Eliminating Health Disparities Initiative

2007

Legislative Report

January 15, 2007

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Executive Summary

Eliminating Health Disparities Initiative

In 2001, the Minnesota Legislature created the Eliminating Health Disparities Initiative (EHDI). It is a 10-year statewide initiative to address and eliminate racial/ethnic health disparities in Minnesota through local and statewide activities and Community and Tribal Health Grants (see statute, Appendix A).

The mission of the EHDI is to support culturally appropriate public health programs designed and implemented by racial and ethnic communities. The success of these programs is built on community assets, and grounded in the cultural beliefs, practices, and traditions of communities.

Health Disparities in Minnesota

Health disparities are defined as the ***difference*** in health status between Populations of Color and American Indians and Whites.

Minnesota is known for being the ***healthiest state*** in the nation however it ***does not reflect*** the statistics for its Populations of Color and American Indians

Disparities are a result of a ***complex interplay*** of many factors including racism, access to health care, social conditions, and health behaviors.

The EHDI is administered through the Minnesota Department of Health Office of Minority and Multicultural Health (OMMH). This statewide initiative focuses on Africans/African Americans, American Indians, Asians, Latinos and Tribal Nations in eight health disparity areas: breast and cervical cancer, cardiovascular disease, diabetes, healthy youth development, immunization, infant mortality, HIV/AIDs and sexually transmitted infections, and unintentional injury and violence.

Legislative Report 2007

This is the third report to the Legislature and includes a description of EHDI activities through the fourth year of the Initiative*. Along with the Tuberculosis Grant Program (allocated to local public health agencies), this report provides an overview of Community and Tribal grant recipients, grantee activities, and program evaluation results. In addition, an update is provided on statewide outcome measures, capacity building, and technical assistance provided to grantees.

"The number of people from the community and the systems looking to us for connections, resources and partnerships continues to grow. This is perhaps the most hopeful indicator that what we are doing is having a positive impact."

– EHDI Grantee

Demographics and Disparities

While the EHDI was created because of disparities in health status between the White population and Populations of Color and American Indians, the continued growth in non White populations emphasizes the importance of sustaining these efforts.

* *a biennial report to the Legislature is required in statute and must be presented every other year beginning January 2003*

The non-White population in Minnesota has grown dramatically over the past several years. Between 2000 and 2005, the nonwhite population grew 21% – compared to the 2 % increase for the White (non Latino) population. Refugee arrivals in Minnesota in 2005 totaled 11.8% of all refugees coming to the U.S.

Even prior to this population growth, health disparities existed among Populations of Color and American Indians. In 1997, *Populations of Color in Minnesota: Health Status Report* documented health disparities in numerous areas.

- Infant Mortality rates among African American and American Indians were two to three times higher than the rates for Whites
- Women of color are less likely to receive sufficient prenatal care compared to Whites
- Death rates for African American and American Indians were two to three times that of Whites
- Higher rates of diabetes, hypertension and HIV/AIDs exist for most racial/ethnic minorities in Minnesota

Grant Program Budget

The 2001 legislation established three categories of EHDI grant programs: Community Health Grant Program, Tribal Health Grant Program and Tuberculosis Services for Foreign-born Persons. The Community and Tribal Health Grant Programs are administered by the Office of Minority and Multicultural Health in the Minnesota Department of Health. The Tuberculosis Program is administered through Community Health Services in the Minnesota Department of Health. Table 1 indicates the number of grantees and funding by grant program for the 2004-2005 and 2006-2007 cycles.

Table 1: EHDI Grants Distribution 2004-2005 and 2006-2007 State Biennium

	2004-2005 Cycle		2006-2007Cycle	
Funding Awarded To:	Number of Grantees	Budget	Number of Grantees	Budget
Community	42	$ 5,722,966	42	$ 5,722,966
Healthy Youth Development*	18	$ 4,000,000	20	$ 4,000,000
Tribal Nations**	10	$ 1,000,000	10	$ 1,000,000
TANF/Healthy Youth Dev. ***	10	$ 837,000	10	$ 837,000
Tuberculosis**	41	$ 700,000	34	$ 700,000
Biennial Funding Total	–	$12,259,966	–	$11,409,966

* Federal TANF funding distributed through the Community Grant process for healthy youth development

**Allocated on a formula basis

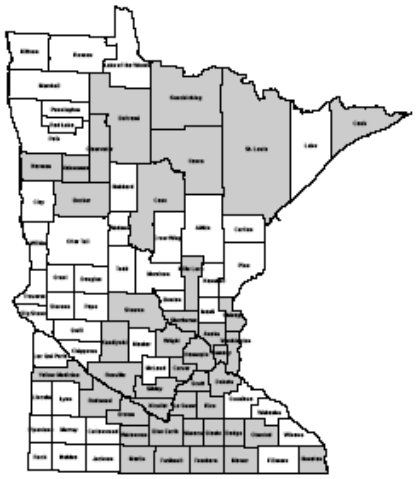
***Tribal TANF funds for both home visiting and healthy youth development

Grantee Outreach

Populations served: Community and Tribal grantees work with African/African Aerican, American Indian, Asian, Latino and Tribal Nations in Minnesota. Ten Tribal nations provide service to American Indians throughout the state.
Priority Health Areas: There are eight priority areas: breast and cervical cancer, cardiovascular disease, diabetes, healthy youth development, immunization, infant mortality, HIV/AIDs and sexually transmitted infections, and unintentional injury and violence. Grantees choose their priority health area based on the needs of their communities.

Geographic Regions : Grantees serve diverse geographic regions. Some grantees provide services in multiple counties while others concentrate on their neighborhoods. Together Community and Tribal grantees reach communities in 42 of Minnesota's 87 counties (Figure 1).

Figure 1: Counties Reached by Grantees



Source: December 2005 Grantee Reports

Program Impact and Outcomes

Two levels of outcome are being monitored to assess the impact of the EHDI – overall statewide outcome and grantee level outcomes.

Overall Statewide Outcomes

- The impact of EHDI programs reaching Minnesota's Populations of Color, American Indians and Tribal Nations in eight health priority areas.
- The efforts of the overall initiative to improve the health status and quality o life for Populations of Color, American Indians and Tribal Nations in Minnesota

Grantee Level Outcomes

- Culturally specific programming and objective that reduce health disparities in Populations of color , American Indians and Tribal Nations
- Increased capacity to evaluate and report program development and measurable outcomes

An overview of EHDI outreach, impact, and outcomes are shown in Table 2 by number of grantees per priority health area, counties served and disparity status by race/ethnicity.

Conclusion

The Eliminating Health Disparities Initiative is innovative, one of the first, and **currently the only existing statewide effort in the nation** to focus on the health and well being of Populations of Color and American Indians. The EHDI is a culmination of efforts that highlight the existence of health disparities in the state, and provides much needed resources to improve the health and well being of these communities. The EHDI Community and Tribal Grantees use multiple approaches to address disparities in the eight Priority Health Areas in communities throughout the state. Based on the statewide outcomes, EHDI has helped to decrease racial/ethnic health disparities. While grantees' activities have had a significant impact on the health and well being of Populations of Color and American Indians other factors can threaten the progress of this initiative. National, State, and Community efforts, in addition to EHDI, must work together to close the gap and eliminate racial /ethnic health disparities

EHDI Overview

Background

In 2001, the Minnesota Legislature passed the Eliminating Health Disparities Initiative (EHDI) MN Statute [145.928]. It was one of the first - and currently the only– statewide initiative to address and eliminate racial/ethnic health disparities in Minnesota through local and statewide activities and Community and Tribal Health Grants (see statute, Appendix A).

The 10-year mission of the EHDI is to support culturally appropriate public health programs designed and implemented by racial and ethnic communities. The success of these programs is built on community assets, and grounded in the cultural beliefs, practices, and traditions of communities.

The EHDI is administered through the Minnesota Department of Health Office of Minority and Multicultural Health (OMMH). The Office of Minority and Multicultural Health (OMMH) was established to strengthen the health and wellness of racial/ethnic, cultural and tribal populations in Minnesota by engaging diverse populations in health systems, mutual learning and actions essential for achieving health parity and optimal wellness.

Minnesotans have consistently ranked No.1 as the healthiest people in the nation, according to the United Health Foundation's annual ranking of states. Not everyone has shared in this legacy of good health due to health disparities. Health disparities are "...differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States."[1] The health problems (disparities) that have been documented in the state's minority and tribal communities include shorter life spans, poorer general health, higher rates of infant mortality, and higher incidences of diabetes, heart diseases and cancer.

This statewide initiative focuses on Africans/African Americans, American Indians, Asians, Latinos and Tribal Nations in eight health disparity areas: breast and cervical cancer, cardiovascular disease, diabetes, healthy youth development, immunization, infant mortality, HIV/AIDs and sexually transmitted infections, and unintentional injury and violence.

The strategies of EHDI Community and Tribal Grant Programs are intended to promote active and full community involvement and build and strengthen relationships among community members, faith-based organizations, culturally based organizations, social service organizations, community non-profit organizations, tribal governments, community health boards, community clinics and other health care providers, and the Minnesota Department of Health. Through these partnerships, the EHDI Community and Tribal Grant Programs

> *"The number of people from the community and the systems looking to us for connections, resources and partnerships continues to grow. This is perhaps the most hopeful indicator that what we are doing is having a positive impact."*
>
> – EHDI Grantee

[1] National Institutes of Health. NIH Strategic Research Plan to Reduce and Ultimately Eliminate Health Disparities; 2000. Available at: www.nig.gov/about/hd/strategicplan.pdf. Accessed September 5, 2006.

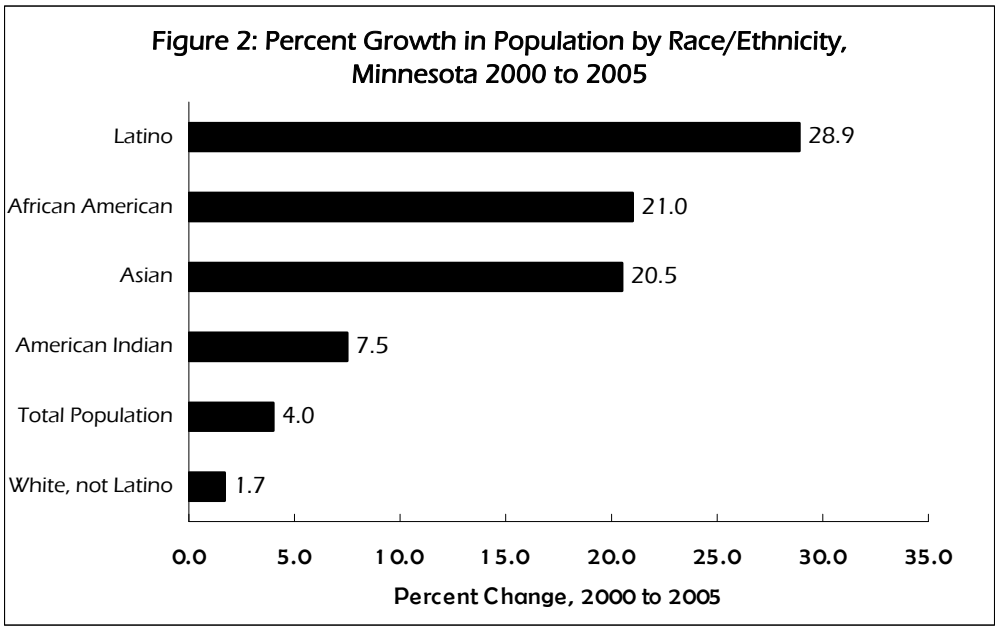
utilize racial/ethnic community strengths and assets to promote health and quality of life for populations of Color, American Indians and Tribal Nations throughout Minnesota. Each of these efforts contributes to the progress of the Initiative and to the realization of the EHDI goal – elimination of health disparities.

Legislative Report

The Legislature requires a biennial report that must be presented every other year at the beginning of budget session. The first report was due in 2003. The 2007 Legislative Report is the third EHDI report in compliance with this statute. This report provides an overview of Community and Tribal grantee activities along with the Tuberculosis Grant program (allocated through public health agencies). In addition, statewide outcome measures, program evaluation results, and capacity building/technical assistance are also documented.

Demographics and Disparities

The non-White population in Minnesota has grown dramatically over the past several years. Between 2000 and 2005, the nonwhite population (including Latinos), grew 21 percent – compared to the 2 percent increase for the White (non Latino) population (Figure 2). In 2005, 40% of all immigrants came from Africa and 28% came from Asia. Refugee arrivals in Minnesota in 2005 totaled 11.8% of all refugees coming to the U.S.



Source: *Nonwhite and Latino Populations in Minnesota Continue to Grow Rapidly*, Population Notes, August 2006, Minnesota State Demographic Center

Even prior to this population growth, health disparities existed among Populations of Color and American Indians. In 1997, *Populations of Color in Minnesota: Health Status Report* documented health disparities in numerous areas.

- Infant Mortality rates among African American and American Indians were two to three times higher than the rates for Whites
- Women of color are less likely to receive sufficient prenatal care compared to Whites
- Death rates for African American and American Indians were two to three times that of Whites
- Higher rates of diabetes, hypertension and HIV/AIDs exist for most racial/ethnic minorities in Minnesota

More recent data indicate that these long standing disparities continue and in a few cases are getting worse, not better (Appendix D).

While the EHDI was created because of disparities in health status between the White population and Populations of Color and American Indians, the continued growth in non White populations emphasizes the importance of sustaining these efforts.

Grant Programs

The 2001 legislation established three categories of EHDI grant programs: Community Health Grant Program, Tribal Health Grant Program and Tuberculosis Services for Foreign-born Persons. The Community and Tribal Health Grant Programs are administered by the Office of Minority and Multicultural Health in the Minnesota Department of Health. The Tuberculosis Program is administered through Community Health Services in the Minnesota Department of Health. Table 2 indicates the number of grantees and funding by grant program for the 2004-2005 and 2006-2007 cycles.

Table 2: EHDI Grants Distribution 2004-2005 and 2006-2007 State Biennium

	2004-2005 Cycle		2006-2007Cycle	
Funding Awarded To:	Number of Grantees	Budget	Number of Grantees	Budget
Community	42	$ 5,722,966	42	$ 5,722,966
Healthy Youth Development*	18	$ 4,000,000	20	$ 4,000,000
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Tuberculosis Services for Foreign-Born Persons

State General Funds in the amount of $350,000 per biennium are allocated to local public health agencies to specifically provide health screening and follow-up services for tuberculosis to foreign-born persons. Local public health staff contact each newly arrived refugee family, arrange for comprehensive screening, and report results back to MDH. Local public health agencies are also responsible for providing outreach services (e.g. directly observed therapy, interpreter services, incentives, etc.) to ensure that patients with tuberculosis adhere to and complete their prescribed treatment regimens. EHDI funding provides some of the financial support for this intensive outreach service to 34 Community Health Boards throughout Minnesota (See Appendix E for screening protocols).

> "The [EHDI] dollars have made a significant difference for us. If a foreign born individual comes in to be evaluated for tuberculosis and needs a chest x-ray, we know that lack of insurance will not deter offering the right care"
>
> *-Public Health Nurse in Greater MN*

Community and Tribal Grants Overview

This section provides an overall description of Populations of Color and American Indians served by the Community and Tribal Grantees. It also provides an overview of health disparity areas, and a description of the how these grantees are reaching communities throughout the state of Minnesota.

Community Grant Programs

This legislation designated State General Funds per biennium for the Community Grants Program to eliminate racial and ethnic health disparities. The priority health areas are breast and cervical cancer, cardiovascular disease, diabetes, HIV/AIDS/STIs, infant mortality, adult and child immunizations, and violence and unintentional injury. In addition, $4 million per biennium in federal TANF (Temporary Assistance to Needy Families) funds are allocated to EHDI for healthy youth development.

At the start of the second biennium (2004-05), 42 EHDI Community grantees from the first cycle were funded for an additional two years. Grantees were recommended for awards based on their progress in the first cycle and the work proposed in the second cycle. For the 2006-07 cycle, $5,722,966 was awarded to 42 community grantees.

Tribal Grants Program

Tribal Governments were allocated $1 million from state general funds per biennium to reduce health disparities in the first seven priority areas listed above. In addition, $837,000 per biennium in federal TANF funds is allocated for home visiting and healthy youth development. These funds are included in the Local Public Health Block Grant for Tribal Governments instituted in 2003 with the Local Public Health Grant 145A.131.

A formula for resource allocation was developed with the assistance of Minnesota tribal health directors using Indian Health Service user population data for program year

2002-03 as the basis for the formula. The formula continues to be updated each cycle to ensure funding at the current level of need. Ten of the eleven tribal communities are participating in the tribal grants program.

Populations Served

The Community and Tribal grantees work with African/African American, American Indian, Asian, Latino, and Tribal Nations in Minnesota. Among the community grantees, 25 grantees serve African American communities throughout the state, 17 serve Latinos, 15 serve American Indians and 14 provide services to Asians. Additionally, ten tribal nations provide services to American Indians throughout the state (Table 4). Twenty-six grantees serve more than one racial/ethnic population. For example, one grantee is serving both Latino and African American teens while another grantee is working with all racial/ethnic populations in their community.

Table 2: Tribal Nations Receiving EHDI Tribal Grants

Tribal Nation	Region
Bois Forte	Northeast
Fond du Lac	Northeast
Grand Portage	Northeast
Leech Lake	North Central
Lower Sioux	Southwest
Mille Lacs	Central
Prairie Island	Southeast
Red Lake	Northwest
Upper Sioux	Southwest
White Earth	Northwest

Priority Health Area

Table 3 indicates the number of grantees by priority health area. Grantees choose their priority health areas based on their needs of their communities. Twenty-six grantees are working in more than one area.

Table 3: EHDI Funded Programs by Priority Health Area and People Served

Priority Health Area	Grantees*	Direct Contact**
Breast and cervical cancer	11	9,941
Cardiovascular disease	15	17,090
Diabetes	20	18,896
Healthy youth development	18	13,482
HIV/AIDS and STI's	10	7,775
Immunizations	13	6,232
Infant mortality	11	4.414
Violence and unintentional injuries	12	4,784

Source: December 2005 EHDI Grantee Reports

*26 grantees have selected more than one priority health area

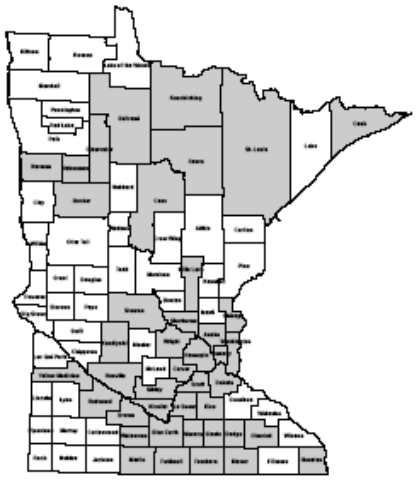
**People served through direct services: one-one individual contact such as counseling, screening and education in a private setting and group contact such as classes, workshops, and education sessions

. Numbers may overlap from health area to health area.

Geographic Regions Reached

Grantees serve diverse geographic regions. Some grantees provide services in multiple counties while others concentrate on their neighborhoods. Together, EHDI Community and Tribal Grantees reach communities in 42 of Minnesota's 87 counties (Figure 2).

Figure 1: Counties Reached by Grantees



Source: December 2005 Grantee Reports

Community and Tribal Grant Strategies and Outcomes

The Eliminating Health Disparities Initiative is innovative, one of the first, and **currently the only existing statewide effort in the nation** to focus on the health and well being of Populations of Color and American Indians. The EHDI is a culmination of efforts that highlight the existence of health disparities in the state, and provides much needed resources to improve the health and well being of these communities. The EHDI Community and Tribal Grantees use multiple approaches to address disparities in the eight Priority Health Areas in communities throughout the state. The EHDI encourages and supports innovation, partnerships, and cultural strengths of communities.

Innovation, Partnerships, and Cultural Strengths

The activities and strategies implemented by grantees are diverse; some are tested and proven, while others are innovative and evolving.

Innovation About half of the grantees that responded named more than one component or activity of their program that they considered innovative or unique. These included innovative approaches in curriculum and instruction; focusing on community strengths and assets; building partnerships; and using participatory approaches in programming. Innovation in curriculum and instruction includes the use of peer educators, culturally competent curriculum and using appropriate languages to communicate health information. Grantees focusing on community assets and strengths hire people reflective of the community as staff and incorporate the values and traditional practices into health education. Participatory approaches involve community in planning programs and activities.

Partnerships Building partnerships is an important aspect of the EHDI. Partnership refers to grantees building collaborative relationships with other community groups, cultural, groups, or health care delivery systems. A large majority of EHDI grantees (93%) have partnerships that are crucial to how they deliver services to the community. The types of grantee partnerships vary widely including community organizations, health care facilities, schools, tribes and government agencies.
Partners are also a source of funding and other monetary resources, although this is not a prominent role for them according to 24 % of grantees.

Cultural Strengths The EHDI grantees build on the cultural strengths of the community in many ways. The knowledge and experience of community members are important resources for grantees. For example, elders and traditional healers have provided guidance and counsel for grantees working with the American Indian community. In the African American community, a coalition of women with personal experience with breast and cervical cancer help to develop effective ways to improve screening for breast and cervical cancer.

The power of the Sisters in Harmony coalition is in the unique strengths and assets that each organization and individual member brings to the partnership. These women bring their courage, creativity, personal experience and tenacity to the table. Their stories, their lives and their spirit serve to motivate the cultural navigators.

Women's Cancer Resource Center

Program Outcome Measurement

Two levels of outcomes are being monitored to assess the impact of the EHDI – overall statewide outcomes and grantee level outcomes*.

Overall statewide outcomes

- The impact of EHDI programs reaching Minnesota's Populations of Color, American Indians and Tribal Nations in eight health priority areas.
- The efforts of the overall Initiative to improve the health status and quality of life for Populations of Color, American Indians and Tribal Nations in Minnesota.

Grantee Level Outcomes

- Culturally specific programming and objectives that reduce health disparities in Populations of Color, American Indians and Tribal Nations.
- Increased capacity to evaluate and report program development and measurable outcomes.

* Grantee strategies, activities, and outcomes by health priority area are included in the "Priority Health Section", as well as a report of statewide outcomes to assess the overall impact of the Initiative. A more complete description of grantee programs and selected program outcomes are available in Appendices B and C.

Priority Health Areas

Breast and Cervical Cancer

Cancer is one of the leading causes of death in Minnesota. Studies indicate that early detection of breast or cervical cancers saves lives. Increasing cancer screenings among women at risk can reduce many deaths from breast and cervical cancers.

According to 1995-1999 data, White women were diagnosed with breast cancer more often than Populations of Color and American Indians. African Americans, however, experienced the highest death rates in these groups. There was a disparity in cervical cancer mortality rates for African American compared to Whites, with cervical cancer death rates highest among Asians (Table 7).

Objective

Reduce disparities in the breast and cervical cancer incidence and death rates for racial/ethnic populations.

Grantee Impact

Grantees have developed an array of activities to address disparities in incidence and death of breast and cervical cancers. Several programs provide education and outreach for targeted communities to help community members' access care and become knowledgeable about resources for breast and cervical cancers. Several grantees also provide referral for screening and treatment for targeted communities.

Table 4: EHDI Grantee Outreach in Breast & Cervical Cancer

Breast & Cervical Cancer	Number
Grantees	11
Total Counties	27
Tribal	1
Direct Service Contacts	9,941

The programs sponsored through the EHDI are culturally appropriate and sensitive to the needs of the community. For example, Minnesota International Health Volunteers provides care to the Somali community; the American Indian Community Wellness Project who work to increase awareness and prevention of breast and cervical cancer through education, support and traditional healing; and the Vietnamese Social Services Breast and Cervical Cancer Education and Screening Project that uses

She knew little of the traditional way and the traditional ways of healing when she first attended the "We are all related" spiritual retreat held in October 2003 in Fond du Lac. She continues today to have that relationship with our healers. Today, she lives her life in a traditional way and is an awesome role model to many. We greatly appreciate her participation."

-- Indian Health Board of Minneapolis

culturally sensitive approaches to increase cervical and breast cancer screening in their community.

Statewide Outcomes

While the incidence rates for African Americans and Asians have declined, the incidence rate for American Indians has increased. Breast cancer death rates also show mixed results. Again, breast cancer death rates declined for African Americans and Asians, but increased for American Indians.

Cervical cancer incidence rates declined for all racial groups. Cervical cancer death rates were only available for Asians in the most recent period as rates are not reported for under 10 cases. It should be noted that an increase in breast and cervical cancer incidence rates may reflect an increase due to awareness and importance of screening for breast and cervical cancer.

Figure 3: 27 Counties Reached by Breast and Cervical Cancer Grantees

Source: December 2005 Grantee Reports

Table 5: Minnesota Breast Cancer Incidence and Death Rates per 100,000 females by Race/Ethnicity

	African American	American Indian	Asian	Latino	White
Incidence					
1995-99 Rate	109.7	55.5	70.3	*	137.2
1999-2003 Rate	105.5	89.2	59.4	83.4	136.1
Disparity Status	None	None	None	**	N/A
Deaths					
1995-99 Rate	38.7	23.2	15.3	*	27.7
1999-2003 Rate	27.7	27.1	8.2	23.5	24.4
Disparity Status	Better	None	None	**	N/A

* Data not available

**Cannot determine due to lack of data

By having a Native American female provider (nurse practitioner), the women are more culturally at ease with the provider. [Her patients] feel that they can relate to her, as she understands the culture and traditions. She was raised on the reservation and offers the patients the best quality care. She really cares about her people".

– Bois Forte Reservation

Table 6: Minnesota Cervical Cancer Incidence and Death Rates per 100,000 females by Race/Ethnicity

	African American	American Indian	Asian	Latino	White
Incidence					
1995-99 Rate	21.4	14.2	15.2	*	7.0
1999-2003 Rate	12.6	12.8	12.3	13.4	6.2
Disparity Status	Better	Better	Better	**	N/A
Deaths					
1995-99 Rate	5.2	***	11.7	*	1.8
1999-2003 Rate	***	***	5.0	***	1.4
Disparity Status	**	**	–	**	N/A

* Data not available
**Cannot determine due to lack of data
***Less than 10 cases

Selected Grantee Outcomes

St. Mary's

Of the adult women who participated in the St. Mary's Health Clinic program, 27% of adult Latina women returned for follow-up pap smears and/or treatment. 22% of adult Latina women returned to SMHC for follow-up mammograms and/or treatment.

Vietnamese Social Services

Ninety-five percent of the participants said they will make screening appointments and about 75% actually received screening.

Bois Forte Reservation

There is a marked increase in females going to the two Bois Forte clinics to completing breast and cervical screenings and continues to improve their health by scheduling appointment for annual physicals and other female related health issues.

Cardiovascular Disease

Heart disease was the leading cause of death for American Indians in 2000-2004 and the second leading cause of death for African Americans, Asians, Latinos and Whites. American Indians and African Americans have higher death rates due to heart disease as compared to Whites in Minnesota. For 1995-99, the difference in heart disease death rates between American Indians and Whites was highest with 57.6 deaths per 100,000 population while the difference between African Americans and Whites was 15.9 deaths per 100,000 population. At the time of EHDI legislation, Asian and Latino rates were lower than the White rate for that time period (1995-99).

Objective

Reduction in disparities in the heart disease rates for African Americans and American Indians and maintain zero-disparities for Asians and Latinos.

Grantee Impact

EHDI grantees have implemented a variety of activities to improve cardiovascular health including screenings for stroke risk, peer education training, referral services, home visits, exercise programs, nutrition programs, patient advocacy, health care outreach, support groups, workshops and health information booths.

Table 7: EDHI Grantee Outreach in Cardiovascular Disease

Cardiovascular Disease	Number
Grantees	15
Total Counties	21
Tribal	2
Direct Service Contacts	17,090

The services provided by the grantees build on the cultural strengths of their communities. For example, the Prairie Island Community program provides education and training while honoring the culture and traditions of their people. Centro Campesino is training community members to become leaders in the promotion of physical, economic and social health. The grantee programs and activities are described in more detail in Appendix B.

Figure 4: 21 Counties Reached by Cardiovascular Disease Grantees

Source: December 2005 Grantee Reports

Statewide Outcomes

There have been improvements in heart disease death rates for all racial and ethnic groups. There were only two populations, African Americans and American Indians, in which disparities in heart disease existed in 1995-99.

The 2000-04 data indicate that currently, there is only a slight disparity in heart disease death rates between African Americans and Whites. The disparity that existed between American Indians and Whites decreased from 57.6 to 34.0 and while there were no disparities for Asians and Latinos in 1995-99, the rates for 2000-04 have improved from the 1995-99 period.

Table 8: EHDI Heart Disease Death**Rates per 100,000 Population by Race/Ethnicity

	Baseline Rate 1995-99	Current Rate 2000-04	Disparity* Status
African American	221.6	159.4	Better
American Indian	263.3	239.7	Better
Asian	112.4	71.4	Better
Latino	155.5	107.8	Better
White	205.7	160.8	N/A

*Disparity = Population of Color rate minus the White rate from 1995-99 (205.7)

**Age-adjusted death rates

Selected Grantee Outcomes

A wide range of services, activities, strategies, and approaches define the work of EHDI grantees working towards improving cardiovascular health. These grantees work within their communities to define the goals, objectives and project outcomes. Through these outcomes, grantees have documented an increase in the knowledge of risk factors that lead to cardiovascular disease, improvement in blood pressure and eating habits, and increased exercise. Some examples of these outcomes are included in this section with a more complete set of grantee outcomes included in Appendix B.

Bois Forte Band of Chippewa Cardiovascular Program

There has been improvement in weight, BMI and body fat of groups and individuals participating in exercise and education programs (as indicated by pre and post tests). The elementary students have physical education class at the Native Hearts Fitness Center under the direction of the physical fitness trainer.

Grand Portage Health Services

There has been a 50% increase in the patient/doctor visits in the past two years (2004-2005) (N=125).

Southeast Asian Ministry (SEAM): Parish Nurse Program

SEAM Elder Program participants have gained knowledge about the relationship between exercise and cardiovascular disease. In the post survey, 86% of the elders reported exercising 3 or more times a week.

In honor of our community elders who were traveling to Washington D.C., we promoted "Walk to Washington." Teams were formed in the community with each team logging the number of miles walked for a 6-week period of time. The team that logged the most miles won. All other teams received recognition for participating. 130 participants in the community logged a total of 11,643 miles. This was a great activity and enjoyed by many.

–Grand Portage Tribal Reservation

Diabetes

Diabetes and its complications are a significant cause of illness and death in Minnesota. It is an insidious chronic condition that is complex, serious, costly and increasingly common*. Diabetes disproportionately affects Populations of Color and American Indians. The 1995-99 diabetes death rates indicate that American Indians were five times more likely to die of diabetes than Whites and African Americans were almost three times as likely to die from diabetes compared to Whites.

Objectives

Reduction of disparities in the diabetes disease death rates for African Americans, American Indians and Latinos and maintain a zero disparity for Asians

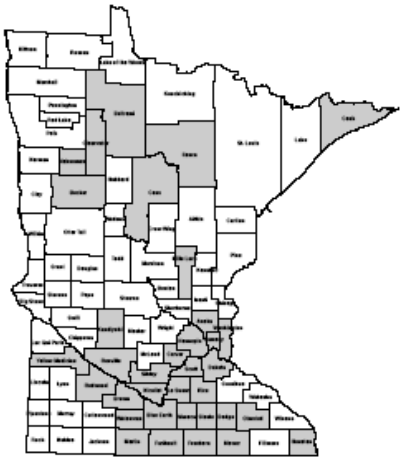
Grantee Impact

EHDI grantees have implemented a variety of activities to decrease risk factors for diabetes and improve the lives of diabetics including blood glucose screenings, nutrition education workshops, culturally appropriate diabetes support groups, one-one patient counseling, education classes on self-monitoring diabetes, and in-home health education to diabetic patients.

Table 9: EHDI Grantee Outreach in Diabetes

Diabetes	Number
Grantees	20
Total Counties	35
Tribal	5
Direct Service Contacts	18,896

Figure 5: 35 Counties Reached by Diabetes Grantees



Source: December 2005 Grantee Reports

The services provided by the grantees build on the cultural strengths of their communities. For example, the St. Mary's Health Clinics have established their program where their participants worship with the full support of the priests and parish staff. Westside Community Health Services invites family members to attend diabetes education classes, which builds on the close-knit family ties and societal influences in the Hmong and Latino communities. The grantee programs and activities are described in more detail in Appendix B.

* Diabetes in Minnesota, Minnesota Department of Health Diabetes Program www.health.state.mn.us/diabetes/diabetesinminnesota/ accessed November 2006

"...I want you all to know how thankful I am of the clinic and the diabetes health educators. To me they have been my angels that God put in my path to help me control my disease. I arrived with my blood glucose very high and had gained weight. Today, I have lost 44 pounds. My blood glucose level is controlled and the thing that makes me the happiest is that my medication dose has been reduced. Today I feel completely different and can't find the words to express how good I feel."
—Patient, Westside Community Clinic

Statewide Outcomes

There have been improvements in diabetes death rates and decreases in disparities for African Americans and American Indians. The death rate for Latinos remained virtually the same over the two time periods. The Asian diabetes death rate increased slightly but remains lower than the White rate of 22.3.

Table 10: Diabetes Death Rates* per 100,000 Population by Race/Ethnicity

	Baseline Rate 1995-99	Current Rate 2000-04	Disparity Status
African American	59.7	54.6	Better
American Indian	108.8	86.5	Better
Asian	21.1	22.5	Worse
Latino	37.7	37.5	Better
White	22.3	23.3	N/A

[1]Disparity = Population of Color rate – White rate
* Age-adjusted death rate

Selected Grantee Outcomes

A wide range of services, activities, strategies, and approaches define the EHDI grantees working on decreasing and preventing diabetes in their communities. These grantees work to define the goals, objectives and project outcomes. Through these outcomes, grantees document increases in the knowledge of risk factors that lead to diabetes, increased exercise, improvement in blood pressure and eating habits. Some examples of these outcomes are included in this section with a more complete set of grantee outcomes included in the Appendix B.

Dar Al-Hijrah: Somali Health Screening Center

The number of clients who come to the Dar Al Hijrah Health Screening Center to get their blood sugar level tested has increased from 550 during the first year the Center was open to over 1,600.

Anishinaabe Center: Defeat Diabetes

70% of the participants in the Defeat Diabetes Days have increased their knowledge about diabetes. 70% of the participants in the Defeat Diabetes Days indicated they have improved their eating habits to improve diabetes.

Upper Sioux

Tribal grantee worked on building an infrastructure to increase the consistency and continuity for delivery of healthcare for Upper Sioux community tribal members 40% (17) of USC members attended diabetes workshops, 100 % (5) of staff participated in workshops on diabetes and/or cardiovascular disease.

"We have been very encouraged about the improvement in the diabetes program. While program services have also improved, the EHDI-supported improvements in the diabetes monitoring systems are really exciting. Because diabetes is such an issue for our community, the improvements in this program are a hopeful sign for the community."

–Upper Sioux Community

Healthy Youth Development

Investment in health during adolescence has long-term benefits for Minnesota youth. Healthy youth development includes promoting healthy behaviors, positive attitudes and prevention of high-risk behaviors such as alcohol, drug use, and sexual activity among Minnesota youth. Healthy Youth Development projects focus on the physical, emotional, social, and spiritual health of youth; providing a foundation for adult life.

Objectives

Increase culturally specific programming for youth that will reduce the disparity of teen pregnancy for Populations of Color and American Indians compared to Whites in Minnesota.

Grantee Impact

Healthy youth development grantees provide services for all age groups, though more targeted services are provided to teens and their parents. The programs and services are provided through community-based organizations, clinics, tribal health organizations, and churches. These programs make a difference in the targeted communities by promoting abstinence, education, and helping youth avoid high-risk behaviors such as alcohol, drug use, and unprotected sex. Programs encourage healthy youth development through their work with youth and parents to increase positive cultural identity, increased self-esteem, and decision-making.

Table 11: EHDI Grantee Outreach in Healthy Youth Development

Healthy Youth Dev.	Number
Grantees	18
Total Counties	16
Tribal	5
Direct Service Contact	13,482

Figure 6: 16 Counties* Reached by Healthy Youth Development Grantees

Source: December 2005 Grantee Reports

*Carlton, Cook, Goodhue, Redwood, Renville, Yellow Medicine

Programs have implemented several curricula focused on healthy youth development. Grantees select culturally appropriate materials and activities and have adapted materials to meet the needs of their cultural communities.

Grantees focus on providing services to targeted groups including people of African, American Indian, Asian, Latino, and multi-racial descent. A larger number of grantees focused their activities on American Indians, African Americans, and Latinos.

Statewide Outcomes

Disparities for African Americans, American Indians, Asians and Latinos have declined, consistent with the goals of the EHDI. These data indicate that while EHDI programs may be having some impact on statewide outcomes, considerable disparities remain between Populations of Color/American Indians and Whites in Minnesota.

Table 12 ; Minnesota Pregnancy Rates per 1,000 Females Age 15-19 by Race/Ethnicity

	African American	American Indian	Asian	Latino	White
1997-99 Rate	174.4	120.6	87.8	151.8	32.2
2002-04 Rate	121.0	114.4	64.2	130.1	25.0
Disparity Status	Better	Better	Better	Better	N/A

Selected Grantee Outcomes

Camphor Foundation: UJIMA Teen Pregnancy and Healthy Youth

89% of the females in the program have self-reported that they are NOT engaging in sexual activity* 81% of the males in the program have self-reported that they are NOT engaging in sexual activity* To date, there has been NO babies of the females who have participated in the program. N=389 Time period 01/01/2004 to 12/10/2005.

Freeport West: Project Solo

Results for 2004: Staff reported that 113 youth set behavior goals. Of those, 71 goals were reported as progressing, achieved, or maintaining their behavior goal for the quarter; therefore, of the goals set, 63% decreased high risk behaviors. Results for 2005: there were 25 youth with one or more behavior goals set (35 goals set in all). Of that, 20 of the 25 have made progress (80%). There are 12 youth that set a substance use goal; of those all 12 youth have made progress (100%).

West Central Integration Collaborative

60 % of the youth (N=260) reported that they now watch less than 5 hours of television per week. Parents have noticed not only an increase in activity for their youth but also an improvement in schoolwork and attendence to school.

"Our program builds on the strengths of the community … our curriculum was created after surveying our community, particularly our teen parents, and listening to what community members believe will help lower teen pregnancy rates. Based on community recommendations … incorporating American Indian culture with sexuality education was imperative. We hired American Indian consultants to work with our community to create such a curriculum, which has now been implemented at eleven schools, community based organizations and reservations in Minnesota. Also, our curriculum incorporates input from elders in the community and strongly recommends their involvement at each implementation site."

– Division of Indian Work

HIV/AIDS and Sexually Transmitted Infections

Data has documented widespread disparities between African American, American Indians, and Latinos as compared to Whites for new HIV infections, persons living with AIDS, and other sexually transmitted diseases. For example, 2000 data indicated that the new HIV infection rate for African Americans was 19 times the White rate ; the Latino rate was 6 times the White rate; and the American Indian rate was 3 times the White rate. Chlamydia, a sexually transitted infection, shows a similar disparity.

Objectives

Reduction in disparities in the new infection rates for HIV/AIDS and sexually transmitted infections i.e. Chlamydia and gonorrhea

Grantee Impact

EHDI grantees have implemented a variety of programs to reduce the spread of HIV/AIDS and STI in Minnesota including health education workshops, outreach services, screening, after-school and summer enrichment programs, pre and post test counseling, risk assessment, support groups and follow-up consultations.

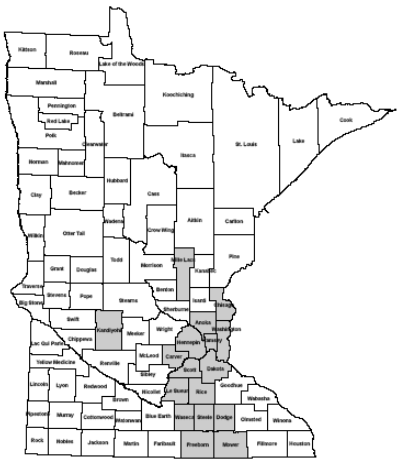
Table 13: EHDI Grantee Outreach In HIV/AIDs & STIs

HIV/AIDs & STIs	Number
Grantees	10
Total Counties	17
Tribal	-
Direct Service Contacts	7,575

Statewide Outcomes

The new HIV infection rates for Latinos, Americans Indians and Asians have decreased from 2000 to 2005. While the new HIV infection rate for African Americans increased slightly as did the disparity between African Americans and Whites.

Figure 7: Counties Reached by HIV/AIDS Grantees



Source: December 2005 Grantee Reports

Table 14: New HIV Infection* Rates per 100,000 Population by Race/Ethnicity in Minnesota

	African/African American	American Indian	Asian	Latino	White
2000 Rate	54.2	11.1	3.0	21.6	2.8
2005 Rate	56.2	3.7	1.8	16.0	3.7
Disparity Status	Worse	Better	–	Better	N/A

[1]Disparity = Population of Color rate minus the White rate from 1999 (2.8)
*HIV or AIDS at first diagnosis

The disparities for chlamydia and gonorrhea rate between Populations of Color/American Indians and Whites have decreased for all groups.

Table 15: Chlamydia and Gonorrhea Rates per 100,000 Population by Race/Ethnicity in Minnesota

	African American	American Indian	Asian	Latino	White
Chlamydia					
2000 Rate	1,769	540	314	652	73
2005 Rate	1,535	512	282	624	115
Disparity Status	Better	Better	Better	Better	N/A
Gonorrhea					
2000 Rate	1,149	123	34	135	18
2005 Rate	775	118	31	85	23.0
Disparity Status	Better	Better	Better	Better	N/A

[1]Disparity = Population of Color rate – White rate (chlamydia = 73 and gonorrhea = 18)

Selected Grantee Outcomes

African American AIDS Task Force
AAATF and the Hennepin County Medical Center staff collaborated to increase knowledge of HIV/AIDS and screening and assessment resources in communities of color. 2211 contacts were recorded and there was an increase in the number of people seeking both pre and post-test counseling

Centro Campesino
The number of local Latino participants in HIV/AIDs awareness and screening has increased by 200% (N=206) compared to the 2002 results.

Council on Crime and Justice: Health Educational Lifestyles Project
HELP has been successful in building many community partnerships that can support HELP participants once they are released.

Southside Community Clinic and Freemont Community Clinic have provided free physicals, STD testing, and assistance to participants as they apply for ongoing medical coverage. Program participants took a 10-week course about HIV/AIDS, STIs, and Hepatitis C. The participants took pre and post tests. In the pre-test the mean score was 7.24 answers correct out of 9 and the post-test was 7.18. (Pre and post tests need to be changed to more effectively show what knowledge about STDs is changing in the class).

Child and Adult Immunization

Vaccines prevent disease in people who receive them and protect those who come into contact with unvaccinated individuals (CDC National Immunization Program). The percent of 17 month old children who were up-to-date on their primary series immunizations in 2000-01 varied by race/ethnicity as do the disparities. The greatest disparity was for African American children. At the age of 17 months, 20% more White children were immunized than African American children. The percent of American Indian children who were immunized at 17 months was 71%, a 10% disparity. Asian and Latinos disparities were 15%.

Nationally, disparities in immunizations for influenza and pneumococcal vaccinations between Whites and Populations of Color/American Indians have been documented. The Centers for Disease Control and Prevention's 2000- 2001 National Health Interview Survey indicated that in the Midwest, 50.2% of African Americans and 49.4% Latinos over age 65 were immunized for influenza compared 66.4% of Whites. From the same survey, 33.9% and 27.8% of African Americans and Latinos over age 65 were immunized for pneumococcal compared to 56.5% of Whites[*].

Objectives

The EHDI Legislation specifically stated that by 2010, the disparities in adult and child immunizations rates between Populations of Color/American Indians and Whites be reduced by 50 percent.

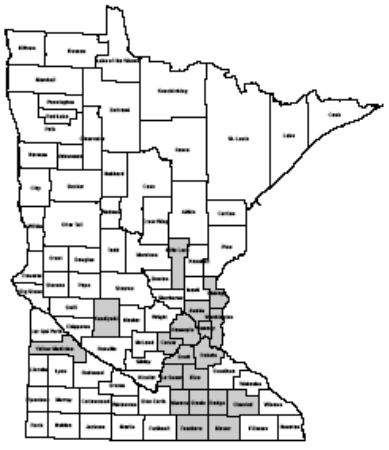
Grantee Impact

Programs and services are offered at community organizations, clinics, and tribal health organizations. EHDI grantees have provided a variety of services to increase immunization rates. Grantees have conducted immunization clinics, implemented immunization awareness campaigns and education workshops, and assisted individuals with accessing health care and referral services.

Table 16: EHDI Grantee Outreach in Immunizations

Immunization	Number
Grantees	13
Total Counties	19
Tribal	2
Direct Service Contacts	6,232

Figure 8: 19 Counties Reached by Immunization Grantees



Source: December 2005 Grantee Reports

[*] *Adult immunization data by race/ethnicity are not available at the state level.*

Table 17: Percent Up-to-Date for Primary Series Immunization Levels at 17 Months of Age by Race/Ethnicity: Minnesota, 2000-01

	Per Cent	Disparity*	Target**
African-American	61%	20	71%
American Indian	71%	10	76%
Asian	65%	15	73%
Latino	66%	15	74%
White	81%	N/A	N/A

*Disparity = Population of Color rate – White rate
**Target = (Disparity*.50) + 2000-01 Percent

Statewide Outcomes

Since MDH no longer conducts the *Minnesota Retrospective Kindergarten Study*, a statewide outcomes update for childhood immunizations is not available. While national immunization data suggest that all immunization rates have improved, the data are not available by race/ethnicity. At this time, there are insufficient funds to evaluate immunization coverage levels by race/ethnicity.

Selected Grantee Outcomes

Olmsted County Public Health EHDI

In 2004, District 535 (Rochester) reported there were 93 students who were excluded from school because their immunizations were not current. In 2005 there was only one student who was excluded because of their incomplete immunization status.

Storefront Group: Bridge to Success

Bridge to Success conducted immunization awareness workshops provided one-on-one support, and information and resources for Somali families resulting in an increase in knowledge about the need for immunization. 87% of participants completed a survey with the results indicating that they have learned about immunization and the need to have children immunized.

"I have gained my health and a healthy body"
–Somali Elder

Infant Mortality

Infant mortality is one of the priority health areas specifically identified with a goal in the EHDI legislation. Infant mortality is the death of a baby before its first birthday. Disparities in infant mortality are greatest for American Indians and African Americans. While there are also disparities in rates for Asian and Latinos, these disparities are not as severe as African Americans or American Indians.

Objective

The legislation defines a specific outcome of reducing the gap in infant mortality rates among the African American, American Indian, Asian, Latino and the White populations in Minnesota by 50 percent.

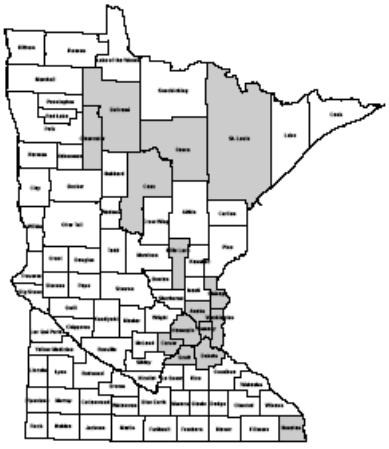
Grantee Impact

Programs and services provided by grantees are developed and implemented based on the specific needs and culture of each community. EHDI grantees have designed and administered a wide range of activities to address infant mortality and promote healthy birth outcomes in their communities.

Table 18: EHDI Grantee Outreach in Infant Mortality

Infant Mortality	Number
Grantees	11
Total Counties	15
Tribal	3
Direct Service Contacts	4,414

Figure 9: 15 Counties Reached by Infant Mortality Grantees



Source: December 2005 Grantee Reports

Grantees focus on providing services to targeted groups including people of African American, American Indian, Asian, Latino, and multi-racial descent. Grantees provide services to all of these populations, others specifically target one racial/ethnic group in their programming (e.g. Stairstep primarily focuses on African Americans).

Four tribes in Minnesota and two urban health organizations chose infant mortality as one of their priority health areas.

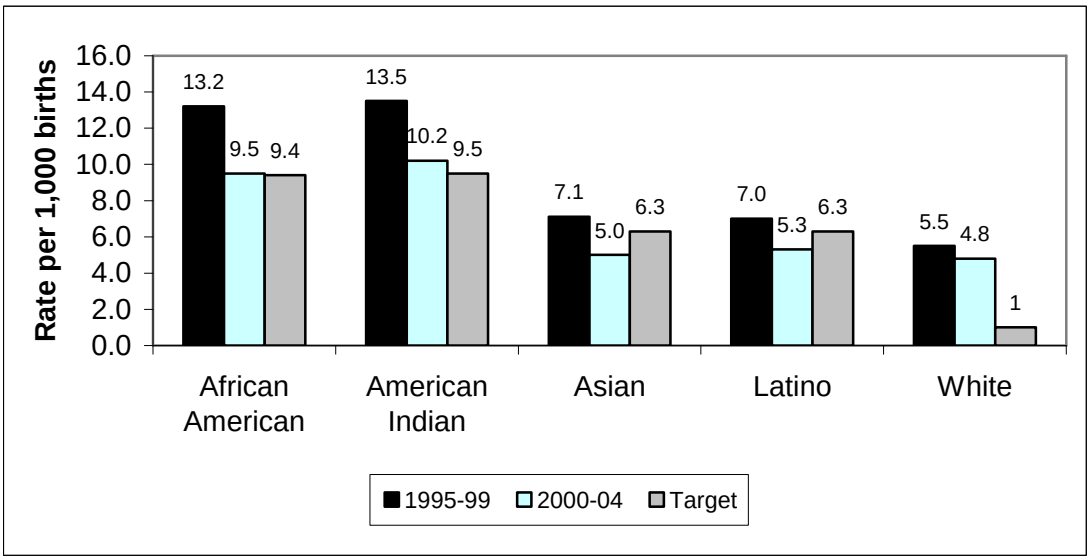
One effective strategy is the doula program that has been implemented in 3 organizations. Doula programs promote healthy pregnancy through education and support of mothers and infants during pregnancy, birth, and parenting. Assessment, screening, nutrition, exercise, mental health, prenatal care, and newborn care are educational opportunities provided as a part of these activities.

Other activities include workshops; classes; strategies to increase breastfeeding initiation and duration; safe sleep education; and cultural competency education for physicians and health providers.

Statewide Outcomes

Infant mortality rates have declined for all racial ethnic populations (Figure 9). This graph also indicates that with EHDI funds, target rates have been met for Latinos and Asians. Yet, while infant mortality rates have declined noticeably for African American and American Indians, disparities between these two groups and Whites continue to exist.

Figure 10: Infant Mortality rates compared to EHDI Target Rates



[1]The 50 percent reduction was computed by finding the difference between the rate for racial/ethnic groups and Whites and multiplying this difference by 50 percent. Reduction in disparity is then subtracted from the baseline rate. (Target = 1995-99 rate - (Disparity)*.50)

These outcomes indicate that while EHDI and other efforts have had an impact on the rates of infant mortality for Populations of Color and American Indians that disparities continue to exist. EHDI efforts, community, state, and national efforts directed toward reductions in infant mortality must continue.

Selected Grantee Outcomes

A wide range of services, target populations, activities, strategies, and approaches define the EHDI grantees focusing on infant mortality. The community-based grantees work within their communities to define the goals, objectives and project outcomes. Each of these projects is unique and each is required to submit an evaluation plan that includes objectives that are realistic and measurable within the framework of the Initiative.

Grantees are asked to report progress on their outcomes on an annual basis. Some examples of grantee outcomes are included in this section with a more complete set of grantee outcomes included in Appendix B.

Division of Indian Work: Doula – Women of Traditional Birthing

Of the 230 births born to American Indian women in Minneapolis in 2004, 12% (28) were doula assisted by our "Women of Traditional Birthing" program. Thirty-two pregnant Native women participated in the prenatal doula services with 90% (29) having a doula-assisted birth.

Fond du Lac Tribe: Human Services Division

The US National breastfeeding initiation rate for American Indian women in 2004 was 68%. (2004 N = 64, 2005 N = 62 women who delivered in that year). In 2004, 78% of mothers who were served by the Center for American Indian Resources initiated breastfeeding, the following year it increased to 81%.

"[At a home visit with a new mother], we reviewed indicators and interventions on the prevention [of SIDS]. I also stressed the importance of teaching this information to other friends and relatives with small children under one year old. This is important as clients listen to their friends and relatives on how to care for their children rather than the suggestions of a provider, it also gives community members leadership roles. At another home visit the following week, I was reviewing the same literature and this particular mother knew this information because I had seen her aunt the week prior. Her aunt relayed the information about SIDS and both mothers were astonished at the high numbers in American Indian infant deaths related to SIDS. It was great that these mothers care enough about each other to educate one another."

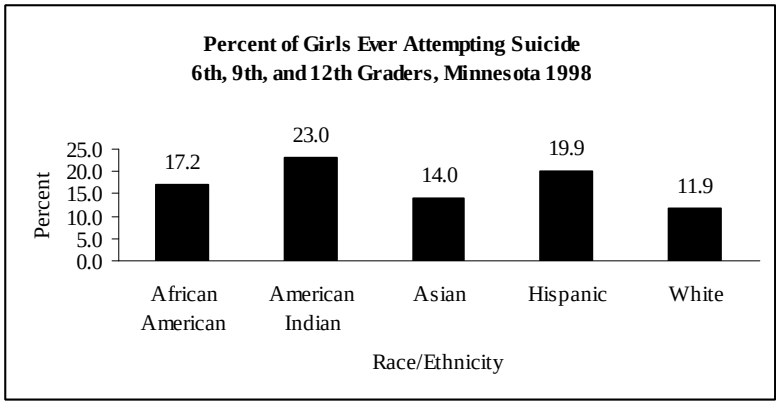
-Public Health Nurse, Red Lake Comprehensive Health Services

Unintentional Injury and Violence

Unintentional injury and violence, includes homicide, suicide, domestic violence, sexual assault, motor vehicle injuries/deaths, falls, drownings, poisonings and fire-related deaths. Because this health area is so broad, it is difficult to summarize the burden and impact unintentional injury and violence has on Populations of Color and American Indians.

Mortality data indicate that unintentional injuries, homicides and suicides disproportionately affect Populations of Color and American Indians. For example, the homicide rate for African Americans was 18.6 times higher than Whites in 1995-99. The Asian homicide rate was closest to the White rate for that time period but was still 2.4 times higher. The suicide rate and unintentional injury death rates for American Indians were twice as high as the White rate for 1995-99. Finally, the 1998 Minnesota Student Survey indicates that the percent of Latina and American Indian girls who have ever attempted suicide is considerably higher than White girls in the same grade.

Figure 11: Percent of Girls Attempting Suicide in Minnesota, 1998



Source: Minnesota Student Survey

Objective

Reduction in disparities in the death rates of unintentional injury, homicide and suicide for Populations of Color and American Indians

Grantee Impact

EHDI grantee program activities varied greatly. One grantee focused on violence prevention in the Hmong community specifically addressing "injuries resulting from violence". Another grantee provides family violence prevention and intervention services including victim sensitive support and resources to victims.

Another grantee targets its violence and unintentional injury services on suicide prevention and mental health. The program encourages community members to live in balance, addressing mental health through the physical, emotional, and spiritual aspects of the individual.

Among the many strategies utilized to reduce violence and unintentional injury in targeted communities, grantees provide education, counseling, group activities, assessment, home visiting, support and advocacy, and case management.

Figure 12: 24 Counties Reached by Violence and Unintentional Injury Grantees

Source: December 2005 Grantee Reports

Table 19: EHDI Grantee Outreach in Violence and Unintentional Injury

Violence & Injury	Number
Grantees	12
Total Counties	24
Tribal	4
Direct Service Contact	4,784

Statewide Outcomes

According to most recent figures, the disparity for Asian and Latinos has been eliminated! While death rates for unintentional injury have improved for African Americans, unfortunately they have gotten markedly worse for American Indians.

Table 20: Unintentional Injury Death Rates per 100,000 Population by Race/Ethnicity

	African American	American Indian	Asian	Latino	White
1995-99 Rate	40.7	75.8	36.1	40.2	34.4
2000-04 Rate	35.7	95.4	24.0	31.0	34.7
Disparity Status	Better	Worse	Better	Better	N/A

[1]Disparity = Population of Color rate minus the White rate from 1995-99 (34.4)

The disparities in homicide rates have gotten better between the two time periods for all racial and ethnic groups. The suicide rate disparities also narrowed for all groups except American Indians.

Table 21: Homicide Rates per 100,000 Population by Race/Ethnicity

	African American	American Indian	Asian	Latino	White
1995-99 Rate	33.5	21.0	4.4	7.3	1.8
2000-04 Rate	17.2	14.6	3.8	5.0	1.6
Disparity Status	Better	Better	Better	Better	N/A

[1]Disparity = Population of Color rate minus the White rate from 1995-99 (1.8)

Table 22: Suicide Rates per 100,000 Population by Race/Ethnicity

	African American	American Indian	Asian	Latino	White
1995-99 Rate	9.6	15.7	10.0	11.5	9.9
2000-04 Rate	6.3	20.1	8.7	6.8	9.5
Disparity Status	Better	Worse	-Better	Better	N/A

Examples of Grantee Outcomes

United Hospital Foundation

Partners for Violence Prevention provided education to health and social service professionals about family violence and screening, community and school related activities and animal assisted therapy groups to increase knowledge about family violence prevention and interventions. Post test indicated an increase in healthcare provider's knowledge about family violence prevention and interventions, screening, responding to patients in violent family situations, intervention and referral sources.

"... She never knew how he could so understanding and respectful ... she was treated with respect and their children are also being treated with respect. She told the group that she was proud of them [family members]."

– Spouse of anger management participant

Hmong American Partnership: We Are the Peace We Need, We Are Our Own Solutions

83 attended the community forum to identify and strengthen cultural protective factors and promote violence prevention awareness. The attendees included Hmong residents, Hmong professionals and system representatives. Below are comments from two attendees:

"[We have an] improved understanding of cultural differences and saw more clearly the concerns of Hmong Americans"

"I gained more insight into the issue of cultural protective factors. I realized that although the elders are not educated, how intellectually gifted they are. Their ability to conceptualize and play out the situational circumstances is amazing and oftentimes we young people too quickly missed the points and dismissed their perspectives"

White Earth Tribal Mental Health

100% (17) of individuals who completed the White Earth Anger Management Program understood what it meant to be accountable and that no one else could control their behavior. They understood that they were responsible for their negative and positive actions and consequences came from both types of actions. The group participants enjoyed the consequences that accompanied the positive actions.

Grant Management and Capacity Building

Grant Management

The mission of the Office of Minority and Multicultural Health (OMMH) is to strengthen the health and wellness of racial/ethnic, cultural and tribal populations in Minnesota by engaging diverse populations in health systems, mutual learning and actions essential for achieving health parity and optimal wellness.

Minnesotans have consistently ranked No.1 as the healthiest people in the nation, according to the United Health Foundation's annual ranking of states. Not everyone has shared in this legacy of good health due to health disparities. Health disparities are "...differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States."[2]

The health problems (disparities) that have been documented in the state's minority and tribal communities include shorter life spans, poorer general health, higher rates of infant mortality, and higher incidences of diabetes, heart diseases and cancer.

Over this two-year funding period (2004-05), the Minnesota Department of Health funded 42 community-based organizations (grantees) and 10 Minnesota Indian Tribes funding to improve the health status of Minnesota's Populations of Color and American Indians served by the Community and Tribal Grantees. Staff has monitored the grantee's work and provided technical assistance to ensure that their programs are compliant with the EHDI contractual grant agreements. OMMH has nurtured community relations, created partnerships that strengthen the work of the Minnesota Department of Health, and incorporated a planning process that will support the impact of EHDI. The four distinct components include

Strategic clarity

- Develop a concrete description of EHDI's impact complete with accountability measures for OMMH and the communities it serves

Strategic priorities

- Determine the specific actions and activities needed to achieve the elimination of racial/ethnic health disparities;

Resource implications

- Understand the resources – financial, human, and organizational – needed to pursue priorities and map out the plan to secure them;

Performance measures

- Establishing the quantitative and qualitative milestones that make it possible to measure progress toward eliminating health disparities.

[2] National Institutes of Health. NIH Strategic Research Plan to Reduce and Ultimately Eliminate Health Disparities; 2000. Available at: www.nig.gov/about/hd/strategicplan.pdf. Accessed September 5, 2006.

The Office of Minority and Multicultural Health's activities cover a broad spectrum of areas. The following examples highlight only a sampling of its impact throughout Minnesota:

Education and Training

- Grantees attend semi-annual capacity building trainings
- Grantees attend MN Department of Health Community Health Conference
- OMMH office presents 'Eliminating Health Disparities' at the MN Department of Health Community Health Conference
- OMMH Staff and EHDI Grantees work together to increase education opportunities for cultural communities
- EHDI Grantees were key presenters for national evaluation conference
- Conference planning partnership with the Minnesota Department of Education.
- Macalester College Diversity in Science and Computers Participant Internship site
- Facilitate Tribal Emergency Preparedness Training

Collaborations

- State Maternal and Child Health Task force
- Hennepin County Latino Infant Mortality Advisory Symposiums
- Federal Office of Women's Health – Region V
- Partnerships to enhance collective capacity to address HIV/AIDS for Populations of Color and American Indians
- Minnesota State University at Mankato (MNSCU representative) Health Education Industry Partnership with healthcare system partners (Blue Cross Blue Shield, HealthPartners, Medica, Neighborhood Healthcare Network Portico, UCare Minnesota) and local community organizations to design and pilot the Community Health Worker Certificate Program
- Save 10 Community Task Force, Twin Cities HealthyStart and Periscope Advertising Agency created a public campaign to create awareness about infant mortality in the African American community

Evaluation Capacity Building

The goal is to increase the evaluation capacity of the grantees and to document the outcomes from a grantee perspective. The evaluation model implemented for the EHDI is not a traditional "evaluator-controlled evaluation" where the outside evaluator evaluates the program for the organization. In the EHDI evaluation model, the evaluators, Rainbow Research, provide one-on-one technical assistance and small group trainings to grantees and their stakeholders. The program staff and stakeholders are expected to develop evaluation logic models and plan and implement their evaluation.

At the end of the fourth year, EHDI grantees were assessed to determine if evaluation capacity had been built. The grantees that were most successful in their evaluations were the ones who attended the evaluation trainings, workshops and one-on-one evaluation sessions.

In addition, OMMH staff use conventional methods of site visits, budget reviews and reports to monitor EHDI grantees' progress while also providing technical assistance in the development, implementation and promotion of culturally effective strategies.

The organizational capacity built through this aspect of the EHDI has prepared grantees to become active and valued partners with external organizations engaged in disparities work including research. In addition to better documentation of EHDI and disparities work in general, the capacity built at the organizational level will yield better research, better evaluation, better programs and positive health outcomes.

APPENDICES

Appendix A: EHDI Statutes

Eliminating Health Disparities Initiative Legislation
Laws of Minnesota 2001 1st Special Session, Chapter 9, Article 1

Sec. 48. [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.

Laws of Minnesota 2001 1st Special Session, Chapter 9, Article 17, Subd. 2

[HEALTH DISPARITIES.] Of the general fund appropriation, $4,950,000 each year is for reducing health disparities. Of the amounts available:
(1) $1,400,000 each year is for competitive grants under Minnesota Statutes, section 145.928, subdivision 7, to eligible applicants to reduce health disparities in infant mortality rates and adult and child immunization rates.
(2) $2,200,000 each year is for competitive grants under Minnesota Statutes, section 145.928, subdivision 8, to eligible applicants to reduce health disparities in breast and cervical cancer screening rates, HIV/AIDS and sexually transmitted infection rates, cardiovascular disease rates, diabetes rates, and rates of accidental injuries and violence.
(3) $500,000 each year is for grants to tribal governments under Minnesota Statutes, section 145.928, subdivision 10, to implement cultural interventions to reduce health disparities.
(4) $500,000 each year is for state administrative costs associated with implementation of Minnesota Statutes, section 145.928, subdivisions 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, and 13.
(5) $100,000 each year is for state operations associated with implementation of Minnesota Statutes, section 145.928, subdivision 9.
(6) $250,000 each year is for grants under Minnesota Statutes, section 145.928, subdivision 9, to community health boards to improve access to health screening and follow-up services for foreign-born populations.

[INFANT MORTALITY REDUCTION.] Of the TANF appropriation, $2,000,000 each year is for grants under Minnesota Statutes, section 145.928, subdivision 7, to reduce infant mortality.
[REDUCING INFANT MORTALITY CARRYFORWARD.] Any unexpended balance of the TANF funds appropriated for reducing infant mortality in the first year of the biennium does not cancel but is available for the second year.

Chapter 220-H.F.No. 351
Article 17
Health And Human Services Appropriations

Sec. 3. COMMISSIONER OF HEALTH
Subd. 2 Family and Community Health

[ONETIME GRANT REDUCTIONS.] $200,000 of the appropriation reduction the first year is from competitive grants to reduce health disparities in infant mortality rates and adult and child immunization rates authorized in Laws 2001, First Special Session chapter 9, article 17, section 3, subdivision 2. $300,000 of the appropriation reduction the first year is from competitive grants to reduce health disparities in breast and cervical cancer screening rates, HIV/AIDS and sexually transmitted infection rates, cardiovascular disease rates, diabetes rates, and rates of accidental injuries and violence authorized in Laws 2001,

First Special Session chapter 9, article 17, section 3, subdivision 2. $150,000 of the appropriation reduction the first year is from community-based programs for suicide prevention authorized in Laws 2001, First Special Session chapter 9, article 17, section 3, subdivision 2.

Presented to the governor February 21, 2002
Vetoed by the governor February 25, 2002, 3:48 p.m.
Reconsidered and approved by the legislature after the governor's veto February 28, 2002

Appendix B: Grantee Program Descriptions

Grantee Index by Health Area

Grantee Program Descriptions

Grantee Index by Racial/Ethnic Group

Grantee Index by Region

Metropolitan - Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington
Northwestern - Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Marshall, Pennington, Polk, Red Lake, Roseau
Northeastern - Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, St. Louis
Central - Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, Wright
West Central - Becker, Clay, Douglas, Grant, Mahnomen, Norman, Otter Tail, Pope, Stevens, Traverse, Wilkin
South Central - Blue Earth, Brown, Faribault, Le Sueur, McLeod, Martin, Meeker, Nicollet, Sibley, Waseca, Watonwan
Southeastern - Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, Winona
Southwestern - Big Stone, Chippewa, Cottonwood, Jackson, Kandiyohi, Lac Qui Parle, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Swift, Yellow Medicine

EHDI Grantees

African American AIDS Task Force
Project Name: Eliminating Health Disparities Initiative

Contact Person: Gwendolyn Velez
E-mail: gwen_velez@qwest.net
Phone: (612) 825 1137
Website:

Address: 310 East 38th Street Suite 304 E Minneapolis, MN 55409

EHDI Project Description

The EHDI Program is a collaboration between AAATF and the HCMC medical staff at the Medicine Walk-In and Orientation Clinics for purposes of conducting HIV/STD screening; Health Education/Risk Reduction; and HIV Counseling, Testing and Referrals. The HCMC medical staff conduct the screening and refer the clients who are considered to be at risk for HIV or STI's to AAATF for further risk assessment and health education. AAATF staff then conducted a more intensive risk assessment and provide clients with information on the services provided by the AAATF/HCMC EHDI program. The seropositive clients are connected to appropriate support networks, services and medical care, and the sero negative clients have follow-up sessions in order to encourage risk reduction and behavior change. Under the Out-Reach component of the Program, AAATF is continuously establishing relationships with community leaders in the African and African American communities.

Geographic Service Area: Primarily Twin Cities Metropolitan area and several outer/inner ring suburbs: Brooklyn Park, Bloomington, Brooklyn Center, Richfield, Maple Grove, Champlin, West St. Paul, Cedar Riverside, Elliot Park, etc.

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's	X	Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others	X	American Indian	X	Children	
Primarily non-immigrant		Asian	X	Teens	X
Not applicable		Hispanic/Latino	X	Adults	X
		Multi-racial	X	Seniors	X
		Other	X		

Specific cultural group: The greatest number served are: African American and African populations from Kenya, Somalia, Liberia, Ethiopia, Tanzania, Uganda, Cameroon, Sudan, Burundi, Zambia, and Rwanda.

Source: December 2005 EHDI Community and Tribal Grantee Reports

Agape House for Mothers
Project Name: Agape House for Mothers, Inc.

Contact Person: Roberta D. Barnes
E-mail: Roberta.Barnes@agapehouseinc.com
Phone: 651-221-9146
Website:

Address: 400 Selby Avenue, Suite T St. Paul, MN 55102

EHDI Project Description

The intentions of our Agape HYD/EHDI program is that teens and families have a greater awareness, knowledge and appreciation of self-worth and a greater belief in their life potential that will help with making self-directed positive decisions. To understand the positive roles and contributions that family members, community, and church can contribute to a values-centered life. Think through the life-altering impact of early pregnancy. To know where to go for support and counseling regarding issues around sex, sexually transmitted infections and pregnancy. Know how to practice various techniques of refusal and abstinence. Be prepared to avoid situations that can potentially lead to pregnancy and sexually transmitted infections. Know facts regarding safe sex and the proper use of contraceptives as a "protection wall" against pregnancy and sexually transmitted infections. Develop and implement a post plan to assume the responsibility, to protect against pregnancy and sexually transmitted infections. Last but not least become more actively involved in positive activities through community services.

Geographic Service Area: St. Paul neighborhoods: Summit-University, Frogtown, East Side, West Side and West Seventh Street and Minneapolis neighborhoods: North Side, Phillips, South Central, and Powderhorn

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	X
HIV/AIDS and STI's	X	Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others		American Indian	X	Children	
Primarily non-immigrant	X	Asian		Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial	X	Seniors	
		Other	X		

Specific cultural group: Within the African population the culture served is Somali, Nigerians and Liberians.

Source: December 2005 EHDI Community and Tribal Grantee Reports

American Indian Family Collaborative
Project Name: Family Center Community Doula Program

Contact Person: Janice LaFloe
E-mail: janice@aifc.net
Phone: 651-793-3803
Website: aifc.net
Address: 579 Wells Street St. Paul, MN 55101

EHDI Project Description

The Community Doula program was created to train women in communities of color to serve as doulas. Doula is a Greek word meaning "mothers taking care of mothers during pregnancy." The Community Doula Program provides culturally specific labor support to women at greatest risk for poor birth outcomes throughout their pregnancy, labor, and birth in an effort to reduce infant mortality in the American Indian, African American, African Immigrant, Hispanic/Latino, and Asian communities of Ramsey County. The Program has four desired outcomes: healthy birth outcomes, healthy prenatal care, increase awareness of parenting role and health education, and improved service integration.

Geographic Service Area: Ramsey County

Health Disparity Areas Being Addressed by Grantee

Infant Mortality	X	Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	X
Immigrants and others		American Indian	X	Children	
Primarily non-immigrant	X	Asian	X	Teens	X
Not applicable		Hispanic/Latino	X	Adults	X
		Multi-racial	X	Seniors	
		Other	X		

Specific cultural group:

Source: December 2005 EHDI Community and Tribal Grantee Report

Anishinaabe Center
Project Name: Defeat Diabetes

Contact Person: Leslie Fain
E-mail: lesliefain@yahoo.com
Phone: 877-289-5304
Website:
Address: 921 8th Street Southeast Detroit Lakes, MN 56501

EHDI Project Description

To make native people and others in our area aware of diabetes, what it is, what it does, how we can prevent it and how to deal with it for those who have it. To make aware that there are ways traditionally and conventionally of preventing and treating this disease and that returning back to traditional foods help combat the disease. It is intended to reach all age groups by using elders to teach the younger.

Geographic Service Area: White Earth Reservation and surrounding communities

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes	X	Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	X
Immigrants and others		American Indian	X	Children	X
Primarily non-immigrant	X	Asian		Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial	X	Seniors	X
		Other	X		

Specific cultural group: Anishinaabe, multi-tribal, multi-racial within Native American

Source: December 2005 EHDI Community and Tribal Grantee Reports

Bois Forte Band of Chippewa
Project Name: Cardiovascular Program

Contact Person: Rebecca Dundas
E-mail: rdundas@boisforte-NSN.gov
Phone: 218-757-0087
Website:

Address: 13085 Nett Lake Road Nett Lake, MN 55771

EHDI Project Description

The Bois Forte Cardiovascular program focuses on offering activities to the Bois Forte Band members and reservation community members who have or are at risk for cardiovascular disease. The activities are carefully designed to increase the Bois Forte community's awareness of cardiovascular disease and its risk factors and to aide in behavioral change. The Cardiovascular program currently provides cardiovascular health education, with an emphasis on prevention. The program also provides screenings that include blood pressure, blood sugar, and body composition analysis. Weight loss/management exercise programs have been a recent addition to the program. The Cardiovascular program works with four specific age groups: 1) youth (kindergarten – sixth grades); 2) secondary youth; 3) adults; 4) elders.
The long-term outcome of the Bois Forte Cardiovascular Program is that the Bois Forte community will have a reduced risk of cardiovascular disease.

Geographic Service Area: The Bois Forte Reservation - Nett Lake and Vermilion reservations

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	
Immigrants and others		American Indian	X	Children	X
Primarily non-immigrant		Asian		Teens	X
Not applicable	X	Hispanic/Latino		Adults	X
		Multi-racial		Seniors	X
		Other	X		

Specific cultural group: Bois Forte Band members

Source: December 2005 EHDI Community and Tribal Grantee Reports

Bois Forte Reservation
Project Name: Bois Forte Reservation

Contact Person: Cathy Chavers
E-mail: cchavers@boisforte-NSN.gov.
Phone: 218-757-3295
Website:

Address: P.O. Box 25 13071 Nett Lake Road Nett Lake, MN 55772

EHDI Project Description

Bois Forte Breast & Cervical Cancer program contracted with a female Family Nurse Practitioner who is Native American to provide Women's Health Clinics 2-4 days per month at Nett Lake and Vermilion. The FNP was to do paps and referrals for mammograms for the female Native American population. The current medical staff is all male and that is why we contracted with a female.

Geographic Service Area: Bois Forte Reservation, which includes both Nett Lake and Vermilion (Tower). We also serve patients in the following areas: Orr, Cook, Gheen, Int'l Falls, Virginia, Ely, Eveleth, Duluth, Hibbing, Chisholm, Nashwauk, Mt. Iron, etc.

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer	X	Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	
Immigrants and others		American Indian	X	Children	
Primarily non-immigrant		Asian		Teens	X
Not applicable	X	Hispanic/Latino		Adults	X
		Multi-racial		Seniors	X
		Other			

Specific cultural group: We serve the Bois Forte Reservation, Native American women and women of Native American descent, non-Indian women also.

Source: December 2005 EHDI Community and Tribal Grantee Reports

Boys and Girls Club of the Twin Cities
Project Name: SMART Moves

Contact Person: Ricky Solomon
E-mail: rsolomon@boysandgirls.org
Phone: (651) 967-1108
Website: boysandgirls.org
Address: 2575 University Avenue West Suite 100 St. Paul, MN 55414

EHDI Project Description

SMART Moves is a series of prevention programs for members ages 6-15. There are several programs that make up the SMART Moves Curriculum: SMART Start, SMART Kids, SMART Girls, Street SMART, and SMART Teens. All of these programs are run throughout the year at different intervals. SMART Moves is part of the Boys & Girls Club SMART Moves Prevention Program. SMART Moves is age-appropriate prevention education, designed to help young people avoid alcohol, drug and tobacco use as well as sexual activity. For example, during one week, members study facts about drug use and then follow up the next week with a Jeopardy game to test mastery of the facts. Members are evaluated with pre and posttests.

Geographic Service Area: West St. Paul, East St. Paul, North of the Capital State, North Minneapolis, South Minneapolis, Phillips Neighborhood and Northwest Minneapolis

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	X
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others	X	American Indian	X	Children	X
Primarily non-immigrant		Asian	X	Teens	X
Not applicable		Hispanic/Latino	X	Adults	
		Multi-racial	X	Seniors	
		Other			

Specific cultural group: Hmong, Mexican, Somali, African American, and American Indian

Source: December 2005 EHDI Community and Tribal Grantee Report

Camphor Foundation

Project Name: Camphor Foundation / UJIMA Teen Pregnancy and Healthy Youth Development Program

Contact Person: Gloria Roach Thomas
Phone: 651 224-0341
E-mail: pastor@camphorumc.org or gloriart_sunshine@yahoo.c
Website:

Address: 2343 Sheridan Avenue North Minneapolis, MN 55411

EHDI Project Description

The UJIMA Healthy Youth Development Project is a four-year old faith-based community collaboration that works to prevent teen pregnancy and foster healthy behaviors and lifestyles among at risk inner-city African American youth. We provide, not only education and information, but also a safe, protective environment where teens can come and experience healthy interactions with adults while building supportive friendships with their peers. We are helping strengthen families while removing teens from environments that foster inappropriate behavior and destructive life outcomes. We support and reinforce our teens as they deal with the problem of peer pressure. We provide them with appropriate language and information to understand the consequences of reckless and risky behavior, including pregnancy and sexually transmitted disease.

Geographic Service Area: St Paul/Inner City: Aurora St. Anthony, Summit-University, and Thomas-Dale communities and the East side of St. Paul

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	X
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others		American Indian		Children	X
Primarily non-immigrant	X	Asian		Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial	X	Seniors	
		Other	X		

Specific cultural group: African American, Native Africans (Liberians, Sierra Leoneans, Nigerians) and Multi-racial.

Source: December 2005 EHDI Community and Tribal Grantee Reports

Carondelet LifeCare Ministries
Project Name: Carondelet LifeCare Ministries / St. Mary's Health Clinics

Contact Person: Barbara L. Dickie
E-mail: bdickie@stmarysclinics.org
Phone: 651-690-7021
Website: www.stmaryshealthclinics.org
Address: 1884 Randolph Avenue St. Paul, MN 55105

EHDI Project Description

St. Mary's Health Clinics have established our Eliminating Health Disparities Initiative (EHDI) program to help reduce diabetes and breast and cervical cancer disparities in the adult Latino population by collaborating with Latino parishes to provide culturally appropriate health care information, health screening, and education. In addition, St. Mary's Health Clinics have increased access to health care services for Latinos through advocacy, referrals, and actual scheduling of health care services. By partnering with Latino congregations, St. Mary's Health Clinics has reached Latinos who currently do not have access to health care and information about cancer screening and diabetes.

Geographic Service Area: Holy Rosary Parish in South Minneapolis, Assumption Parish in Richfield, Sacred Heart Parish in Eastside St. Paul, St. Matthew's Parish in Westside St. Paul

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer	X	Violence & Unintentional Injuries	
Diabetes	X	Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants	X	African American		Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant		Asian		Teens	
Not applicable		Hispanic/Latino	X	Adults	X
		Multi-racial		Seniors	
		Other			

Specific cultural group: Latino Communities

Source: December 2005 EHDI Community and Tribal Grantee Reports

Cass County /Leech Lake Reservation
Project Name: EHDI/MCH Program

Contact Person: Emily Bakken
E-mail: emily.bakken@llojibwe.com
Phone: 218-335-4500
Website:
Address: 115 6th Street Northwest Suite E Cass Lake, MN 56633

EHDI Project Description

Decrease the infant mortality rate on the Leech Lake Reservation through various services including Doula services, prenatal care and well child clinics, childbirth classes, breastfeeding support and home visits.

Geographic Service Area: The Leech Lake Reservation

Health Disparity Areas Being Addressed by Grantee

Infant Mortality	X	Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	X
Immigrants and others		American Indian	X	Children	
Primarily non-immigrant	X	Asian		Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	
		Other			

Specific cultural group: Leech Lake Band of Ojibwe and other Ojibwe tribes that live on the Leech Lake reservation.

Source: December 2005 EHDI Community and Tribal Grantee Reports

Center for Asian and Pacific Islanders (CAPI)
Project Name: Immunizations

Contact Person: Lou Yang
E-mail: lou.yang@capiusa.org
Phone: 612-721-0122
Website:
Address: 3702 East Lake Street Suite 200 Minneapolis, MN 55406

EHDI Project Description

Our EHDI Program is intended to educate the targeted communities' populations to better understand their health and preventions; to help them navigate the health care system in this country; and to help them understand the importance of immunizations. Oftentimes our clients think that immunizations are for children only and that prevention is not that important.

Geographic Service Area: Seven county metro area

Health Disparity Areas Being Addressed by Grantee

Infant Mortality	Immunizations	X
Breast & Cervical Cancer	Violence & Unintentional Injuries	
Diabetes	Healthy Youth Development	
HIV/AIDS and STI's	Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others	X	American Indian		Children	X
Primarily non-immigrant		Asian	X	Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	X
		Other			

Specific cultural group: Primarily Asians (Hmong, Vietnamese) and East African (Somali, Oromo/Ethiopian)

Source: December 2005 EHDI Community and Tribal Grantee Reports

Centro

Project Name: Centro's Teen Pregnancy and Infant Mortality Prevention

Contact Person: Saul Galvez
E-mail: sgalvez@centromn.org
Phone: 6128741412 x220
Website: www.centromn.org
Address: 1915 Chicago Avenue South Minneapolis, MN 55404

EHDI Project Description

Increase healthy communication between parents and teens. Educate parents and teens about sex and sexuality. Assist youth in developing personal goals that: a) promote healthy lifestyle choices, b) increase future educational/career opportunities, c) empower them to delay becoming sexually active and/or prevent pregnancy and STDs, d) increase knowledge on infant mortality prevention methods.

Geographic Service Area: Minneapolis vicinity

Health Disparity Areas Being Addressed by Grantee

Infant Mortality	X	Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	X
Diabetes		Healthy Youth Development	X
HIV/AIDS and STI's	X	Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	
Immigrants and others	X	American Indian		Children	
Primarily non-immigrant		Asian		Teens	X
Not applicable		Hispanic/Latino	X	Adults	X
		Multi-racial	X	Seniors	
		Other			

Specific cultural group: Latinos

Source: December 2005 EHDI Community and Tribal Grantee Reports

Centro Campesino
Project Name: Promotores de Salud/ Health Promoter Project

Contact Person: Gloria M. Contreras
E-mail: gloria@centrocampesino.net
Phone: 507-446-9599
Website: www.centrocampesino.net
Address: 104 ½ Broadway Street West # 206 Owatonna, MN 55060

EHDI Project Description

The focus of Centro Campesino's Promotores de Salud Project is on empowering migrant agricultural workers and rural Latino/as in south central Minnesota to become leaders in the promotion of community physical, economic and social health and towards eliminating health disparities between Latino/as and whites in Minnesota. This includes building health-based leadership within migrant agricultural worker and rural Latino/a communities in south central Minnesota and on decreasing the health disparities faced by these communities. Specific areas of focus are improved access to medical services and health information; increased adult farmworker and rural Latino/a access to tetanus vaccine; increased early detection and treatment of breast and cervical cancer; diabetes prevention and improved diet and lifestyle of Latino/as with type 2 diabetes; and HIV/AIDS/STD prevention within the migrant agricultural worker and rural Latino/a communities of this region.

Geographic Service Area: Steele (primarily Owatonna and Grass Migrant Camp), Le Sueur (primarily Montgomery), Rice (primarily Faribault), Waseca (primarily Waseca), Dodge, Mower, and Freeborn counties

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	X
Breast & Cervical Cancer	X	Violence & Unintentional Injuries	X
Diabetes	X	Healthy Youth Development	
HIV/AIDS and STI's	X	Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants	X	African American		Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant		Asian		Teens	
Not applicable		Hispanic/Latino	X	Adults	X
		Multi-racial		Seniors	X
		Other			

Specific cultural group: Mexicans, Mexican Americans, Guatemalans, Hondurans, Puerto Ricans and El Salvadorans.

Source: December 2005 EHDI Community and Tribal Grantee Reports

Council on Crime and Justice
Project Name: Healthy Educational Lifestyles Project

Contact Person: Michael Bischoff
E-mail: bischoffm@crimeandjustice.org
Phone: 612-596-7622
Website: www.crimeandjustice.org
Address: 822 South 3rd Street, Suite 100 Minneapolis, MN 55415

EHDI Project Description

The focus of HELP is reducing the rate of HIV, Hepatitis C, and other STDs among offenders and ex-offenders of color in Minnesota. The project also seeks to increase the capacity of this population to advocate for their own health care, and increase pro-activeness in seeking health resources. In this general health education, the project emphasizes immunizations and activities that prevent infant mortality, and violence prevention.

Geographic Service Area: Twin Cities area and Minnesota Correctional Facilities: Lino Lakes, Rush City, and Shakopee

Health Disparity Areas Being Addressed by Grantee

Infant Mortality	X	Immunizations	X
Breast & Cervical Cancer		Violence & Unintentional Injuries	X
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's	X	Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others		American Indian	X	Children	
Primarily non-immigrant	X	Asian		Teens	
Not applicable		Hispanic/Latino	X	Adults	X
		Multi-racial	X	Seniors	
		Other	X		

Specific cultural group: No specific cultural groups–but the primary population is people of color that are inmates in Minnesota prisons.

Source: December 2005 EHDI Community and Tribal Grantee Reports

Dar Al-Hijrah Cultural Center
Project Name: Somali Community Health Screening Center

Contact Person: Abdisalam Adam, Director
E-mail: ABDISALAM.ADAM@SPPS.ORG
Phone: 612.227.3933
Website:
Address: 504 Cedar Avenue South Minneapolis, MN 55454

EHDI Project Description

Through these grants, Dar Al-Hijrah was able to open a health-screening center staffed by Somali health professionals to provide culturally and linguistically competent services. The focuses of Dar Al-Hijrah services are on these health issues: Immunization for adult and children, Cardiovascular, Diabetes, and Breast and Cervical Cancer.

Geographic Service Area: The Somali Community in Seward and Whittier neighborhoods

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	X
Breast & Cervical Cancer	X	Violence & Unintentional Injuries	
Diabetes	X	Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants	X	African American	X	Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant		Asian		Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	X
		Other			

Specific cultural group: Somali Community

Source: December 2005 EHDI Community and Tribal Grantee Reports

DIW - Doula

Project Name: Teen Indian Parents Program - Doula - Women of Traditional Birthing

Contact Person: Noya Woodrich
E-mail: nwoodrich@gmcc.org
Phone: 612-722-8722
Website: www.gmcc.org/diw
Address: 1001 East Lake Street Minneapolis, MN 55407

EHDI Project Description

DIW started the Doula program in 2002 as an approach in addressing the problem of the high infant mortality rate in the American Indian community. Through education, training, and outreach, the Doula program is assisting American Indian pregnant women on understanding the role of a Doula, the birth process, receiving services such as developing a birth plan, having a doula attend the birth, and offer intensive support before, during, and after. The Doula program recruits and trains women interested in becoming a Doula and matches pregnant clients and their families with a trained Doula. The Doula project strengthens the emotional health and self-care empowerment for the women in this especially critical time of parent and infant relationship and bonding, direct indicators of positive future health and development of the child and families.

Geographic Service Area: Hennepin county

Health Disparity Areas Being Addressed by Grantee

Infant Mortality	X	Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	X
Immigrants and others		American Indian	X	Children	X
Primarily non-immigrant	X	Asian		Teens	X
Not applicable		Hispanic/Latino	X	Adults	X
		Multi-racial	X	Seniors	
		Other	X		

Specific cultural group: Primarily Lakota, Dakota, Ojibway, HoChunk, and Dineh

Source: December 2005 EHDI Community and Tribal Grantee Reports

DIW - Teen Pregnancy
Project Name: Youth Leadership Development Program- Live It!

Contact Person: Noya Woodrich
E-mail: nwoodrich@gmcc.org
Phone: (612) 722-8722
Website: www.gmcc.org/diw
Address: 1001 East Lake Street Minneapolis, MN 55407

EHDI Project Description

Our EHDI program's long-term goal is to decrease the teen pregnancy rates among American Indian youth. Our program does this using two versions of a culturally based curriculum that we developed. The versions are designed for American Indian children ages 11-12 and adults such as their parents, grandparents or professionals who work with that age group. Our short-term goals are to increase the knowledge of program participants as to what contributes to teen pregnancy and to increase their knowledge of how to prevent pregnancy. Program participants will also have an increased understanding of the issue of teen pregnancy from both a cultural/ traditional and a contemporary point of view. Intermediate goals of our program include increasing healthy youth behaviors such as increased cultural identity, increased self-esteem, and improved ability to set goals.

Geographic Service Area: Hennepin county (particularly Minneapolis and St. Paul) and reservations in Minnesota

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	X
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	
Immigrants and others		American Indian	X	Children	
Primarily non-immigrant	X	Asian		Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	
		Other			

Specific cultural group: Ojibwe, Lakota, Dakota, Ho-Chunk

Source: December 2005 EHDI Community and Tribal Grantee Reports

Family and Children's Service
Project Name: 100 Men Take a Stand

Contact Person: Jeannette Raymond
E-mail: jraymond@fcsmn.org
Phone: 6128234036
Website: www.fcsmn.org
Address: 4123 East Lake Street Minneapolis, MN 55406

EHDI Project Description

Family & Children's Service (FCS) will engage African American men in the prevention of domestic violence in Minneapolis and other metro African American communities. Ultimately, we are working to reduce deaths and injuries due to family violence in the African American community. But the intermediate changes we will create are as follows: More men will take action to prevent domestic violence; community norms and actions that discourage domestic violence will be adopted by more community members; foundations for healthy relationships will be strengthened by supporting men's healing from past experiences with violence; and men's community connectedness will increase.

Geographic Service Area: North Minneapolis

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	X
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant	X	Asian		Teens	
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	
		Other			

Specific cultural group: African American Men

Source: December 2005 EHDI Community and Tribal Grantee Reports

Fond du Lac Tribe
Project Name: Fond du Lac Human Services Division

Contact Person: Danielle Le Bon Gort, RN PHN
E-mail: daniellelebongort@fdlrez.com
Phone: 218-279-4109
Website:
Address: 211 West 4th Street Duluth, MN 55806

EHDI Project Description

Fond du Lac's EHDI Program intends to reduce infant mortality through the application of various strategies. Focuses of the EHDI Program include strategies to increase breastfeeding initiation and duration and increase access to safe sleep education.

Geographic Service Area: Southeast St. Louis county, city of Duluth

Health Disparity Areas Being Addressed by Grantee

Infant Mortality	X	Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	X
Immigrants and others		American Indian	X	Children	X
Primarily non-immigrant		Asian		Teens	X
Not applicable	X	Hispanic/Latino		Adults	X
		Multi-racial		Seniors	X
		Other	X		

Specific cultural group: Minnesota Chippewa Tribe

Source: December 2005 EHDI Community and Tribal Grantee Reports

Freeport West
Project Name: Project Solo

Contact Person: Ann Lindquist
E-mail: ann.lindquist@freeportwest.org
Phone: 612-874-1936
Website:

Address: 2222 Park Avenue South Minneapolis, MN 55404

EHDI Project Description

Freeport program is intended for the development of a culturally specific and culturally based circle of care for African-American adolescents who are at risk of pregnancy, pregnant or parenting. Freeport provides both concrete skill development around issues vital to these young people, such as securing basic needs around shelter, education and /or employment, and cultural support and teachings to help them take responsibility for their own decision-making, choices, and quality of life. The work with youth is based upon our natural recognition of the interplay of health, culture and community. Freeport draws from the strengths of cultural heritage as a way to teach, guide and inform behaviors, attitudes, and lifestyles. Our intent is to reduce significantly the incidence of too-early pregnancy by providing young women/men of African descent the cultural support and skill, knowledge and attitudes—particularly around self-perception—for them to make positive lifestyle choices.

Geographic Service Area: Minneapolis Metro area

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	X
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant	X	Asian		Teens	X
Not applicable		Hispanic/Latino		Adults	
		Multi-racial	X	Seniors	
		Other			

Specific cultural group: Primarily African Americans

Source: December 2005 EHDI Community and Tribal Grantee Reports

Fremont Community Health Services
Project Name: Stroke Prevention Project

Contact Person: Sandra Levine
E-mail: sblevine@fremonthealth.org
Phone: 612-287-2425
Website: www.fremonthealth.org
Address: 3300 Fremont Avenue North Minneapolis, MN 55412

EHDI Project Description

The Stroke Prevention Project's goal is to increase education, understanding and awareness of cardiovascular disease (including cardiac, stroke, peripheral vascular disease) and diabetes in the African American adult community on the North side of Minneapolis and into the NW suburbs. The project offers free stroke risk screenings with the intention of diagnosing high blood pressure, hyperlipidemia, and diabetes in participants who are not aware they have the conditions or the risk factors. A licensed nurse performs full screenings and one-on-one education and referrals are made if the participant does not have a provider. If the participant does have a provider, we encourage them to make an appointment or at the very least call their doctor. The Nurse Coordinator and peer educators have community resource information and other clinic information to which they refer participants.

Geographic Service Area: Northside of Minneapolis and the Northwest corridor–first ring suburbs (Hennepin county)

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes	X	Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant	X	Asian		Teens	
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	X
		Other			

Specific cultural group: Primarily African American and African-born immigrants (Liberian, Somali, and Nigerian)

Source: December 2005 EHDI Community and Tribal Grantee Reports

Grand Portage Health Service
Project Name: Grand Portage Health Service

Contact Person: Grace Bushard
E-mail: graceb@grandportage.com
Phone: 218-475-2235
Website:

Address: 62 Upper Road P.O. Box 428 Grand Portage, MN 55605

EHDI Project Description

The long-term goal for the Grand Portage EHDI is framed in a wellness model. Through proactive outreach and increased education, the people of Grand Portage would learn about health care resources and self-care resulting in better health. The long-term outcome specifically states, "Community members live longer, healthier lives with decreased incidence of cardio-vascular disease." We hope to achieve this goal by building relationships with community members and programs on the reservation so that a consistent message is presented to people regarding health and wellness.

Geographic Service Area: Grand Portage Reservation

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes	X	Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	
Immigrants and others		American Indian	X	Children	
Primarily non-immigrant		Asian		Teens	
Not applicable	X	Hispanic/Latino		Adults	X
		Multi-racial		Seniors	X
		Other			

Specific cultural group:

Source: December 2005 EHDI Community and Tribal Grantee Reports

Hmong American Partnership
Project Name: We are the Peace We Need

Contact Person: Laura LaBlanc
E-mail: laura@hmong.org
Phone: 651/495-1505
Website: www.hmong.org
Address: 1075 Arcade Street St. Paul, MN 55105

EHDI Project Description

The partners in the We Are the Peace We Need, We Are Our Own Solutions are committed to continuing a multi-strategy, collaborative effort in the Hmong community to address health disparities in the area of "Injuries Resulting from Violence". This initiative focus's on both violence against self and others. We employ a public health strategy using public radio, the Hmoob Teen Magazine and community dialogues to identify and strengthen cultural protective factors; promote awareness that violence is a preventable public health problem; increase the number of Hmong who seek out and receive appropriate mental health services; and work to foster more effective clinical and mental health practices.

Geographic Service Area: Minneapolis and St. Paul metro areas

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	X
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants	X	African American		Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant		Asian	X	Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	X
		Other			

Specific cultural group: Hmong

Source: December 2005 EHDI Community and Tribal Grantee Reports

Indian Health Board of Minneapolis
Project Name: American Indian Community Wellness Project

Contact Person: Cheryl Secola
E-mail: csecola@gmcc.org
Phone: 612 722-8722
Website:
Address: 1001 East Lake Street Minneapolis, MN 55407

EHDI Project Description

The American Indian Community Wellness Project (AIWCP) is committed to increasing awareness & prevention of breast and cervical cancer through education, support and traditional healing.
Our project has two components:
1) Case management & home visits/ education with participating families & community groups.
2) Increase traditional healing and awareness of breast & cervical cancer in the American Indian community of Minneapolis and St. Paul.

Geographic Service Area: The Minneapolis and St. Paul American Indian Community

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer	X	Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	
Immigrants and others		American Indian	X	Children	X
Primarily non-immigrant	X	Asian		Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	
		Other			

Specific cultural group: American Indian - primarily Ojibwe and Lakota tribes.

Source: December 2005 EHDI Community and Tribal Grantee Reports

La Clinica en Lake, CLUES, La Opportunidad
Project Name: Aqui para Ti/ here for you

Contact Person: Cheryel Perez
E-mail: cperez@westsidechs.org
Phone: 612-728-7688
Website:
Address: 2700 East Lake Street, Suite 1100 Minneapolis, MN 55406

EHDI Project Description

Aqui Para Ti / Here For You is a collaborative, multidisciplinary, bicultural/bilingual youth program located in Minneapolis. The program is a collaborative effort between West Side Community Health Services/La Clinica en Lake, CLUES, La Opportunidad and MOAPPP. This collaborative effort serves Latino youth ages 11 to 24. Patients are encouraged to come with their parents or a significant adult. Both teen and parents receive a complete introduction to the program regarding their rights and the scope of confidential care. The youth fills out a questionnaire that explores many areas of their development such as family dynamics, school, emotions, age related development, drugs and alcohol usage, and violence and safety. The questionnaire is used as a risk screening tool and is administered in the participant's preferred language. The significant adult, if present, is also given a questionnaire and interviewed by the family specialist. Based on this data, the five Hispanic providers (family practice physician, health educator, outreach worker/family specialist, behavioral specialist, program coordinator) conduct a strength-based assessment and develop a treatment plan to provide care for the teen's most urgent needs (intervention-prevention) and set up a follow-up plan.

Geographic Service Area: Twin Cities Metro area and greater Minnesota

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	X
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants	X	African American		Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant		Asian		Teens	X
Not applicable		Hispanic/Latino	X	Adults	X
		Multi-racial		Seniors	
		Other			

Specific cultural group: Mexicans (56%), other Latin Americans (Ecuadorians, Guatemalans, Peruvians, Colombians, Argentineans, and El Salvadorians), and US-born Latinos (16%)

Source: December 2005 EHDI Community and Tribal Grantee Reports

Lao Family Community of Minnesota
Project Name: Kev Xaiv (Making Choices)

Contact Person: Vern Xiong
E-mail: vxiong@laofamily.org
Phone: 651-209-6808
Website: www.laofamily.org
Address: 1876 West Minnehaha Avenue St. Paul, MN 55104

EHDI Project Description

Kev Xaiv (Making Choices) is a teen pregnancy prevention program, based in and specific to the Twin Cities Hmong community. Kev Xaiv has two components that address two areas of primary concern in the Hmong community. The Healthy Hmong Teens Program provides abstinence-based pregnancy prevention education for Hmong teens 12-15 years old who may or may not be sexually active but have not become pregnant nor fathered a child. The Young Parents Program provides services designed to prevent repeat pregnancies with young Hmong parents.

Geographic Service Area: St. Paul and Minneapolis

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	X
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants	X	African American		Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant		Asian	X	Teens	X
Not applicable		Hispanic/Latino		Adults	
		Multi-racial		Seniors	
		Other			

Specific cultural group: Hmong

Source: December 2005 EHDI Community and Tribal Grantee Reports

Leech Lake Band of Ojibwe
Project Name: Anishinaabeg Minosewag

Contact Person: Peg Blakely
E-mail: pblakely@llojibwe.com
Phone: 218.335.4542
Website:

Address: 6530 Highway 2 Northwest Cass Lake, MN 56633

EHDI Project Description

Our EHDI program is intended to provide services to residents of the Leech Lake Reservation that support living in balance – physically, mentally, emotionally, and spiritually. Through one-to-one services, community gatherings and presentations, and collaboration with other agencies, our program seeks to provide education about the problem of suicide and other violence. This includes supporting behavioral change intended to reduce violence.

Geographic Service Area: Leech Lake Reservation, including parts of the counties of Cass, Beltrami, Hubbard and Itasca

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	X
Diabetes	X	Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	
Immigrants and others		American Indian	X	Children	X
Primarily non-immigrant		Asian		Teens	X
Not applicable	X	Hispanic/Latino		Adults	X
		Multi-racial	X	Seniors	X
		Other			

Specific cultural group: Ojibwe

Source: December 2005 EHDI Community and Tribal Grantee Reports

Lower Sioux Community
Project Name: Lower Sioux Indian Community

Contact Person: Carol Flahaven
E-mail: lowersioux@hotmail.com
Phone: 507-637-4286
Website:
Address: P.O. Box 308 39527 Reservation Highway 1 Morton, MN 56270

EHDI Project Description

Provide information to the members about various health concerns including exercise and nutrition for elders and healthy development for youth. Teaching a positive traditional lifestyle.

Geographic Service Area: Redwood and Renville counties

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	X
Diabetes	X	Healthy Youth Development	X
HIV/AIDS and STI's	X	Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	
Immigrants and others		American Indian	X	Children	X
Primarily non-immigrant		Asian		Teens	X
Not applicable	X	Hispanic/Latino		Adults	X
		Multi-racial		Seniors	X
		Other			

Specific cultural group: Lower Sioux Indian Community

Source: December 2005 EHDI Community and Tribal Grantee Reports

Mille Lacs Reservation

Project Name: Public Health Maternal Child Health Program

Contact Person: Victoria Hogan RN WIC MCH Coordinator
E-mail: vhogan@millelacsojibwe.nsn.us
Phone: 320-532-7485
Website:
Address: 43500 Migizi Drive Onamia, MN 56359

EHDI Project Description

Our EHDI program is designed to work with the people of the Mille Lacs Band of Ojibwe to define the strengths, provide needs assessments, evaluate resources, develop programs that will meet the needs of the people, provide referrals, coordinate services with other providers, provide education provide training and honor the culture and traditions of the people.

Geographic Service Area: Mille Lacs Band of Ojibwe Tribal Lands

Health Disparity Areas Being Addressed by Grantee

Infant Mortality	X	Immunizations	X
Breast & Cervical Cancer		Violence & Unintentional Injuries	X
Diabetes	X	Healthy Youth Development	
HIV/AIDS and STI's	X	Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	X
Immigrants and others		American Indian	X	Children	X
Primarily non-immigrant		Asian		Teens	X
Not applicable	X	Hispanic/Latino		Adults	X
		Multi-racial	X	Seniors	X
		Other	X		

Specific cultural group: Mille Lacs Band of Ojibwe

Source: December 2005 EHDI Community and Tribal Grantee Reports

Minneapolis American Indian Center
Project Name: Minneapolis American Indian Center

Contact Person: Anna Sherwood
E-mail: asherwood@maicnet.org
Phone: 612.879.1722
Website: www.maicnet.org

Address: 1530 East Franklin Avenue Minneapolis, MN 55404

EHDI Project Description

Our EHDI programming goals are the major components of our Healthy Options Program. We work with our local health agencies and community members both youth and adults, to provide opportunities for physical conditioning and positive social development. We want to engage our community members to take part in monitoring their personal health from adolescence through adulthood.
We want to foster athletic, cultural, educational opportunities to bring our community beyond health awareness to having an active role in becoming healthy individuals through physical activities, education, check ups and referrals.

Geographic Service Area: Minneapolis and Saint Paul

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes	X	Healthy Youth Development	X
HIV/AIDS and STI's		Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others		American Indian	X	Children	
Primarily non-immigrant	X	Asian		Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial	X	Seniors	
		Other	X		

Specific cultural group: American Indian (primary tribal groups: Ojibwe, Dakota, Lakota, Ho Chunk) and Alaska Native people

Source: December 2005 EHDI Community and Tribal Grantee Reports

Minneapolis Urban League
Project Name: OOPS - Other Options Program Services

Contact Person: Makeda Norris; Daphne Cornelia Rich
E-mail: mnorris@mul.org
Phone: (612) 302-3164
Website: www.mul.org
Address: 2100 Plymouth Avenue North Minneapolis, MN 55411

EHDI Project Description

OOPS provides comprehensive prevention follow-up and reinforcement services and activities to youth (grades 6-8) who are enrolled in or have recently completed the "Making A Difference" curriculum. "Making A Difference" is an eight-session abstinence based program that has been endorsed by the Minnesota Department of Health – Office of Minority and Multicultural Health and identified by the National Center for Disease Control (CDC) as a "Program That Works." Upon completion of the curriculum, youth elect to participate in a variety of after-school programs offered at selected school and community sites in North and South Minneapolis and at several other North Minneapolis youth serving community agencies and churches. In OOPS, youth practice the skills and use the tools they learned from the "Making A Difference" curriculum to avoid risky behaviors. They are given the opportunity to become self-confident, trust their own judgment, make beneficial decisions and engage in healthy relationships with peers and adults. The services and activities include, but are not limited to: educational enrichment, tutoring and homework help; computer instruction and training, theater/drama classes, music classes, visual arts classes, chess, crafts, games field trips to cultural events and amusement parks, and other youth centered recreational and social activities.

Geographic Service Area: North and South Minneapolis

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	X
HIV/AIDS and STI's	X	Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant	X	Asian		Teens	X
Not applicable		Hispanic/Latino	X	Adults	
		Multi-racial		Seniors	
		Other			

Source: December 2005 EHDI Community and Tribal Grantee Reports

Minnesota International Health Volunteers
Project Name: Somali Health Care Initiative

Contact Person: Andrea Leinberger-Jabari
E-mail: aleinberger@mihv.org
Phone: 612-230-3254
Website: www.mihv.org

Address: 122 West Franklin Avenue, Suite 522 Minneapolis, MN 55404

EHDI Project Description

The goal of our project is to reduce health disparities between the Somali community and the general population of Minnesota in the areas of breast and cervical cancer, cardiovascular disease, diabetes, immunizations, infant mortality, and HIV/AIDS and STDs. In 2004 we added HIV/AIDS and STDs as an additional health priority area to our previous areas because of a specific need in the community for education around this topic, our previous experience providing education to health providers on this topic, and due to MIHV's 15 years of experience in providing HIV/AIDS education to African-born populations overseas.

Geographic Service Area: The Somali community in the Twin Cities and surrounding areas and rural locations throughout Minnesota, such as Rochester, Willmar and St. Cloud

Health Disparity Areas Being Addressed by Grantee

Infant Mortality	X	Immunizations	X
Breast & Cervical Cancer	X	Violence & Unintentional Injuries	
Diabetes	X	Healthy Youth Development	
HIV/AIDS and STI's	X	Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants	X	African American	X	Infants	X
Immigrants and others		American Indian		Children	X
Primarily non-immigrant		Asian		Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	X
		Other	X		

Specific cultural group: Somali and health and social service providers in Minnesota

Source: December 2005 EHDI Community and Tribal Grantee Reports

North Suburban Youth Health Clinic (REACH)
Project Name: REACH Restore and Empower African-American Adolescents to Create Hope

Contact Person: Brian Russ
E-mail: brian@annexteenclinic.org
Phone: 763-533-1316
Website: www.teenhealth411.com

Address: 4915 42nd Avenue North Robbinsdale, MN 55422

EHDI Project Description

The primary, long-term goal of the REACH collaborative is to reduce unintended adolescent pregnancies among African American adolescents in North Minneapolis. As a collaborative we have approached the prevention of unintended adolescent pregnancies with a comprehensive and research-based strategy. One of the most significant accomplishments of our collaborative is bringing together the individual efforts of each of our partners and integrating them for more effective programming. The most current research into best practices for teen pregnancy prevention is making clear that our best hope lies in the integration of youth development programming, comprehensive sexuality education and improved access to clinical services. Our collaborative is doing just that.

Geographic Service Area: North Minneapolis

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	X
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant	X	Asian		Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	
		Other			

Specific cultural group: African American adolescents and their parents or other adult care-takers

Source: December 2005 EHDI Community and Tribal Grantee Reports

Olmsted County Public Health Services
Project Name: Eliminating Health Disparities

Contact Person: Marty Aleman, PHN
E-mail: aleman.marty@co.olmsted.mn.us
Phone: 507-285-8391
Website: www.olmstedcounty.com

Address: 2100 Campus Drive Southeast Rochester, MN 55904

EHDI Project Description

The primary areas of focus for the 2006-2007 grant's activities will be diabetes and cardiovascular disease prevention through community based health promotion activities. We will also do limited health promotion activities focusing on childhood immunizations with our community partners. Examples include: Health Education classes and presentations to School age youth, Health Fairs, Group Health Promotion Activities, Media Campaigns, and Screening Events.

Geographic Service Area: Olmsted county, particularly the city of Rochester

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	X
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes	X	Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others	X	American Indian		Children	X
Primarily non-immigrant		Asian		Teens	X
Not applicable		Hispanic/Latino	X	Adults	X
		Multi-racial		Seniors	X
		Other			

Specific cultural group: Native born African American and immigrants from Latin America

Source: December 2005 EHDI Community and Tribal Grantee Reports

Park Avenue Family Practice
Project Name: Park Ave Family Practice

Contact Person: Paul Lee
E-mail: sunhie@aol.com
Phone: 612 874 8811
Website:

Address: 2707 Nicollet Avenue South Minneapolis, MN 55408

EHDI Project Description

Park Avenue is in the second cycle of the Eliminating Health Disparities Initiative Grant and is working on 4 different health areas: diabetes, healthy youth, infant mortality, and cardiovascular disease. Our grant is intended to improve the health of the local Hmong community by promoting health behaviors through culturally sensitive educational materials such as DVD's, curricula such as the healthy youth program, and individual counseling sessions in the clinic. The goal of these programs are to increase abstinent behavior among youth, thereby decreasing the rate of STD's and infant mortality; improve medication compliance and lifestyle changes among diabetics and those with CVD risk factors; and to decrease infant mortality by promoting behaviors such as breastfeeding.

Geographic Service Area: Twin Cities

Health Disparity Areas Being Addressed by Grantee

Infant Mortality	X	Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes	X	Healthy Youth Development	X
HIV/AIDS and STI's		Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants	X	African American		Infants	X
Immigrants and others		American Indian		Children	X
Primarily non-immigrant		Asian	X	Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	X
		Other			

Specific cultural group: Hmong

Source: December 2005 EHDI Community and Tribal Grantee Reports

Red Lake Comprehensive Health Services
Project Name: Community Health Nursing Infant Mortality Program

Contact Person: Connie Jorgensen
E-mail: rlchns@paulbunyan.net
Phone: 218-679-3316
Website:
Address: P.O. Box 249 Red Lake, MN 56671

EHDI Project Description

Identify pre-teens, teenagers and first time mothers early in their pregnancy. Increase clients' knowledge; improve their attitude and behaviors as it pertains to our high-risk program and goal of healthy pregnancies and delivering healthy babies. To help guide families to become their own advocate for themselves and their children for a healthy life. We want to empower, challenge and be a helpful resource to these families and not enable them to be dependent upon us, so they can too become a teacher and mentor to others in the community.

Geographic Service Area: Red Lake Indian Reservation

Health Disparity Areas Being Addressed by Grantee

Infant Mortality	X	Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	X
Immigrants and others		American Indian	X	Children	X
Primarily non-immigrant		Asian		Teens	X
Not applicable	X	Hispanic/Latino		Adults	X
		Multi-racial		Seniors	
		Other			

Specific cultural group: Red Lake Band of Chippewa Indians, Ojibwe

Source: December 2005 EHDI Community and Tribal Grantee Reports

Region Nine Development Commission
Project Name: Saludando Salud

Contact Person: Reggie Edwards
E-mail: reggie@rndc.mankato.mn.us
Phone: 507-389-8872
Website: www.rndc.org
Address: 410 East Jackson Street P.O. Box 3367 Mankato, MN 56002

EHDI Project Description

Geographic Service Area: Blue Earth, Brown, Faribault, Le Sueur, Martin, Nicollet, Sibley, Waseca and Watonwan counties

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer	X	Violence & Unintentional Injuries	
Diabetes	X	Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	X
Immigrants and others	X	American Indian		Children	X
Primarily non-immigrant		Asian		Teens	X
Not applicable		Hispanic/Latino	X	Adults	X
		Multi-racial		Seniors	X
		Other			

Specific cultural group: Countries/cultures: U.S., Mexico, Guatemala, Honduras, El Salvador, Argentina

Source: December 2005 EHDI Community and Tribal Grantee Reports

Southeast Asian Community Council
Project Name: Southeast Asian Youth Empowerment Project: Teen Pregnancy Prevention

Contact Person: A Yang
E-mail: yang_a@msn.com
Phone: 612-342-1530
Website: www.seacc-mn.org
Address: 555 Girard Terrace Suite 110 Minneapolis, MN 55405

EHDI Project Description

The Southeast Asian Youth Empowerment Project (SEAYEP) is a collaborative of four community based organizations: Asian Media Access, Association for the Advancement of Hmong Women in Minnesota, Lauj Youth Society of Minnesota, and Southeast Asian Community Council. SEAYEP works to reduce and prevent the incidence of teen pregnancy within the Southeast Asian community because teen pregnancy is directly related to the social, economical, and emotional well being of many Southeast Asian youth and their families. Through various activities, events, speakers and so forth, youths become more aware of the cause and effects of teen pregnancy.

Geographic Service Area: Hennepin and Ramsey counties

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	X
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	
Immigrants and others	X	American Indian		Children	
Primarily non-immigrant		Asian	X	Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	
		Other			

Specific cultural group: Hmong

Source: December 2005 EHDI Community and Tribal Grantee Reports

Southeast Asian Ministry
Project Name: Parish Nurse Program

Contact Person: Joan Regal
E-mail: jregal@real-time.com
Phone: 651-293-1261
Website:

Address: 105 West University Avenue St. Paul, MN 55103

EHDI Project Description

The purpose of the Parish Nurse Program is to educate Cambodian and Hmong elders about health care – the prevention and management of disease. (Note: in Southeast Asian cultures "elder" begins at 45 to 50 years of age.) It is important to empower people, to have them take the responsibility for their own health care. It is important for people to know how to access the health care system and to know how to ask for appropriate care. Most Southeast Asians came to the United States with a very different understanding of health care from what they experience here. The parish nurses work with them so that they can understand health issues, manage their health and access appropriate care. In particular SeAM is addressing cardiovascular disease, diabetes and immunizations for adults with the Cambodian and Hmong elders that the parish nurses work with.
Cardiovascular disease and diabetes have become an issue for refugees. For Cambodians and Hmong, in their homelands, exercise was not an option it was part of every day life. Healthy food was a way of life. There did not need to be a discussion or education about healthy lifestyles. Now there does need to be education about diet and the necessity for physical exercise and what constitutes a healthy lifestyle, especially in relationship to cardiovascular disease and diabetes. Also, children attend with parents, grandparents and we hope they are also learning the importance of exercise and nutrition.

Geographic Service Area: Primarily St. Paul/Ramsey county

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	X
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes	X	Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants	X	African American		Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant		Asian	X	Teens	
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	X
		Other			

Specific cultural group: Cambodian and Hmong

Source: December 2005 EHDI Community and Tribal Grantee Reports

Stairstep Foundation
Project Name: There Is A Balm

Contact Person: Helen Jackson
E-mail: helen@stairstep.org
Phone: 612-521-3110
Website:

Address: 1404 14th Avenue North Minneapolis, MN 55411

EHDI Project Description

The Stairstep Foundation Health Initiative "There Is A Balm" is a unique model that uses the community of faith to raise awareness, increase collaboration, and build capacity while empowering congregations and individuals to take charge of their health. Through this initiative pastors and elders of different denominations have established relationships to restore community health.
We have also established relationships with health professionals and agencies to bring resources and screening to the church sites.

Geographic Service Area: Twin Cities metro area African American churches. However, members live in several different counties.

Health Disparity Areas Being Addressed by Grantee

Infant Mortality	X	Immunizations	X
Breast & Cervical Cancer	X	Violence & Unintentional Injuries	
Diabetes	X	Healthy Youth Development	X
HIV/AIDS and STI's		Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others		American Indian		Children	X
Primarily non-immigrant	X	Asian		Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	X
		Other			

Specific cultural group: People of African descent

Source: December 2005 EHDI Community and Tribal Grantee Reports

Summit University Teen Center
Project Name: Teens Choosing Healthy Options Programs and Services

Contact Person: Doriscile Everett-O'Neal
E-mail: deverettoneal@yahoo.com
Phone: 651-644-3311
Website:
Address: 1063 Iglehart Avenue St. Paul, MN 55104

EHDI Project Description

TC-HOPS is a culturally specific parenting and pregnancy prevention program, offering teen parents developmental support designed to help build their competency and confidence as new parents. The program provides age-appropriate parenting education and opportunities in the following areas: Comprehensive adolescent pregnancy prevention education to avoid subsequent teen births or pregnancies; adequate programming and services to prepare and assist young parents in developing parenting skills; encourage family activities that enhance parent/child social development; and increase knowledge and understanding regarding sexual and preventative health. TC-HOPS reinforces to teens that as parents, they are responsible for the health, safety, and well-being of their children. Participants are taught that as the primary protector and provider for their children they must adequately be prepared to meet the challenges of parenthood.

Geographic Service Area: West-Central St. Paul, East Side, and Frogtown Communities. However, we do have youth that come from Minneapolis, Roseville, Maplewood, Oakdale and West St. Paul.

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	X
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	X
Immigrants and others		American Indian		Children	
Primarily non-immigrant	X	Asian	X	Teens	X
Not applicable		Hispanic/Latino	X	Adults	
		Multi-racial	X	Seniors	
		Other	X		

Specific cultural group: Primarily African American teen parents (but also other ethnic backgrounds)

Source: December 2005 EHDI Community and Tribal Grantee Reports

TAMS / Children's Hospitals and Clinics
Project Name: TAMS- Teen Age Medical Service

Contact Person: Rebecca Wright

E-mail: rebecca.wright@childrensmn.org

Website: www.teenhealth411.org and www.childrenshc.org

Phone: 612-813-8970

Address: 2525 Chicago Avenue South Minneapolis, MN 55404

EHDI Project Description

Our program is multi-faceted: Soulful living is intended to promote healthy nutrition and physical activity for African American women and girls in a supportive culturally responsive framework. Latino youth development is intended to help Latino youth develop to their fullest potential by promoting healthy relationships, communication skills, developing Latino youth role models and ambassadors and supporting only responsible sexual activity. For immunizations, services at Centro provided immunizations to Latino children, youth and some adults.

Geographic Service Area: Primarily core-city neighborhoods of Minneapolis

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	X
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes	X	Healthy Youth Development	X
HIV/AIDS and STI's		Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	X
Immigrants and others	X	American Indian	X	Children	X
Primarily non-immigrant		Asian	X	Teens	X
Not applicable		Hispanic/Latino	X	Adults	X
		Multi-racial	X	Seniors	
		Other	X		

Specific cultural group: Primarily African-Americans and Latinos

Source: December 2005 EHDI Community and Tribal Grantee Reports

The Storefront Group
Project Name: Bridge to Success

Contact Person: Amin Mohamed
E-mail: amohamed@storefront.org
Phone: 612-798-8164
Website: www.storefront.org

Address: 6425 Nicollet Avenue South Richfield, MN 55423

EHDI Project Description

Bridges to Success is specifically designed to educate Somali parents about the importance of immunization and record keeping. The program also works as a bridge between schools and Somali families through collaboration with school nurses to insure school age children are fully immunized. In addition, the Bridge to Success program provides assistance and information to families to assist in navigating the health care system.

Geographic Service Area: Dakota county, and city of Bloomington

Health Disparity Areas Being Addressed by Grantee

Infant Mortality	Immunizations	X
Breast & Cervical Cancer	Violence & Unintentional Injuries	
Diabetes	Healthy Youth Development	
HIV/AIDS and STI's	Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants	X	African American	X	Infants	
Immigrants and others		American Indian		Children	X
Primarily non-immigrant		Asian		Teens	X
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	
		Other			

Specific cultural group: Somalis

Source: December 2005 EHDI Community and Tribal Grantee Reports

Turning Point
Project Name: Turning Point's EHDI-HIV Awareness Program

Contact Person: Yolanda Plunkett
E-mail: yolanda.plunkett@ourturningpoint.org
Phone: 612-520-9183
Website: www.ourturningpoint.org
Address: 1500 Golden Valley Road Minneapolis, MN 55411

EHDI Project Description

Our program is intended to increase the awareness of HIV/AIDS in the African American community, to change the attitudes toward safer sex and condom usage and to encourage the community to "know their status" through HIV/AIDS testing. In promoting awareness about HIV/AIDS, we are hoping to see individuals change risky behaviors and live a safer, healthier lifestyle, therefore lowering the transmission risks within this population.

Geographic Service Area: Minneapolis and St. Paul high risk areas.

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's	X	Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant	X	Asian		Teens	
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial	X	Seniors	
		Other	X		

Specific cultural group: Somali, Liberian, Tanzanian, Uganda

Source: December 2005 EHDI Community and Tribal Grantee Reports

United Hospital Foundation
Project Name: Partners for Violence Prevention

Contact Person: Anita Berg
E-mail: aberg@partnersforviolenceprevention.org
Phone: 651-241-8532
Website: www.partnersforviolenceprevention.org
Address: 340 Walnut Street Mail Route 68351 St. Paul, MN 55102

EHDI Project Description

Partners for Violence Prevention's (PVP's) EHDI program is intended to reduce the impact and incidence of violence within the community. PVP seeks to educate health care and social service professionals about family violence and establish mechanisms for intervention including the provision of culturally and victim sensitive support and resources. PVP also provides an educational component offered to childcare providers, early childhood educators, school and social service staff called "Understanding Domestic Violence and Its Impact on Children". PVP addresses violence before it occurs, by working with children. PVP provides education tools to schools and community agencies. This program area includes the West 7th Family Center, which focuses on early childhood education. Family center staff provides animal assisted therapy programs to three area battered women's shelters. Also in the Community Violence Prevention area is the EastSide Peacemakers, a network of violence prevention agencies on the EastSide of St. Paul.

Geographic Service Area: St. Paul and Minneapolis metro area and greater Minnesota, including the Fond Du Lac, Red Lake, and White Earth Indian Reservations

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	X
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	X
Immigrants and others	X	American Indian	X	Children	X
Primarily non-immigrant	X	Asian	X	Teens	X
Not applicable		Hispanic/Latino	X	Adults	X
		Multi-racial	X	Seniors	X
		Other	X		

Specific cultural group: Primarily Hmong

Source: December 2005 EHDI Community and Tribal Grantee Reports

Upper Sioux Community
Project Name: Upper Sioux Community EHDI Program

Contact Person: Pat Blue
E-mail: pat@uppersiouxcommunity-nsn.gov
Phone: (320) 564-6305
Website:

Address: 16193 Vintage Street Northwest Andover, MN 55304

EHDI Project Description

The Upper Sioux Community (USC) utilizes most of the Eliminating Health Disparities Initiative (EHDI) funds to develop and improve health infrastructure and systems within the USC health services department. Funds have also been used to support coalition-building between the health services department and local and tribal health organizations and individuals. Finally, EHDI funds have been used to support health-related events for Upper Sioux Community members.

Geographic Service Area: Upper Sioux Community reservation and the 15-mile area surrounding the reservation

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	X
Breast & Cervical Cancer		Violence & Unintentional Injuries	X
Diabetes	X	Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	X
Immigrants and others		American Indian	X	Children	X
Primarily non-immigrant		Asian		Teens	X
Not applicable	X	Hispanic/Latino		Adults	X
		Multi-racial		Seniors	X
		Other			

Specific cultural group: Members of the Upper Sioux Community living within the service delivery area

Source: December 2005 EHDI Community and Tribal Grantee Reports

Vietnamese Social Services of Minnesota
Project Name: Breast and Cervical Cancer Education Project

Contact Person: Marie Tran
E-mail: mariemhtran@vssmn.org
Phone: 651-917-2945
Website: www.vssmn.org
Address: 1159 University Avenue Ste 100 St. Paul, MN 55104

EHDI Project Description

Vietnamese Social Services Breast and Cervical Cancer Education and Screening Project address the Breast and Cervical Cancer priority health area. The rate of cervical cancer among Vietnamese women is many times higher than the rate in the general population. We are committed to reducing the incidence of cervical and breast cancer among Vietnamese women by increasing the participation of Vietnamese women in cervical and breast cancer screening.

Geographic Service Area: Anoka, Caver, Dakota, Hennepin, Ramsey, Scott, Sherburne, Washington, Wright, and Stearns counties

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer	X	Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants	X	African American		Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant		Asian	X	Teens	
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	
		Other			

Specific cultural group: Vietnamese

Source: December 2005 EHDI Community and Tribal Grantee Reports

West Central Integration Collaborative
Project Name: Healthy Youth Tour

Contact Person: Idalia
E-mail: Idalia.Leuze@swsc.org
Phone: 320-231-8571
Website: www.wciconline.org

Address: 611 Fifth Street Southwest Willmar, MN 56201

EHDI Project Description

The project's long-term goal is to prevent unwanted health issues such as pregnancies, obesity, and other health problems among people who participate in the program who are members of racial/cultural groups who have disparately high levels of pregnancy rates and obesity, and other health disorders. To do this, the project seeks to build knowledge, promoting positive attitudes and behaviors related to healthy living (diet and lifestyle) as well as to build other protective factors and assets among youth that will contribute to positive development and prevent a range of risk behaviors. Lastly, we seek to initiate system changes through participatory approach to improving access to health community services for low-income youth that have reduced access to such services.

Geographic Service Area: Willmar, New London, Spicer, Atwater, Cosmos, Grove City, Maynard, Clara City, Raymond, and Kandiyohi county

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	X
Breast & Cervical Cancer	X	Violence & Unintentional Injuries	X
Diabetes	X	Healthy Youth Development	X
HIV/AIDS and STI's	X	Cardiovascular Disease	X

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others	X	American Indian		Children	
Primarily non-immigrant		Asian		Teens	X
Not applicable		Hispanic/Latino	X	Adults	
		Multi-racial		Seniors	
		Other			

Specific cultural group: Somali, Kenyans, Hondurans, Mexicans, and Guatemalans

Source: December 2005 EHDI Community and Tribal Grantee Reports

Westside Community Health Services
Project Name: West Side Community Health Services Diabetes Program for Hmong and Latinos

Contact Person: Mary O'Connell
E-mail: moconnell@westsidechs.org
Phone: 651 602-7545
Website:

Address: 153 Cesar Chavez Street St. Paul, MN 55107

EHDI Project Description

The project is designed to reduce health disparities for Diabetes Mellitus between Latinos and Hmong and whites in the Minneapolis/St. Paul metropolitan area. Activities will include the following: Provide 1:1 visits at WSCHS clinics that offer comprehensive health care. Provide diabetes group visits at WSCHS' main clinic, La Clinica en Lake, and East Side Family Clinic. Develop and disseminate culturally- and linguistically-appropriate peer education and community health education materials. Provide in-home health education to diabetic patients and family members at risk of becoming diabetic. Conduct community health interventions in Hmong and Latino organizations to educate specific groups about diabetes and the program. Conduct a media campaign to increase awareness in the Hmong and Latino communities. Provide fitness activities for diabetic patients and WSCHS staff.

Geographic Service Area: Twin Cities metro area

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	
Diabetes	X	Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants	X	African American	X	Infants	
Immigrants and others	X	American Indian	X	Children	X
Primarily non-immigrant		Asian	X	Teens	X
Not applicable		Hispanic/Latino	X	Adults	X
		Multi-racial	X	Seniors	X
		Other	X		

Specific cultural group: Primarily Hmong and Latinos from of countries such as Mexico, El Salvador, and Guatemala

Source: December 2005 EHDI Community and Tribal Grantee Reports

White Earth Tribal Mental Health
Project Name: White Earth Tribal Mental Health Anger Management Program

Contact Person: Jim Schmitt
E-mail: schmitty549@hotmail.com
Phone: (218) 983-3285
Website:
Address: P.O. Box 300 White Earth, MN 56591

EHDI Project Description

In short term, there would be an increase in community awareness of the program and the problems existing on the Reservation. A decrease in acceptance of dysfunctional behavior as the norm would also be realized. More program inter-connectedness would also become a reality in the short-term as programs work together to decrease violence and unintentional injuries on the White Earth Reservation and surrounding communities. Long term, a change in families becoming healthier and staying together would be realized with a successful program. This will be accomplished by a decrease in domestic violence among other behaviors.

Geographic Service Area: Population living on or near the White Earth Reservation. We are also providing services to the American Indian population living in Becker, Beltrami, Cass, Hubbard, Mahnomen, and Norman Counties

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer		Violence & Unintentional Injuries	X
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American		Infants	
Immigrants and others		American Indian	X	Children	X
Primarily non-immigrant		Asian		Teens	X
Not applicable	X	Hispanic/Latino		Adults	X
		Multi-racial	X	Seniors	
		Other			

Specific cultural group: American Indian male and female youth, adolescent, teenagers, and adults living on or near the White Earth Reservation.

Source: December 2005 EHDI Community and Tribal Grantee Reports

Women's Cancer Resource Center
Project Name: Women's Cancer Resource Center Sisters In Harmony Program

Contact Person: Dianne Haulcy
E-mail: dhaulcy@comcast.net
Phone: 763-561-2084
Website: www.givingvoice.org
Address: 5236 Park Avenue South Minneapolis, MN 55417

EHDI Project Description

The purpose of Sisters in Harmony (SIH) is to provide culturally sensitive support and advocacy for African American/African Women who have breast and cervical cancer. This initiative—a coalition of six health and human service organizations serving women of color and the Minnesota Breast and cervical Cancer Control Program is designed to address the disparities in health status between African and African American women with breast or cervical cancer and Caucasian women with the same diagnosis. Our efforts include building the capacity of African American/African communities to provide supportive services, access to resources for early detection and treatment of AA/A women with breast and cervical cancer, and to incorporate prevention strategies into their programming.

Geographic Service Area: Minneapolis

Health Disparity Areas Being Addressed by Grantee

Infant Mortality		Immunizations	
Breast & Cervical Cancer	X	Violence & Unintentional Injuries	
Diabetes		Healthy Youth Development	
HIV/AIDS and STI's		Cardiovascular Disease	

Project's Target Population

Immigrant Status		Race		Age	
Primarily Immigrants		African American	X	Infants	
Immigrants and others		American Indian		Children	
Primarily non-immigrant	X	Asian		Teens	
Not applicable		Hispanic/Latino		Adults	X
		Multi-racial		Seniors	
		Other			

Specific cultural group:

Source: December 2005 EHDI Community and Tribal Grantee Reports

Appendix C: EHDI Grantee Outcomes by Health Area

AIDS/HIV and STIs

African American AIDS Task Force

AAATF and the Hennepin County Medical Center staff collaborated to increase knowledge of HIV/AIDS and screening and assessment resources in communities of color. 2211 contacts were recorded and there was an increase in the number of people seeking both pre and post-test counseling

Agape House for Mothers

Teen participants in the program (primarily African/African American) will enroll and attend classes regularly, and learn new skills and knowledge in decision-making related to pregnancy and sexually transmitted infections including HIV/AIDS. Of 2111 teens enrolled in the program 87% completed the program attending 8 of the 10 class sessions; Of 75 parents enrolled in the program 96% completed parent training; Evaluation of sessions indicated that those responding (1,200) ranked delivery of the materials highly.

Council on Crime and Justice: Health Educational Lifestyles Project

HELP has been successful in building many community partnerships that can support HELP participants once they are released. Southside Community Clinic and Freemont Community Clinic have provided free physicals, STD testing, and assistance to participants as they apply for ongoing medical coverage. Program participants took at 10-week course about HIV/AIDS, STIs, and Hepatitis C. The participants took pre and post tests. In the pre-test the mean score was 7.24 answers correct out of 9 and the post-test was 7.18. (Pre and post tests need to be changed to more effectively show what knowledge about STDs is changing in the class).

Turning Point

Held trainings, workshops, attended community health fairs, and conducted street outreach that resulted in increased awareness of HIV/AIDS in the African American community. Post test showed increase in knowledge of reducing the risk of transmission and demonstrated use of latex barriers.

Breast and Cervical Cancer

American Indian Community Wellness Project at the Indian Health Board of Minneapolis

The American Indian Community Wellness Project provides education, support, and traditional healing to increase knowledge about BCC risk factors. 560 people were contacted through the AICWP. Post test results of 58 project family participants indicated increased knowledge about risk factors for breast cancer, identification of risk factors for BCC, need for preventative exams, HPV, physical activity and diet.

Bois Forte Tribe

163 women participated in the Women's Health Clinic from January 1, 2004 to December 31, 2005.

Carondelet

Of the adult women who participated in the SMHC program, 27% of adult Latina women returned for follow-up pap smears and/or treatment and 22% of adult Latina women returned to SMHC for follow-up mammograms and/or treatment..

Centro Campesino: Promotores de Salud

Three hundred and seventy five women attended educational talks/workshops on breast and cervical cancer organized by Promotores de Salud. This reflects a 63% increase in workshop participation over participation in 2002-2003. Data on pap smear and breast exams show that 88 women received preventative exams as a result of their contact with the Promotores de Salud Project. This reflects a 66% increase in the numbers of women receiving cancer prevention exams compared with the data from 2002-2003.

Minnesota International Health Volunteers

Provides health education and outreach by holding health education forums and physical activity classes in the Somali community and organizes an annual conference to work with health professionals to increase their cultural competence in working in the Somali community. As a result of participating in health education forums, 81 percent of participants were able to identify a new health concept they learned (i.e. smoking as a risk factor for BCC).

Vietnamese Social Services

Ninety five percent of the participants said they will make screening appointments and about seventy five percent actually received screening.

Women's Cancer Resource Center

Sisters in Harmony provided strategic marketing, outreach, support, and advocacy to increase the number of African and African American women who access cultural navigation services. A total of 777 African American and African women were contacted to inform and educate them about Sisters in Harmony, 38 health fairs and community events were attended, 21 community organizations were visited

Cardiovascular Disease

Bois Forte Band of Chippewa Cardiovascular Program

There has been improvement in weight, BMI and body fat of groups and individuals participating in exercise and education programs (as indicated by pre and post tests).

Fremont Community Health Services: Stroke Prevention Project

Peer Educators were trained at Fremont to screen fellow community members for stroke. A post training competency checklist indicated that Peer Educators were able to demonstrate proper blood pressure measurement, answer participants' questions, correctly teach and report the signs and symptoms of stroke and what is required to make life style changes.

Minneapolis American Indian Center

Provided access to physical activity and healthy options for community residents, offered educational opportunities and blood sugar and blood pressure screening, health fairs, and collaboration with other agencies. One physical activity effort involved basketball leagues for adults and adolescents in the American Indian community where participant numbers increased in 2005 from 70 to 90

Region 9: Saludando Salud

Two local Latino employers (southern Minnesota) are allowing worksite health education/promotion for their Latino employees

Southeast Asian Ministry: Parish Nurse Program

Among SEAM Elder Program participants, there has been a gain in knowledge about the relationship between exercise and cardiovascular disease – greater than the 25% goal. In the post survey, 86% of the elders reported exercising 3 or more times a week.

Stairstep Foundation – There is a Balm

Uses the community of faith to raise awareness, increase collaboration, and build capacity while empowering congregations and individuals to take charge of their health. Activities include church/community forums, discussions, education sessions, health screenings and blood pressure checks, health fairs, nutrition, exercises and other community events to improve community collaboration around health. Through church surveys, monthly reports, stories and observations, program results indicated increased knowledge and awareness of Cardiovascular Disease is a major cause of death in the African Americans community.

Teen Age Medical Services/ Children's Hospitals and Clinics

All eight participants of the Soulful Living program (promoting healthy nutrition and physical activity for African American women and girls) who had data collected at the beginning and end of the program lost weight. Seven of the eight showed an improvement in all measures (systolic and diastolic blood pressure, pulse after three minute march, waist circumference and weight loss).

Diabetes

Anishinaabe Center: Defeat Diabetes
70% of the participants in the Defeat Diabetes Days have increased their knowledge about diabetes. 70% of the participants in the Defeat Diabetes Days indicated they have improved their eating habits to improve diabetes.

Dar Al-Hijrah: Somali Health Screening Center
The number of clients who come to the Dar Al Hijrah Health Screening Center to get their blood sugar level tested has increased from 550 during the first year the Center was open to over 1,600.

Grand Portage Health Services
There has been a 50% increase in the patient/doctor visits in the past two years (2004-2005) (N=125). Grand Portage Health Services has partnered with Sawtooth Mountain Clinic to create a chronic disease registry, which has improved outreach and delivery of services.

Leech Lake Anishinaabeg Minosewag
Anishinaabeg Minosewag increased the number of clients using diabetes clinics (increased the average visits of unduplicated clients receiving 1:1 counseling from 12 per month to 33 per month and increased the number served by community gatherings from 200 to 850.

Lower Sioux Community
25% (15) of the diabetes group participants have shown improvement in the HbA1c lab counts (glucose in the blood).

Upper Sioux
Tribal grantee worked on building an infrastructure to increase the consistency and continuity for delivery of healthcare for Upper Sioux community tribal members 40% (17) of USC members attended diabetes workshops, 100 % (5) of staff participated in workshops on diabetes and/or cardiovascular disease

Westside Community Health Services
Conducted 1-1 visits, group visits, peer education groups, and developed literature and education materials to increase the number of participants from immigrant communities who seek care to prevent complications of their diabetes. 38% of patients had at least one visit with the dentist; 92% of patients received a foot exam; 38% of patients had a dilated eye exam

Healthy Youth Development

Camphor Foundation: UJIMA Teen Pregnancy and Health Youth

89% of the females in the program have self-reported that they are NOT engaging in sexual activity* 81% of the males in the program have self-reported that they are NOT engaging in sexual activity* To date, there has been NO babies of the females who have participated in the program. N=389 Time period 01/01/2004 to 12/10/2005.

Centro

Of the youth participating in Centro's Youth program, 90% were afraid to discuss sexual issues with their parents (as indicated in the pre-test), after attending weekly sessions and a retreat, the percentage decreased to 50%. The Centro Youth program participants (254 m/f) reported no pregnancies from April 2004 to December 2005.

CLUES Aqui para Ti/Here for You

Aqui Para Ti/Here for You is a collaboration between West Side Community Health Services/La Clinica en Lake, CLUES, La Oportunidad and MOAPP to provide medical services, education, and mental health services for Latino youth and their families to increase mental health services for youth who are experiencing depression. Out of 290 patients seen between Feb/2003 and Feb/20005, 88 or 30% were diagnosed with depression. Of those patients diagnosed with depression, 85% were prescribed appropriate medication, 705 were referred for therapy. Of those who were referred for therapy 57% attended those sessions.

Division of Indian Work/Youth Leadership Development Program – Live It!

The traditional belief of many American Indian Nations is that the being is made up of four parts: heart (emotion), mind, body and spirit. We teach participants of the Youth Leadership Development Program that each part of a being works together to create a balanced, healthy person. Less than 1% of participants were able to identify the four parts of a being on the pre-test, while 60% were able to do so on the post-tests (N=144). Participants also learned how to keep all parts of their being healthy and discussed how having a baby as a teen affected all the parts.

Freeport West: Project Solo

Results for 2004: Staff reported that 113 youth set behavior goals. Of those, 71 goals were reported as progressing, achieved, or maintaining their behavior goal for the quarter; therefore, of the goals set, 63% decreased high-risk behaviors. Results for 2005: There were 25 youth with one or more behavior goals set (35 goals set in all). Of that, 20 of the 25 have made progress (80%). There are 12 youth that set a substance use goal; of those all 12 youth have made progress (100%).

Lao Family Community

In 2005, 100 percent of the youth who completed the 10-session healthy Hmong Teen curriculum passed the class. 90 percent of participants (n=25) reported increased knowledge about educational goals that included completing high school or more, of these, over 60 percent hoped to attend college, 7.7 percent had unspecified educational goals.

Minneapolis Urban League

Other Options Program Services provides after school and summer enrichment curriculum and activities stressing alternatives to risk behaviors that result in teen pregnancy and HIV/AIDS. Program results indicate an increase in teen participants knowledge about risky lifestyles, risky sexual behaviors and ways to avoid them

North Suburban Youth Health Clinic

Program provided training sessions for north side youth, produced videos and cd's, workshops, , peer education to increase intergenerational contact in order to decrease in teen pregnancy in the African American community. Results indicated that 40 training sessions were offered, 14 cd's and 6 videos, in total 1,773 hours of intergenerational contact time were documented.

Park Avenue Family Practice

225/276 (87.9%) of patients who were contacted by phone stated that they were leading an abstinent lifestyle. This percentage is quite remarkable given the very brief counseling session (s) which last 15 minutes, and the time elapsed upon follow-up (up to three yrs.)

SE Asian Youth Empowerment Project: SE Asian Community Council

Eighty-five percent of the youth participants indicated that they were comfortable talking about teen pregnancy prevention issues with their peers, a 19% increase from the pre-test.

Southeast Asian Community Council

Southeast Asian Youth Empowerment Project involves collaboration among 4 community-based organizations to provide leadership training, public service announcements media training and teen pregnancy prevention workshops. Outcomes of participation in teen pregnancy workshops indicated that 85 percent reported that they were comfortable as compared to 68 percent (pre-test) in talking about teen pregnancy issues to their peers.

Summit University Teen Center

Teens Choosing Healthy Options Programs and Services (TCHOPS) provide parenting education and pregnancy prevention programs for young men and women. Results indicate that youth increased knowledge about their history and culture where participant scores averaged 40 percent on pretest and 90 percent on post test for a 50 percent increase in knowledge.

West Central Integration Collaborative

Conducted education sessions on nutrition and physical activity to increase teens understand about how to prevent pregnancy and sexually transmitted infections 65% of youth participants could name factors leading to unsafe sex practices and want more information on birth control. 70% of youth indicated that more sex education and other teen resources would help more young girls stay abstinent or utilize more contraceptive devices

Infant Mortality

American Indian Family Collaborative AIFC: Doula Program
95.1% (354) of singleton births of women who participated in the Doula program were born above 5 lbs 8 oz (normal birth weight). 4.9% were low birth weight.

Cass County/Leech Lake
135 participants initiated prenatal care in the 1st trimester in 2005, which is an increase from 2004.

Division of Indian Work: Doula – Women of Traditional Birthing
Of the 230 births born to American Indian women in Minneapolis in 2004, 28 of them were doula assisted (12%) by our "Women of Traditional Birthing" program, 2% above of goal of 10%. 32 pregnant Native women participated in the prenatal doula serves with 29 (90%) having a doula-assisted birth.

Fond du Lac Tribe: Human Services Division
In 2004 78% of mothers who were served by the Center for American Indian Resources initiated breastfeeding, in 2004 it was 81%. The US National breastfeeding initiation rate Afro American Indian women in 2004 was 68%. (2004 N = 64, 2005 N = 62 women who delivered in that year).

Mille Lacs Reservation
Provided assessments, nursing services, home visits, referrals, education, support, and coordination of services with other providers to increase the number of women seeking prenatal care in their first trimester of pregnancy. Data indicates that the number of women who did not receive prenatal care in the fist trimester decreased from 12 women to 4 during 2005.

Red Lake Comprehensive Health Care Services
From January 2004 to December 2005, 52% (256/491) of high risk pregnant mothers participated in childbirth classes.

Immunization

Center for Asian and Pacific Islanders Immunization Program
CAPI increase the number of clients who were immunized from 13 as of February 2005 to 139 by December 2005. Total participants were 389.

Olmsted County Public Health EHDI
In 2004, District 535 (Rochester) reported there were 93 students who were excluded from school because their immunizations were not current. In 2005 there was only one student who was excluded because of their incomplete immunization status.

Storefront Group
Bridge to Success conducted immunization awareness workshops provided one-on-one support, and information and resources for Somali families resulting in an increase in knowledge about the need for immunization. 87% of participants completed a survey with the results indicating that they have learned about immunization and the need to have children immunized

Unintentional Injury and Violence

Family and Children's Service: 100 Men Take a Stand

Of the participants of Domestic Peace Pledges held in North Minneapolis between April 2003 and November 2005, 65% increased their awareness of action they can take to prevent violence; 41% increased their awareness of men who work to prevent family violence in their community and 97% were willing to take action to prevent family violence at the time of the ceremony.

United Hospital Foundation

Partners for Violence Prevention provided education to health and social service professionals about family violence and screening, community and school related activities and animal assisted therapy groups to increase knowledge about family violence prevention and interventions. Post test indicated an increase in healthcare providers knowledge about family violence prevention and interventions, screening, responding to patients in violent family situations, intervention and referral sources

White Earth Tribal Mental Health

Increase community awareness and decrease violence and unintentional injuries on the White Earth Reservation and surrounding communities. 80% of group participants as noted in interviews and program records indicate techniques learned in group or individual sessions (control log) were helpful in understanding their behavior. 100% of participants had somewhat of an understanding of "self-defense" after using control log.

Appendix D: EHDI Statewide Outcomes Data Summary

The EHDI Statewide Outcomes Summary includes the baselines rates, disparity, current rate, and current disparity status for each of the priority health areas. Mortality rates are per 100,000 population and age adjusted, unless indicated. Infant mortality rates are infant deaths per 1,000 live births. The baseline provides a reference point to compare future results that helps to assess the progress of the EHDI in meeting the goals of the initiative. Baselines are reference points in time prior to the implementation of the EHDI. Disparity for each health priority area is computed by subtracting the White rate from the Population of Color/American Indian rates for the baseline year. The following is an example of computing the disparity between African Americans and Whites for infant mortality:

13.2	-	5.5	=	7.7
(African American IM Rate)		(White IM Rate)		(Disparity)

Infant mortality and immunization are the two disparity areas where targets are specified in the EHDI statute. The statute states that that by 2010, the disparities in infant mortality and immunization should improve by 50 percent. The 2010 target for infant mortality and immunization is determined by finding the disparity then subtracting the disparity * .50 from the baseline rate for African American. Again, using infant mortality as an example:

13.2	-	7.7 (.50)	=	9.4
(African American IM Rate)		(Disparity * % Decrease)		(2010 Target)

Disparity status indicates the progress being made toward the EHDI goals. For those health priority areas without specific targets, the target is the reduction of the disparity between the Population of Color/American Indian rates and the White rate. Several results for disparity status are indicated:

"Worse" Disparity existed and recent data indicate that the disparity has worsened or no disparity existed during the initial reporting period and most recent data indicates that a disparity now exists.

"Better" Disparity existed and recent data indicate that the disparity has decreased or disparity no longer exists

"Cannot Assess" No data available for the baseline time period and/or no data for the current time period

"–": No disparity existed

Since the statute indicates a reduction in incidence and mortality for health disparity areas, incidence data are reported where race/ethnicity data are available including cervical cancer, breast cancer, HIV, gonorrhea, and chlamydia. Teen pregnancy rates (females age 15-19), are used as a proxy for Healthy Youth Development. Immunization baseline rates are for percent up-to-date for primary series immunization levels at 17 months of age by race/ethnicity, Minnesota 2000-2001. Current data are not available by race/ethnicity and so disparity status cannot be assessed.

	African American	American Indian	Asian	Latino	White
Infant Mortality[1]					
1995-99 Rate	13.2	13.5	7.1	7.0	5.5
Disparity	7.7	8.0	1.6	1.5	
2010 Target	9.4	9.5	6.3	6.3	
2000-04 Rate	9.5	10.2	5.0	5.3	
Disparity Status	Better	Better	Better	Better	
Percent of Children Immunized (age 17 months) [2]					
2001 Percent	61.0	71.0	65.0	66.0	81.0
Disparity	20.0	10.0	15.0	15.0	
2010 Target	71.0	76.0	73.0	73.0	
2000-04 Rate	NA	NA	NA	NA	
Disparity Status	NA	NA	NA	NA	

[1] Infant mortality rates are per 1,000 live births
[2] Percent of children immunized are for primary series immunization levels at 17 months, 2000-2001
NA – data not available

	African American	American Indian	Asian	Latino	White
Heart Disease Mortality					
1995-99 Rate	221.6	263.3	112.4	155.5	205.7
Disparity	15.9	57.6	–	–	
2000-04 Rate	159.4	239.7	71.4	107.8	
Disparity Status	Better	Better	–	–	
Diabetes Mortality					
1995-99 Rate	59.7	108.8	21.1	37.7	22.3
Disparity	37.4	86.5	–	15.4	
2000-04 Rate	54.6	86.5	22.5	37.5	
Disparity Status	Better	Better	–	–	
Unintentional Injury Mortality					
1995-99 Rate	40.7	75.8	36.1	40.2	34.4
Disparity	6.3	41.4	1.7	5.8	
2000-04 Rate	35.7	95.4	24.0	31.0	
Disparity Status	Better	Worse	Better	Better	
Homicide Mortality					
1995-99 Rate	33.5	21.0	4.4	7.3	1.8
Disparity	31.7	19.2	2.6	5.5	
2000-04 Rate	17.2	14.6	3.8	5.0	
Disparity Status	Better	Better	Better	Better	
Suicide Mortality					
1995-99 Rate	9.6	15.7	10.0	11.5	9.9
Disparity	–	5.8	–	1.6	
2000-04 Rate	6.3	20.1	8.7	6.8	
Disparity Status	–	Worse	–	Better	

Mortality rates are age -adjusted and per 100,000 population

	African American	American Indian	Asian	Latino	White
Cervical Cancer Incidence[1]					
1995-99 Rate	21.4	14.2	15.2	*	7.0
Disparity	14.4	7.2	8.2	*	
1999-2003 Rate	12.6	12.8	12.3	13.4	
Disparity Status	Better	Better	Better	Cannot Assess	
Cervical Cancer Mortality[2]					
1995-99 Rate	5.2	**	11.7	*	1.8
Disparity	3.4	**	–	*	
1999-2003 Rate	*	**	5.0	**	
Disparity Status	Cannot Assess	Cannot Assess	–	Cannot Assess	
Breast Cancer Incidence[1]					
1995-99 Rate	109.7	55.5	70.3	*	137.2
Disparity	–	–	–	*	
1999-2003 Rate	105.5	89.2	59.4	83.4	
Disparity Status	–	–	–	Cannot Assess	
Breast Cancer Mortality[2]					
1995-99 Rate	38.7	23.2	15.3	*	27.7
Disparity	11.0	—	—	*	
1999-2003 Rate	27.7	27.1	8.2	23.5	
Disparity Status	Better	–	–	Cannot Assess	

[1]Incidence rates are per 100,000 population
[2]Mortality rates are age –adjusted and per 100,000 population
*Data not available
**Rates not calculated for less than 10 events

	African American	American Indian	Asian	Latino	White
Teen Pregnancy (females 15-19 years)[1]					
1995-99 Rate	174.4	120.6	87.8	151.8	32.2
Disparity	142.2	88.4	55.6	119.6	
2002-04 Rate	121.0	114.4	64.2	130.1	
Disparity Status	Better	Better	Better	Better	
New HIV Infection Rate[2]					
2000 Rate	54.2	11.1	3.0	21.6	2.8
Disparity	51.4	8.4	0.2	18.9	
2005 Rate	56.2	3.7	1.8	16.0	
Disparity Status	Worse	Better	–	Better	
Chlamydia Incidence[2]					
2000 Rate	1,769	540	314	652	73
Disparity	1,696	467	241	579	
2005 Rate	1,535	512	282	624	
Disparity Status	Better	Better	Better	Better	
Gonorrhea Incidence[2]					
2000 Rate	1,149	123	34	135	18
Disparity	1,083	57	–	69	
2005 Rate	775	118	31	85	
Disparity Status	Better	Better	–	Better	

[1]Teen pregnancy rates are per 1,000 births to females 15-19
[2]HIV, chlamydia and Gonorrhea rates are per 100,000 population

Appendix E: Tuberculosis Grant Program

Tuberculosis Screening and Treatment Rates for Foreign-Born Persons

Table #: Tuberculosis Screening Rates for Primary Refugees in Minnesota, 2001-2005

	2001	2002	2003	2004	2005
Arrivals	2,791	1,035	2,403	7,345	5,323
Total Refugee Screenings	2,526	962	2,233	6,771	4,968
Percent Screened for TB**	88.0	90.0	93.0	98.0	98.0

*Some refugees received a health assessment with the TB screening

Table #: Completion Therapy for Tuberculosis Disease among Foreign Born Populations in Minnesota, 2000-2004*

	2000 No. (%)	2001 No. (%)	2002 No. (%)	2003 No. (%)	2004 No. (%)	Target (%)
Number of TB Cases	144	181	170	162	156	–
Within 12 Months	120 (83)	159 (88)	146 (86)	146 (90)	141 (90)	90
Overall	136 (94)	176 (97)	163 (96)	156 (96)	148 (95)	na

*Due to the potential for 12 months of therapy, completion of therapy data for cases counted in 2005 cannot be reported until 2007.

Tuberculosis Grant Program through Community Health Boards

State General Funds allocated to public health agencies specifically provide tuberculosis health screening and follow-up services for foreign-born persons.

In 2006, $250,000 of these funds was allocated to 34 Community Health Boards throughout Minnesota on a formula basis. The remaining $100,000 was used to coordinate and educate the local public health response to refugee resettlement in communities throughout Minnesota. During 2005 Minnesota resettled 5,323 refugees and to date in 2006 Minnesota has resettled 4,854. Eighty eight percent of the 2006 arrivals were from a variety of African nations, with 60 percent from Somalia alone.

Tuberculosis Screening Protocol (2004)

For each refugee whose initial U.S. resettlement is in the CHS service area after **January 1, 2002** and for whom no previous health screening services have been provided in this state, the following duties shall be undertaken:

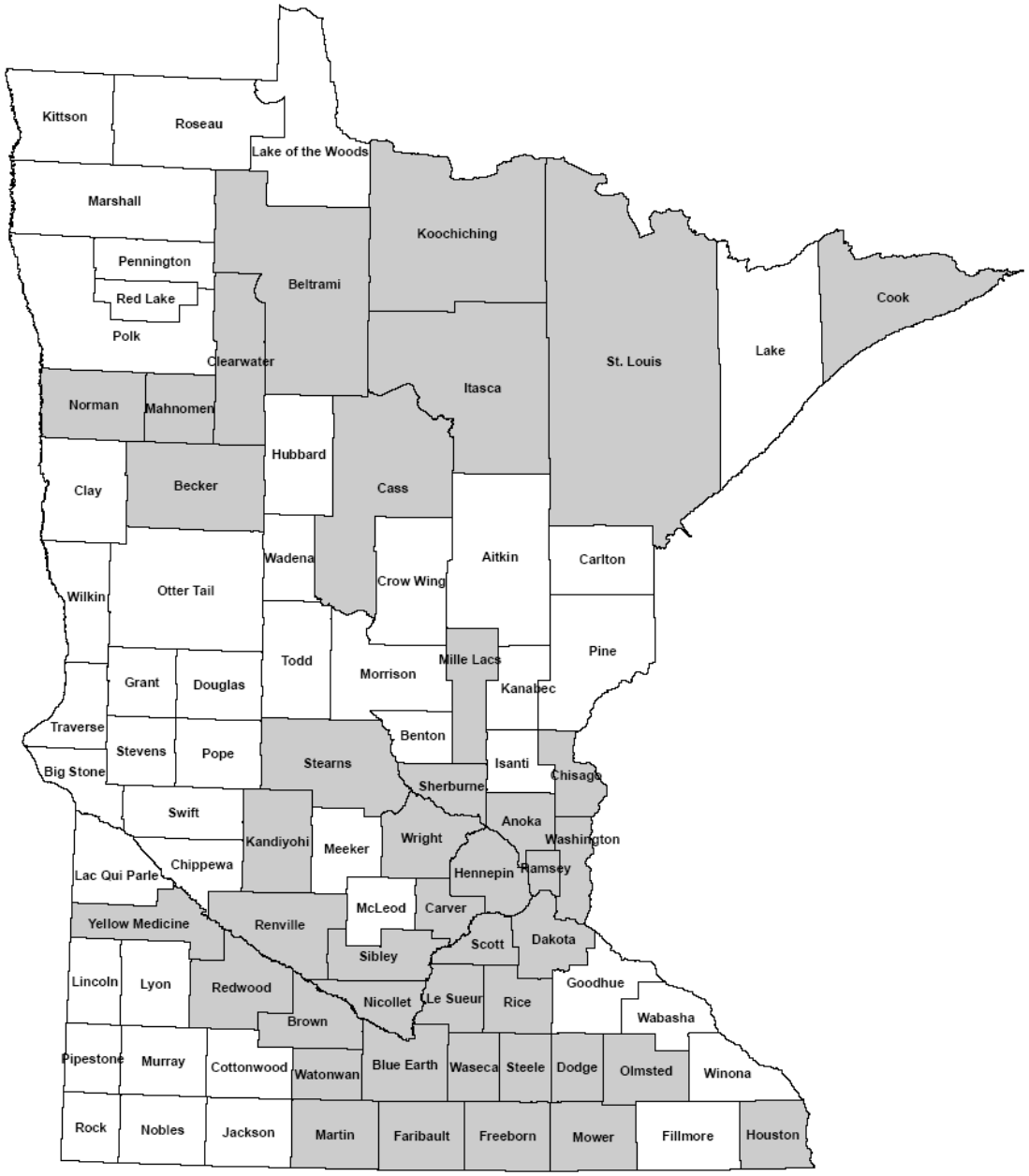
A. Contact any new refugee (or the refugee's sponsor) resettling in the CHS service area to initiate a referral for a general health assessment.
B. Work with the refugee, sponsor or Volag (voluntary agency) to ensure that all refugees are referred for a general health assessment, evaluation, and treatment with a licensed health care provider within the first 90 days after the refugee's initial date of entry into Minnesota.
C. Work with the refugee, sponsor or Volag to ensure that transportation, interpretation, and financial barriers to the assessment are successfully resolved.
D. Provide follow-up within 30 days to all refugees who were referred for a general health assessment to ascertain if the assessment was completed and if acute disease problems necessitating follow-up were identified.
E. Ensure that all refugees identified with Class A conditions are screened within seven days of U.S. arrival. Those with Class B conditions must be screened within 30 days of U.S. arrival. Collect, report, and record information as requested by the Minnesota Department of Health regarding the initiation and adherence to prescribed treatment.

For persons in the CHS service area with active tuberculosis (TB) disease or latent TB infection (LTBI), responsibilities include but are not limited to:

A. Provide Directly Observed Therapy (DOT), as needed, for TB patients being treated for TB disease in the public or private sector. DOT will be provided in various appropriate settings, including the CHS's clinic, patients' homes, or elsewhere in the field.
B. Conduct contact investigations surrounding infectious TB cases. Investigations include interviewing the source case, locating exposed individuals residing in the CHS's jurisdiction, and referring contacts to health care providers for screening and medical evaluation.
C. Ensure the availability and appropriate use of professional interpreters, as needed, for non-English-speaking TB patients during the provision of TB-related services.

D. Provide or arrange for enablers (e.g., transportation to clinic visits and DOT appointments) and assist eligible patients in applying for financial assistance programs to cover the cost of TB-related services.
E. Provide appropriate incentives to ensure patients' adherence to therapy and follow-up care. Funds will not be used to provide monetary incentives directly to patients.
F. Provide individualized, linguistically and culturally appropriate patient education regarding TB treatment and follow-up.
G. Act as an advocate for TB patients, as needed, with private medical providers and health care systems to ensure that culturally appropriate medical follow-up is obtained.

Appendix F: Counties Served by EHDI Grantees



Source: 2005 EHDI Grantee Reports