mental health service delivery using the home visiting approach. Proposed components include depression screening, engagement sessions, motivational interviewing and WRAP (Wellness Recovery Action Plan).

Racial/ethnic group(s) to be served

- African American/African
- American Indian

Priority health area(s)

- Infant Mortality

Geography and Population Served: African American and American Indian pregnant and parenting women and their infants residing in North and South Minneapolis in the Camden, Longfellow, Near North, Phillips, Powderhorn, and Southwest neighborhoods.

EHDI Grant Activity Outcomes: % of women in the project with a designated health care home; % of women in the project entering prenatal care in the first trimester, % of women screened for depression, % of women screening positive for depression and receive mental health services, % of infants born at normal birth weight and no infant deaths.

Contact

Amy Goodhue
3433 Broadway St NE Suite 300 Suite 300
Minneapolis, MN 55413
612-998-5907
goodhuea@mvna.org
www.mvna.org

Minnesota Indian Women's Resource Center (MIWRC)

Healing Journey and Oskiniigikwe Programs

Project Description: Healing Journey and Oskiniigikwe (Young Woman in Ojibwe) are culturally-grounded programs offering supportive individual and group activities and counseling for American Indian women and girls at high risk for unintentional injury and violence. Both programs provide clients with safe space and time to walk their own healing path at their own pace, but also connects them with a uniquely Native support system of staff, elders, consultants, and peers who view them as vital, contributing community members regardless of their past or current struggles.

Racial/ethnic group(s) to be served

- American Indian

Priority health area(s)

- Unintentional Injury and Violence

Geography and Population Served: American Indian girls aged 11-21 and adult American Indian women aged 22 and older in the Twin Cities Metro Area, with a emphasis on the Phillips neighborhood in South Minneapolis.

EHDI Grant Activity Outcomes: Clients will reduce their risk and experience of unintentional injury and violence. Outcomes include housing stability, long periods of sobriety, reduced contact with drinking/using peers, ending abusive relationships, physical/emotional/spiritual health, access to health resources, and self respect.

Contact

Linda EagleSpeaker

2300 15th Avenue South

Minneapolis, MN 55404

612-728-2000

leaglespeaker@miwrc.org

www.miwrc.org

National Asian Pacific American Women's Forum (NAPAWF)

Minnesota Young Women's Collaborative (MYWC)

Project Description: MYWC increases awareness and understanding of Asian/Pacific Island women's health issues while enabling individuals to increase control over and improve their health. Students learn about, organize, and engage in a community-based participatory social action research project that gives them the tools to speak up, advocate for, and solve inequities they themselves are experiencing. Through this project, we hope to create a more inclusive, educated, and empowered API community for all women in Minnesota.

Racial/ethnic group(s) to be served

- Asian/Pacific Islander

Priority health area(s)

- Community Primary Prevention

Geography and Population Served: API women in 7-county metro area

EHDI Grant Activity Outcomes: Participants will: understand what community-based participatory action research is, learn the skills to conduct CBPAR, increase their understanding of policy advocacy, increase their experience documenting and distributing research findings, indicate they feel empowered to advocate for issues that affect their community, increase their knowledge of API women's reproductive health and justice issues, and increase their leadership skills. Community members will report increased engagement, and staff will show increased growth and development in the project.

Dr. Melissa Kwon
155 Water Street
Brooklyn, MN 11201
612-625-8540
mkwon@napawf.org
www.napawf.org

NorthPoint Health & Wellness Center, Inc.

EHDI Program at NorthPoint Health & Wellness Center, Inc.

Project Description: This program will deliver an integrated plan of care to African/African American, Hispanic/Latino and Asian/Pacific Islander patients identified with Diabetes, Heart Disease and Breast/Cervical Cancer. Through a collaborative effort involving staff from NorthPoint's clinic, including Community Health Workers, and Human Services operations, along with community partners, the integrated model of care addresses the medical, socioeconomic and cultural needs of patients. Patients will receive extensive care management.

Racial/ethnic group(s) to be served

- African American/African
- Asian/Pacific Islander
- Hispanic/Latino

Priority health area(s)

- Diabetes
- Heart Disease and Stroke

Geography and Population Served:

North Minneapolis

EHDI Grant Activity Outcomes: Improve the health outcomes/status of patients identified with heart disease and diabetes, all individuals with abnormal findings from breast or cervical cancer screenings will receive appropriate individualized follow-up care on a timely basis with CHW support.

Contact

Windy Fredkove

1315 Penn Ave. North

Minneapolis , MN 55411

612-767-9918

wfredkove@northpointinc.org

www.northpointhealth.org

Open Cities Health Center

OCHS's Eliminating Health Disparities

Project Description: OCHC will provide BCC cancer screening, and those with abnormal findings will receive case management. Diabetes program staff will form a link to patients and residents through community outreach and partnerships with churches, social service agencies and other community groups. OCHC will provide risk reduction education and services to women who are high-risk due to previous adverse pregnancy outcomes, chronic conditions or other risk factors. Screenings, tracking, and care coordination will be part of electronic health records (EHR).

Racial/ethnic group(s) to be served

- African American/African
- Asian/Pacific Islander

Priority health area(s)

- Breast and Cervical Cancer Screening
- Diabetes
- Infant Mortality

Geography and Population Served: Ramsey County Neighborhoods in St. Paul: Summit-University, Thomas-Dale, North End, and Payne-Phalen neighborhoods

EHDI Grant Activity Outcomes: Women will receive breast and cervical cancer screening and exams and follow-up. Diabetes patients will receive case management to manage diabetes and assistance with transportation, interpretation, and health navigation, and improve their levels of D5 indicators. Women of childbearing age will receive family planning/spacing education and commit to changing their behavior for better health before, during, and between pregnancies.

Contact

Melinda Donaway
409 North Dunlap Street
St. Paul, MN 55104
651-290-9258
melinda.donaway@ohealthcenter.com
<http://www.ohealthcenter.com/>

Peta Wakan Tipi

Dream of Wild Health

Project Description: Dream of Wild Health takes a youth-led approach to preventing, intervening and managing type 2 diabetes with an emphasis on building awareness and educating American Indian youth and their families about the causes, symptoms, and lifestyle changes that can prevent the disease. Native people create and deliver messages about early diabetes detection and prevention in a culturally-appropriate way. Dream of Wild Health farm uses traditional methods to teach about growing, distributing, and preparing nutritional foods.

Racial/ethnic group(s) to be served

- American Indian

Priority health area(s)

- Diabetes

Geography and Population Served: Urban American Indian population in the Twin Cities and rural and reservation Native populations.

EHDI Grant Activity Outcomes: 1) Number of American Indian community members who receive information, materials and healthy foods that provide options for American Indian people to prevent diabetes; 2) Number of DWH Youth Leaders who actively participate in creating and delivering culturally-appropriate messages in community settings; 3) Number of young people and families who learn to prepare and eat healthy, desirable and economical foods in an effort to slow obesity and pre-diabetes and improve overall health.

Contact

Patricia Deinhart

P.O. Box 68

Scandia, MN 55073

612-874-4200

deinhartpc@msn.com

www.dreamofwildhealth.org

Pillsbury United Communities/Brian Coyle Center

East African ABCD Project

Project Description: The East African ABCD Project uses the framework of asset-based community development to address disparities in health. It emphasizes the positive ability and capability of communities to identify relevant issues, develop appropriate solutions evolving from their community's strengths, and implement them in a culturally appropriate and sustainable way. An asset mapping study will compile the key cultural health assets that can be used to address the health disparities.

Racial/ethnic group(s) to be served

- African American/African

Priority health area(s)

- Diabetes
- Heart Disease and Stroke

Geography and Population Served: East African residents of the Cedar Riverside neighborhood if Minneapolis

EHDI Grant Activity Outcomes: Priority on healthy foods is included in key agency policy in that food offered to consumers will reflect the nutritional requirement for healthy eating; Red Sea and Sahara restaurants will have clearly marked heart healthy menu options; East African and other neighborhood residents have increased sustainable space for exercise; culturally relevant health messaging is available; East African community leaders will educate others who connect with them about health; participants will increase their knowledge of healthy behaviors and healthy cooking.

Contact

Amano Dube
420 15th Avenue South
Minneapolis , MN 55454
612-876-9323
dubea@puc-mn.org
www.puc-mn.org

Planning Parenthood MN, ND, SD

Planned Parenthood EHDI youth programs (Youth Power & Hmong STAR)

Project Description: The Planned Parenthood Culturally Specific Teen Pregnancy and STIs/HIV/AIDS Prevention Project targets Hmong and African-born youth between the ages of 13 and 17 living in the Minneapolis-St. Paul metropolitan area and African-born youth between the ages of 13 and 17 living in the Rochester area. The project addresses health disparities by lessening the risk for unintended pregnancy and STI/HIV infection in the population served by providing community education and outreach and in-depth peer education training addressing two health disparities: teen pregnancy, and HIV/AIDS and other sexually transmitted diseases.

Racial/ethnic group(s) to be served

- African American/African
- Asian/Pacific Islander

Priority health area(s)

- HIV/AIDS and Sexually Transmitted Diseases
- Teen Pregnancy Prevention

Geography and Population Served: Predominantly African born/immigrants and South East Asian populations living in the Minneapolis/St. Paul metro area and African born (Somali) population in the Rochester area.

EHDI Grant Activity Outcomes:

- A minimum of 300 youths from the African born and Hmong populations trained as peer educators
- A minimum of 900 youths in the African born and Hmong populations reached through peer-to-peer education/information sharing contacts.
- A minimum of 1200 members of the African born and Hmong populations are served through outreach and community education sessions.

Contact

Frederick Ndip
1200 Lagoon Ave
Minneapolis , MN 55408
612-821-6127
fndip@ppmns.org
www.ppmns.org

Sabathani Community Center

Sabathani Community Center EHDI Project

Project Description: Sabathani Community Center is working with community partners to address health disparities in the African American and Latino communities in the areas of diabetes, teen pregnancy, and unintentional Injury and violence. Community partners include the Minnesota Internship Center (MNIC), Southside Clinic, HUE-Man Partnership, Kente Circle, Young Black Male Society, and University of Minnesota.

Racial/ethnic group(s) to be served

- African American/African
- Hispanic/Latino

Priority health area(s)

- Diabetes
- Teen Pregnancy Prevention
- Unintentional Injury and Violence

Geography and Population Served: South Minneapolis

EHDI Grant Activity Outcomes: 32 African American seniors, 94 Latino adults and 15-30 African American teenage females and males will lower their risk of developing diabetes, and/or improve their health outcomes if they already have the disease, and lower the complications related to diabetes. 600-800 African American men and their families will be provided information on lowering their risk of developing diabetes; 800 individuals aged 65 and older will receive more nutritious foods in their food shelf packages; 40 African Americans/youth of color will lower their risk of becoming victims or perpetrators of violence 15-30 African American teenage females and 120-150 Latino parents and teens will lower their risk of experiencing teen pregnancy.

Contact

Pat Anderson
310 E. 38th Street, Suite 200
Minneapolis, MN 55409
612-821-2315
www.sabathani.org

St. Mary's Health Clinics

SMHC Healthy Connections

Project Description: SMHC will collaborate with the Mexican Consulate, Latino community organizations and Latino parishes to provide outreach, education, consultations, screenings, care, counseling, information on health care insurance and government programs, and referrals to culturally appropriate Minnesota health services. It conducts these activities at multiple sites including the Mexican Consulate and its mobile consulates in greater Minnesota, four SMHC-sponsored Health Fairs at Latino churches, eight Community Health Events at Latino churches and community organizations, and at SMHC community clinic sites. SMHC provides access to free care medically necessary follow-up care at SMHC community clinics.

Racial/ethnic group(s) to be served

- Hispanic/Latino

Priority health area(s)

- Breast and Cervical Cancer Screening
- Diabetes

Geography and Population Served: Low-income, underserved and uninsured Hispanic/Latino population in the Minneapolis-St. Paul metropolitan area and in Central and Southern Greater Minnesota.

EHDI Grant Activity Outcomes: None specified

Contact

Cristina Flood
1884 Randolph Avenue
St. Paul, MN, MN 55105
651-287-7767
cflood@stmarysclinics.org
www.stmaryshealthclinics.org

Saint Paul-Ramsey County Public Health (SPRCPH)

SPRCPH Teen Pregnancy Prevention

Project Description: Saint Paul-Ramsey County Public Health Department (SPRCPH) is partnering with Ramsey County Workforce Solutions (WFS), the Network for the Development of Children of African Descent (NdCAD), and the American Indian Family Center (AIFC) to prevent teen pregnancy using the Wyman TOP™ evidence-based program with African American and American Indian boys and girls between the ages of 12-14 whose families are long term MFIP recipients. This strategy will provide racially representative TOP™ Clubs while reducing the teen pregnancy and health disparity rates in Ramsey County.

Racial/ethnic group(s) to be served

- African American/African
- American Indian

Priority health area(s)

- Teen Pregnancy Prevention

Geography and Population Served: African American and American Indian boys and girls in Ramsey County between the ages of 12-14 whose families are long term MFIP recipients.

EHDI Grant Activity Outcomes: Among youth in the program: reduced incidence of pregnancy or fathering a child, increase in self-efficacy and self-regulation skills, reduced incidences of school coursework failure and suspension, advancement in grade level, and demonstrate a practice of service; youth report: a positive attitude toward service, an increase in planning and goal setting skills and ability to tackle challenging projects; youth feel they have a positive relationship with facilitators; and, youth identify TOP™ as a positive peer group where they belong.

Contact

Sharon Cross

1670 Beam Avenue, Suite 101

Maplewood, MN 55109

651-266-1827

sharon.cross@co.ramsey.mn.us

www.co.ramsey.mn.us/ph

Saint Paul Area Council of Churches

East Metro American Indian Diabetes Collaborative

Project Description: The East Metro American Indian Diabetes Collaborative includes the Saint Paul Area Council of Churches Department of Indian Work, Ain Dah Yung (Our Home) Center, American Indian Family Center, and the University of Minnesota. The Collaborative exists to empower our American Indian community to prevent and manage diabetes, reducing its incidence and effects. Our objectives are to improve the health status of people with diabetes and reduce the risk factors that can lead to diabetes and its complications.

Racial/ethnic group(s) to be served

- American Indian

Priority health area(s)

- Diabetes

Geography and Population Served: American Indian youth, adults, and elders in Saint Paul, MN and the surrounding east metro area.

EHDI Grant Activity Outcomes: Participants show positive health/behavior change (improved metabolic control, weight loss, improved diet, increased physical activity). Families show measurably increased use of meal planning and healthy eating. Youth participants will demonstrate increased awareness and incorporation of diabetes prevention actions into their lifestyle. Youth and adults participants will increase their awareness of diabetes and the importance of diabetes detection and prevention. Students participating in the Diabetes Education in Tribal Schools will increase awareness of diabetes and develop healthier lifestyles.

Contact

Rev. Patricia Lull
1671 Summit Avenue
Saint Paul, MN 55105
651-789-3842
plull@spacc.org
www.spacc.org

Stairstep Foundation

HWU Attacks Diabetes

Project Description: Stairstep Foundation, using an established network of African American churches, will build the community's capacity to combat diabetes. 20 congregation members will be trained to deliver the CDC curriculum, "I Can Prevent Diabetes" to 100 community members over the next twelve months. The awareness of the community to the ravages of diabetes will be dramatically increased through this project in collaboration with African American churches. The training of Lifestyle Coaches in the community will enhance the community's capacity to relate to diabetes.

Racial/ethnic group(s) to be served

- African American/African

Priority health area(s)

- Diabetes

Geography and Population Served: African Americans in the Twin Cities metropolitan area.

EHDI Grant Activity Outcomes: 20 members of African American congregations in the Twin Cities Metro will become Diabetes Prevention Lifestyle Coaches, 100 pre-diabetic persons will receive the "I Can Prevent Diabetes" training, and Stairstep Foundation will apply to the CDC for recognition as a training site"

Contact

Alfred Babington-Johnson
1404 14th Avenue N
Minneapolis, MN 55411
612-521-3110
babington@stairstep.org
www.stairstep.org

The Indian Health Board of Minneapolis

Women's Health Program and CVD Prevention Program

Project Description: The Women's Health Program at IHB serves Native American women between the ages of 21-64. It is designed to detect breast and cervical cancer early and, for women with abnormal test results, to improve the medical care given to them. The CVD prevention program serves all Native Americans over the age of 18 at risk for heart disease and stroke. It is designed to aid in reducing the risk factors that can lead to heart disease and stroke and to decrease obesity.

Racial/ethnic group(s) to be served

- American Indian

Priority health area(s)

- Breast and Cervical Cancer Screening
- Heart Disease and Stroke

Geography and Population Served: American Indians in the Phillips Neighborhood of South Minneapolis.

EHDI Grant Activity Outcomes: BCCS: AI women will receive education, mammograms, pap smears, and HPV tests. AI women with abnormal results will be contacted, receive medical follow-up care, and diagnostic tests; AI women needing treatment will begin no more than 30 days after receiving the diagnosis; AI female patients due or overdue for screening will be contacted and get scheduled for an appointment.. HDS: AI will be aware of their risk for developing CVD and be linked to medical care; AI smokers will attend at least one smoking cessation education and one cessation clinic; AI smokers requesting a smoking aid prescription will receive it.

Contact

Lois Brown
1315 East 24th Street
Minneapolis , MN 55404
612-721-9863
brownl@ihb-mpls.org
indianhealthboard.com

The Neighborhood Hub

Neighborhood Hub Health Zone

Project Description: The Neighborhood Hub Health Zone is a multi-pronged, holistic approach to improving health in the African American Community. Through community health education, training, social opportunities around healthy food and mental health support groups, we build social connectedness between African Americans; and develop greater knowledge about food choice and food justice, as well as greater collective sense of the value of having good health. Community organizing training for community members is an essential part of our strategy.

Racial/ethnic group(s) to be served

- African American/African

Priority health area(s)

- Community Primary Prevention

Geography and Population Served: African-Americans in North Minneapolis, Brooklyn Center and Brooklyn Park

EHDI Grant Activity Outcomes: Host Health Advisory Committee meetings; train and hire community members to be outreach/organizing assistants; host community information sessions focused on the work of the Health Advisory Zone regarding social determinants of health; conduct community organizing training to community members and youth; host community discussions about policy/system initiatives and to form issue campaigns; serve healthy lunches to children in the summer; develop tool to measure perceived stigmatization about mental health care and feelings of empowerment; educate youth about healthy food choices, fitness, personal care and hygiene; and, provide retreat/respice to adult survivors of the 2011 tornado.

Contact

Julianne Leerssen

3210 Oliver Ave N

Minneapolis, MN 55412

612-522-0942

julianne@neighborhoodhub.org

www.neighborhoodhub.org

Turning Point, Inc.

SISTA (Sister Informing Sisters About Topics On AIDS)

Project Description: Turning Point offers SISTA, a peer-led, skill-building intervention project to prevent HIV infection in African American women. It is delivered in five sessions and includes discussions of self-esteem, relationships and sexual health. SISTA has been packaged by CDC's Diffusion of Effective Behavior Interventions project.

EHDI Grant Activity Outcomes: 100% of clients will increase knowledge of HIV/AIDS and STDs awareness related to safer sex behaviors and methods; 100% of clients will increase their knowledge in the correct use of polyurethane female and latex male condoms; 100% of clients will have access to complete diagnostic and treatment services after testing positive for HIV/AIDS and STDs; 60% of clients will get tested and know their status; 100% of clients will receive referral to CSSC to address multiple barriers to self-sufficiency; 60% of clients will be able to strengthen sexual control, assertiveness and communication; and, 40% of clients will increase partner adoption of norms supportive of consistent condom use.

Racial/ethnic group(s) to be served

- African American/African

Priority health area(s)

- HIV/AIDS and Sexually Transmitted Diseases

Geography and Population Served: Primarily heterosexual sexually active African American women between the ages of 16 65 at or below the federal poverty guidelines.

Contact

Elizabeth Reed

1500 Golden Valley Road

Minneapolis, MN 55411

612-520-4004

elizabeth.reed@ourturningpoint.org

www.ourturningpoint.org

WellShare International

Somali Health Care Initiative

Project Description: WellShare strives to change health behaviors within the Somali community in order to: prevent the advancement of pre-diabetes cases to Type 2 Diabetes and properly manage diabetes to prevent complications; and prevent diabetes, heart disease, and stroke through increased exercise and improved nutrition. Using a Community Health Worker (CHW) model, Somali CHWs and a program manager will become diabetes lifestyle coaches and conduct community education sessions and exercise classes at partner locations using the Healthy Moves for Living Well program.

Racial/ethnic group(s) to be served

- African American/African

Priority health area(s)

- Diabetes
- Heart Disease and Stroke

Geography and Population Served: Pre-diabetic Somali population living in the Twin Cities Metropolitan area, 55 years of age and older, male and female.

EHDI Grant Activity Outcomes: Cultural adaptation of I CAN Prevent Diabetes curriculum; creation of a DVD to help reinforce key messages and support participants in their lifestyle changes; 4 Somali CHWs and 1 program manager will complete the I CAN Prevent Diabetes lifestyle coach training and conduct classes; 48 Somalis with pre-diabetes will complete the curriculum and prevent the advancement of their pre-diabetes; and, participants will be able to achieve and maintain a 5-7% weight loss.

Contact

Kate Lechner

122 West Franklin Ave, # 510

Minneapolis , MN 55404

612-230-3255

klechner@wellshareinternational.org

www.wellshareinternational.org

YWCA of Minneapolis

YWCA of Minneapolis Girls & Youth Programs

Project Description: YWCA of Minneapolis Girls & Youth Programs prepare urban 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, Latino and African American youth with a focus on girls.

Racial/ethnic group(s) to be served

- African American/African
- American Indian
- Asian/Pacific Islander
- Hispanic/Latino

Priority health area(s)

- Teen Pregnancy Prevention

Geography and Population Served: 480 youth age 9-18 attending Minneapolis Public Schools primarily youth of color from low income households. The majority of youth will be in middle school and 65% will be girls.

EHDI Grant Activity Outcomes: 70% of youth will demonstrate knowledge of pregnancy prevention, STI and HIV/AIDS prevention, and/or misconceptions they had will be corrected (middle and high school only); 70% of youth will improve or maintain a positive attitude towards school; 70% of youth demonstrate knowledge of the importance of delaying pregnancy until they have completed their educational goals; 70% of youth articulate the intention to complete high school; 70% of youth articulate the intention to pursue post-secondary education.

Contact

Mark Campbell
1130 Nicollet Mall
Minneapolis, MN 55403
612-215-4362
mcampbell@ywcamppls.org
www.ywcamppls.org