



The Eliminating Health Disparities Initiative (EHDI)



**Office of Minority and
Multicultural Health**





Eliminating Health Disparities Initiative (EHDI)

Statewide effort to eliminate disparities in 8 areas:

Infant Mortality

Childhood/Adult Immunization

Cardiovascular Disease

Violence/Unintentional Injury

Diabetes

HIV/AIDS and STIs

Breast/Cervical Cancer

Healthy Youth Dvlpmt

affecting African American, American Indian, Asian/Pacific Islander and Hispanic/Latino populations

MN baseline prior to EHDI



Of all forms of inequality, injustice in health care is the most shocking and inhumane. Dr. Martin Luther King, Jr.

- ★ African American and American Indian infant mortality rates nearly 3 times higher than White
- ★ Latina teen pregnancy rates were nearly 5 times higher than White, African American even higher
- ★ African American diabetes mortality nearly 3 times White rate, American Indian even higher
- ★ American Indian suicide rates were 1.6 times higher than the White rate, and the Hispanic/Latino rate was 1.2 times higher

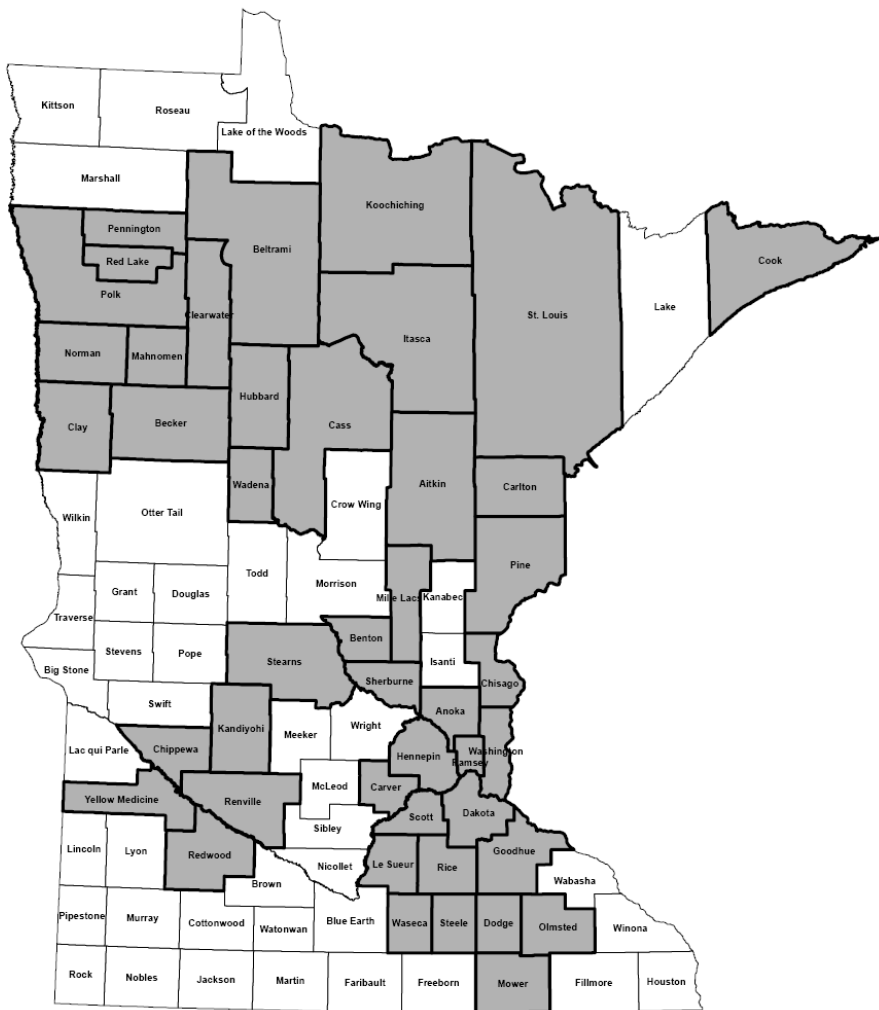
Eliminating Health Disparities Initiative (EHDI)



Statewide Goals:

- Reduce disparities in infant mortality and child/adult immunization by 50% by 2010
- Reduce disparities in other health priority areas

EHDI Grantee Overview



44 Counties

10 Tribes

42 Grantees

Biennially:

\$10.4M in grants
(includes TANF)

\$500,000: Outreach
services for foreign-
born persons



Progress in Priority Areas

- ★ Overall, we have made progress in decreasing disparities
- ★ Rates remain significantly higher for Populations of Color/American Indians in many areas
- ★ Populations of Color/American Indians are not always sharing in improvements that are reducing White rates
- ★ In some areas, disparities have increased



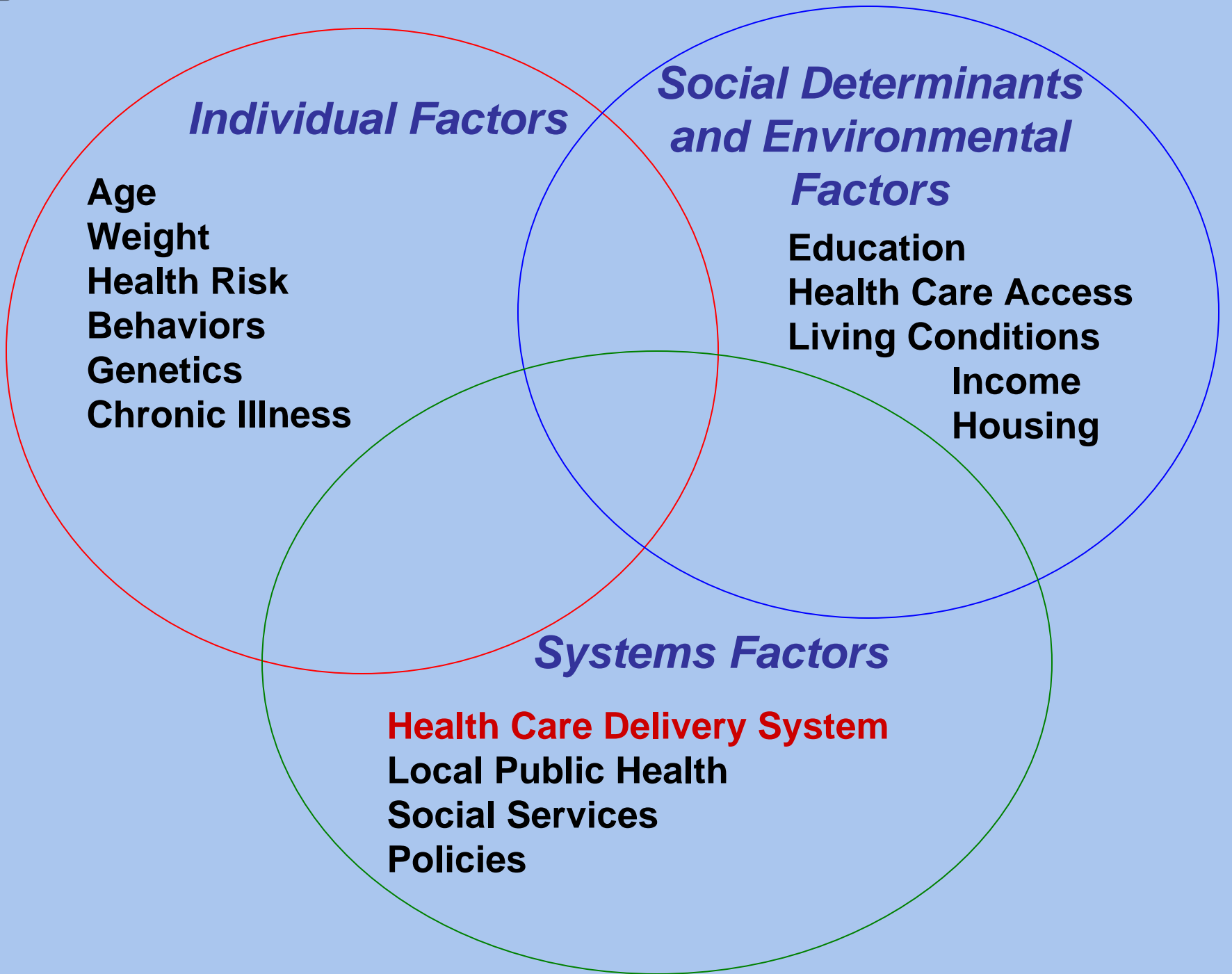
Statewide Outcomes

- ★ Substantial progress has been made to reduce disparities in all priority areas
- ★ MDH has not met all goals
- ★ Across all 45 indicators:
 - 11% showed the disparity eliminated
 - 51% showed improvement
 - 13% showed an increase in disparity
 - 22% had no past or current disparity



EHDI – Next Generation

- ★ Enhance individual focus with system and policy changes to address demographic changes
- ★ ***Address data limitations (lack of race/ethnicity data limits our ability to measure progress for some health priority areas)***
- ★ Develop broader partnerships and more integration of efforts





Data Issues/Solutions

★ We currently face a number of challenges:

- Data not available for some sub-groups
- Incomplete coverage across state (MIIC)
- For some areas, mortality only measure
 - Diabetes, Heart Disease, Injury
 - No information about # diagnosed with/living with disease
 - Mortality differences may reflect access/quality disparities or different rates of diagnosis

★ Data only tell part of the story

EHDI, Version 2.0

- ★ • Maximizing the investment in EHDI by integrating strategies for eliminating health disparities into MDH programs, as well as coordinating and collaborating with other health promotion efforts and a range of state agencies, local public health, and other institutions.
- ★ • Developing policies and programs to address the environmental factors that contribute to poor health and health disparities.
- ★ • Improving data collection efforts toward common goals so that high-quality, reliable statewide data is available for the evaluation of EHDI outcomes and to hold the initiative accountable.
- ★ • Expanding and replicating innovative programs that systematically and sustainably reach as many people as possible and that work for Populations of Color and American Indians.
- ★ • Expanding the focus of the EHDI to explore and address policies and systems that impact health disparities to create sustainable change.
- ★ • Exploring how to increase social capital as part of the work in eliminating health disparities as the demographics of Minnesota diversify, so we embrace our rich cultural and ethnic heritage now and into the future.



Office of Minority and Multicultural Staff

Administrative Principal

-Mary M. Johnson

Grants Specialist

-Nyagatare Valens

Grants Managers

-Xiaoying Chen

-Rosemarie Rodriguez-Hager

Tribal Liaison

-Sharon Smith

Tribal Health Educator

-Eileen Grundstrom



Current EHDI Grant Status

- ★ Community Grant Extensions
- ★ New Grant End Date June 30, 2010
- ★ 39 Current Grants
- ★ 10 Tribal Grants



Current EHDI Grant Status

Grant Manager: Rosemarie Rodriguez-Hager

- | | |
|---|--|
| <ul style="list-style-type: none">▶ African American AIDS Task Force▶ Annishinabe Center▶ Bois Forte Reservation▶ Boys and Girls Club▶ Centro Campesino▶ Centro Cultural Center▶ Centro de Salud▶ Children's Health Care▶ Family and Children's Service▶ Freeport West | <ul style="list-style-type: none">▶ Fremont Community Health Services▶ Hennepin County Family Medical Center▶ Indian Health Board▶ Leech Lake Band of Ojibwe▶ Olmsted Community Health Board▶ Partners for Violence Prevention▶ St. Mary's Health Clinics▶ Stairstep Foundation▶ Turning Point Family▶ West Central Integration Collaborative▶ West Side Community Health Services |
|---|--|

Current EHDI Grant Status

Grant Manager: Xiaoying Chen

- | | |
|--|---|
| <ul style="list-style-type: none">▶ Agape House for Mothers▶ American Indian Family Center▶ Annex Health Clinic▶ Camphor Foundation▶ Center for Asian & Pacific Islanders▶ Council on Crime & Justice▶ Dar Al-Hajrah Cultural Center▶ GMCC-Division of Indian Work▶ Hmong American Partnership | <ul style="list-style-type: none">▶ Lao Family Community▶ Minneapolis American Indian Center▶ Minneapolis Urban League▶ Minnesota International Health Volunteers▶ Park Avenue Family Practice▶ Southeast Asian Community Council▶ Southeast Asian Ministry▶ Storefront Group▶ Vietnamese Social Services of MN |
|--|---|

Tribal Grants

Tribal Liaison: Sharon Smith

- ▶ Bois Forte
- ▶ Fond du Lac
- ▶ Grand Portage
- ▶ Leech Lake
- ▶ Lower Sioux
- ▶ Mille Lacs
- ▶ Prairie Island
- ▶ Red Lake
- ▶ Upper Sioux
- ▶ White Earth