

Breast and Cervical Cancer Screening Menu of Activities

Goal: To close the gap in the health status of populations of color and American Indians as compared to whites in breast and cervical cancer screening.

◆◆◆◆◆ Indicates an activity that will lead to a policy, systems, or environmental change.

Objective A.	
Improve the medical care given to women who have abnormal findings from breast or cervical cancer screening	
Strategy A.1. Increase the number of women who receive complete diagnostic and treatment services in a timely manner	
BCCS Activity A.1.1.	Educate women with abnormal findings on the need for follow-up of their results and reduce barriers to follow-up by providing or arranging for interpreters, transportation, appointment scheduling, financial guidance, and child care, using a designated staff person such as a community health worker, health navigator, parish nurse, or patient advocate. Addresses more than one PHA. See: Diabetes Activity A.1.4 and Heart Disease and Stroke Activity A.1.4.
BCCS Activity A.1.2.	Assist uninsured and underinsured women to enroll in programs that will pay for diagnostic and treatment services, such as Sage or a Minnesota Health Care program, using a designated staff person such as a community health worker, health navigator, parish nurse, or patient advocate.
BCCS Activity A.1.3.	Establish policies and procedures to increase follow-up of abnormal findings, such as same-day follow-up tests or consultations, and electronic medical records that notify providers of patients requiring follow-up. ◆◆◆◆◆

Objective B.	
Detect breast and cervical cancer earlier	
Strategy B.1. Increase the number of women who are screened for breast and cervical cancer in accordance with state or national health care guidelines	
BCCS Activity B.1.1.	Connect women with screening appointments using evidence-based interventions such as phone banks, incentives, community and clinic screening events, in-reach, and direct mail campaigns to targeted communities and including a linkage to programs that will pay for screening services if needed.
BCCS Activity B.1.2.	Assist uninsured and underinsured women to enroll in programs that will pay for screening services, such as Sage or a Minnesota Health Care Program.
BCCS Activity B.1.3.	Eliminate barriers to screening, by providing or arranging for interpreters, transportation, child care, and flexible scheduling.
BCCS Activity B.1.4.	Establish policies and procedures that will use electronic medical records or other technology to increase screening rates, such as notifications to providers and/or patients that the patient is due for breast or cervical cancer screening. ◆◆◆◆◆

Diabetes Menu of Activities

Goal: To close the gap in the health status of populations of color and American Indians as compared to whites in diabetes.

◆◆◆◆◆ Indicates an activity that will lead to a policy, systems, or environmental change.

Objective A.	
Improve the health status of people with diabetes	
Strategy A.1. Improve the medical care given to people with diabetes	
Diabetes Activity A.1.1.	Establish policies and procedures that will ensure culturally-appropriate transition care and follow-up for people with diabetes after leaving the hospital. ◆◆◆◆◆
Diabetes Activity A.1.2.	Establish policies and procedures that will ensure culturally-appropriate nutrition and treatment of seniors with diabetes in community-based long-term care settings, such as home care, and in elder-care settings, such as adult day care and congregate dining. ◆◆◆◆◆ Addresses more than one PHA. See: Heart Disease and Stroke Activity A.1.1.
Diabetes Activity A.1.3.	Establish policies and procedures that will ensure that clinical patients with diabetes receive culturally-appropriate disease and case management services and are also screened and treated for heart disease, high blood pressure, high cholesterol, and depression. ◆◆◆◆◆
Diabetes Activity A.1.4.	Improve patient care by arranging for culturally-appropriate information, interpreters, transportation, appointment scheduling, and financial guidance, using a designated staff person such as a community health worker, health navigator, parish nurse, or patient advocate, or programs such as <i>Ask Me Three</i> . Addresses more than one PHA. See: Breast and Cervical Cancer Screening Activity A.1.1. and Heart Disease and Stroke Activity A.1.4.
Strategy A.2. Assist people with diabetes to manage their disease	
Diabetes Activity A.2.1.	Conduct disease self-management programs, such as the <i>Chronic Disease Self-Management Program</i> , the <i>Living Well with Chronic Conditions Program</i> , or the <i>Living in Balance Program</i> in clinical or community settings. Addresses more than one PHA. See: Heart Disease and Stroke Activity A.2.1.
Diabetes Activity A.2.2.	Offer support groups that encourage good self-care and healthy lifestyles for people with diabetes or gestational diabetes and their families.

Diabetes Activity A.2.3.	Assist diabetes patients with complex treatment plans to comply with their plans and achieve their treatment goals.
Diabetes Activity A.2.4.	Establish policies and procedures that will encourage patients with diabetes to control their heart disease, blood pressure, cholesterol, and weight. ♦♦♦♦♦
Strategy A.3. Detect diabetes earlier	
Diabetes Activity A.3.1.	Frame, develop, and provide culturally-appropriate messages about the importance of detecting, preventing, and treating diabetes in worksites and other community settings.
Diabetes Activity A.3.2.	Provide seniors and their health care providers with messages about diabetes detection, prevention, and treatment by implementing the <i>Medicare Diabetes Screening Project</i> .
Diabetes Activity A.3.3.	Establish policies and procedures that will identify patients at risk of diabetes and ensure that diabetes screening and management conforms to state or national health care guidelines. ♦♦♦♦♦

Objective B.	
Reduce the risk factors that can lead to diabetes and its complications	
Strategy B.1. Teach people with pre-diabetes how to prevent the development of diabetes	
Diabetes Activity B.1.1.	Conduct lifestyle-change and support programs, such as the <i>Diabetes Prevention Program</i> or the <i>I CAN Prevent Diabetes Program</i> , in clinical and community settings for people with pre-diabetes.
Strategy B.2. Assist people with diabetes or pre-diabetes to maintain healthy lifestyles.	
Diabetes Activity B.2.1.	Promote opportunities in the community for culturally-appropriate physical activity, such as implementing worksite wellness programs or increasing access to neighborhood parks, health clubs, and fitness centers. ♦♦♦♦♦ Addresses more than one PHA. See: Heart Disease and Stroke Activity B.2.1. and Unintentional Injury and Violence Activity B.1.1.
Diabetes Activity B.2.2.	Establish policies that will ensure daily quality physical education in schools ♦♦♦♦♦ or implement school-based physical activity programs such as <i>Walking for Health</i> and <i>WOLF (Work Out Low Fat)</i> . Addresses more than one PHA. See: Heart Disease and Stroke Activity B.2.2. and Unintentional Injury and Violence Activity B.1.2.

Diabetes Activity B.2.3.	<p>Promote opportunities in the community for culturally-appropriate healthy food choices, including increased access to nutritious foods, calorie or nutrition labeling on restaurant menus, and new or expanded farmers markets. ♦♦♦♦♦</p> <p>Addresses more than one PHA. See: Heart Disease and Stroke Activity B.2.3. and Infant Mortality Activity B.1.5.</p>
Diabetes Activity B.2.4.	<p>Establish policies that will promote culturally-appropriate healthy food choices in worksites, including healthy food service, vending, and catering options. ♦♦♦♦♦</p> <p>Addresses more than one PHA. See: Heart Disease and Stroke Activity B.2.4. and Infant Mortality Activity B.1.5.</p>
Diabetes Activity B.2.5.	<p>Establish policies that will promote culturally-appropriate healthy food choices in schools, including healthy food service, vending, and school store options. ♦♦♦♦♦</p> <p>Addresses more than one PHA. See: Heart Disease and Stroke Activity B.2.5.</p>
Diabetes Activity B.2.6.	<p>Provide fitness and healthy life-style programs, such as the <i>Enhance Fitness Program</i>, the <i>Healthy Eating for Successful Living Program</i>, the <i>Healthy Moves for Living Well Program</i>, the <i>Arthritis Exercise Program</i>, and the <i>Warm Water Exercise Program</i>, in clinical or community settings.</p> <p>Addresses more than one PHA. See: Heart Disease and Stroke Activity B.2.6. and Unintentional Injury and Violence Activity B.1.3.</p>
Diabetes Activity B.2.7.	<p>Provide group-based, structured walking activities for adults with pre-diabetes, such as the <i>Pre-diabetes Risk Education and Physical Activity Recommendation and Encouragement (PREPARE) Program</i>.</p>

Heart Disease and Stroke Menu of Activities

Goal: To close the gap in the health status of populations of color and American Indians as compared to whites in heart disease and stroke.

◆◆◆◆◆ Indicates an activity that will lead to a policy, systems, or environmental change.

Objective A.	
Improve the health status of people with heart disease and stroke	
Strategy A.1. Improve the medical care given to people with heart disease and stroke	
HDS Activity A.1.1.	<p>Establish policies and procedures that will ensure culturally-appropriate nutrition and treatment of seniors with heart disease and stroke in community-based long-term care settings, such as home care, and in elder-care settings, such as adult day care and congregating dining. ◆◆◆◆◆</p> <p style="padding-left: 40px;">Addresses more than one PHA. See: Diabetes Activity A.1.2.</p>
HDS Activity A.1.2.	<p>Provide CPR/AED training in worksites and other community settings.</p>
HDS Activity A.1.3.	<p>Conduct comprehensive health education campaigns on the signs and symptoms of a heart attack and/or stroke and the importance of calling 911 in worksites and other community settings.</p>
HDS Activity A.1.4.	<p>Improve patient care by making appointment reminder calls, referring patients to support services, following up to assure the referral is completed, and setting and reviewing risk factor goals, using a designated staff person such as a community health worker, health navigator, parish nurse, or patient advocate.</p> <p style="padding-left: 40px;">Addresses more than one PHA. See: Breast and Cervical Cancer Screening Activity A.1.1. and Diabetes Activity A.1.4.</p>
Strategy A.2. Assist people with heart disease or stroke to manage their disease	
HDS Activity A.2.1.	<p>Conduct disease self-management programs, such as the <i>Chronic Disease Self Management Program</i>, the <i>Living Well with Chronic Conditions Program</i>, or the <i>Living in Balance Program</i> in clinical or community settings.</p> <p style="padding-left: 40px;">Addresses more than one PHA. See: Diabetes Activity A.2.1.</p>

Objective B. Reduce the risk factors that can lead to heart disease and stroke	
Strategy B.1. Assist people with high blood pressure or high cholesterol, or who use tobacco, to reduce their risk	
HDS Activity B.1.1.	Establish policies and procedures that will screen high-risk people for high blood pressure and/or high cholesterol in worksites and other community settings and link them to resources for treatment. ♦♦♦♦♦
HDS Activity B.1.2.	Establish policies and procedures that will identify patients with high blood pressure and/or high cholesterol and ensure culturally-appropriate treatment for their condition. ♦♦♦♦♦
HDS Activity B.1.3.	Establish policies and procedures that will reduce exposure to secondhand smoke, by implementing policies for tobacco-free grounds including parking lots in worksites and other community settings. ♦♦♦♦♦ Addresses more than one PHA. See: Infant Mortality Activity C.2.2.
HDS Activity B.1.4.	Implement mechanisms that will connect people with existing effective tobacco cessation programs, including quitlines, quitting websites, and face-to-face counseling. ♦♦♦♦♦ Addresses more than one PHA. See: Infant Mortality Activities B.3.6. and C.2.3.
Strategy B.2. Decrease obesity by increasing physical activity and healthy eating	
HDS Activity B.2.1.	Promote opportunities in the community for culturally-appropriate physical activity, such as implementing worksite wellness programs or increasing access to neighborhood parks, health clubs, and fitness centers. ♦♦♦♦♦ Addresses more than one PHA. See: Diabetes Activity B.2.1. and Unintentional Injury and Violence Activity B.1.1.
HDS Activity B.2.2.	Establish policies that will ensure daily quality physical education in schools ♦♦♦♦♦ or implement school-based physical activity programs, such as <i>Walking for Health</i> and <i>WOLF (Work Out Low Fat)</i> . Addresses more than one PHA. See: Diabetes Activity B.2.2. and Unintentional Injury and Violence Activity B.1.2.

<p>HDS Activity B.2.3.</p>	<p>Promote opportunities in the community for culturally-appropriate healthy food choices, such as increased access to nutritious foods, calorie or nutrition labeling on restaurant menus, and new or expanded farmers markets. ♦♦♦♦♦</p> <p>Addresses more than one PHA. See: Diabetes Activity B.2.3. and Infant Mortality Activity B.1.5.</p>
<p>HDS Activity B.2.4.</p>	<p>Establish policies that will promote culturally-appropriate healthy food choices in worksites, such as healthy food service, vending, and catering options. ♦♦♦♦♦</p> <p>Addresses more than one PHA. See: Diabetes Activity B.2.4. and Infant Mortality Activity B.1.5.</p>
<p>HDS Activity B.2.5.</p>	<p>Establish policies that will promote culturally-appropriate healthy food choices in schools, such as healthy food service, vending, and school store options. ♦♦♦♦♦</p> <p>Addresses more than one PHA. See: Diabetes Activity B.2.5.</p>
<p>HDS Activity B.2.6.</p>	<p>Provide fitness and healthy life-style programs, such as the <i>Enhance Fitness Program</i>, the <i>Healthy Eating for Successful Living Program</i>, the <i>Healthy Moves for Living Well Program</i>, the <i>Arthritis Exercise Program</i>, and the <i>Warm Water Exercise Program</i>, in clinical or community settings.</p> <p>Addresses more than one PHA. See: Diabetes Activity B.2.6. and Unintentional Injury and Violence Activities A.2.3. and B.1.3.</p>

HIV/AIDS and Sexually-Transmitted Diseases Menu of Activities

Goal: To close the gap in the health status of populations of color and American Indians as compared to whites in HIV/AIDS and sexually transmitted diseases.

◆◆◆◆◆ Indicates an activity that will lead to a policy, systems, or environmental change.

Objective A.	
Improve the health of people with HIV and STDs	
Strategy A.1. Increase the number of people who access complete diagnostic and treatment services in a timely manner after testing positive for HIV and/or STDs	
HIV/STD Activity A.1.1.	<p>Facilitate referral to appropriate treatment and services (information, phone call, transportation, etc.) at facilities experienced in dealing with patients with HIV/STDs.</p> <p style="text-align: center;">Addresses more than one PHA. See: Infant Mortality Activity B.3.2.</p>
HIV/STD Activity A.1.2.	<p>Educate clients/patients with positive test results on the need for follow-up of their results and reduce barriers to accessing follow-up by providing or arranging for interpreters, transportation, appointment scheduling, financial guidance, and child care, using a designated staff person such as a community health worker, health navigator, parish nurse, or patient advocate.</p> <p style="text-align: center;">Addresses more than one PHA. See: Infant Mortality Activity B.3.2.</p>
HIV/STD Activity A.1.3.	<p>Establish policies and procedures to follow up on referrals to determine if treatment and services were accessed by the client.</p> <p style="text-align: center;">Addresses more than one PHA. See: Infant Mortality Activity B.3.2.</p>

Objective B.	
Identify new cases of HIV infection	
Strategy B.1. Increase HIV and STD testing among members of high-risk groups	
HIV/STD Activity B.1.1.	<p>Facilitate and encourage testing of sexual and/or needle sharing partners of high risk persons.</p>
HIV/STD Activity B.1.2.	<p>Implement a group-level or individual intervention for high risk members of the target population which includes education and counseling regarding the importance and effectiveness of testing for HIV and STDs. Interventions should include conducting individual risk assessments and offering appropriate referrals.</p>

HIV/STD Activity B.1.3.	Educate and counsel groups and individuals regarding the availability of post-test treatments and services to reduce anxiety over testing.
HIV/STD Activity B.1.4.	Provide HIV/STD testing or refer clients to appropriate venues for testing.
HIV/STD Activity B.1.5.	Implement standardized protocols to ensure that testing is offered to all people within high-risk groups (or all patients), or to develop automated processes within electronic health records that notify providers of patients requiring testing or follow-up.

Objective C.	
Reduce the rate of new infections of HIV and STDs	
Strategy C.1. Reduce risky sexual behaviors which lead to the transmission of HIV and STDs	
HIV/STD Activity C.1.1.	<p>Implement a group-level or individual intervention for high risk members of the target population which includes education and skills training designed to reduce risky sexual behaviors, improve safer sex skills, and increase knowledge of HIV and STDs among the target population.</p> <p>Addresses more than one PHA. See: Teen Pregnancy Prevention Activities A.1.5., B.5.2., and B.5.3.</p>
HIV/STD Activity C.1.2.	Assist groups or individuals in developing personalized action plans to achieve safer goal behaviors.
HIV/STD Activity C.1.3.	Implement peer education programs and/or media campaigns to encourage and support high-risk populations and communities to adopt safer sex practices.

Immunizations for Adults and Children Menu of Activities

Goal: To close the gap in the health status of populations of color and American Indians as compared to whites in immunizations for adults and children.

◆◆◆◆◆ Indicates an activity that will lead to a policy, systems, or environmental change.

Objective A. Improve clinical immunization rates	
Strategy A.1. Ensure that patients receive all needed vaccines at all visits	
Immun. Activity A.1.1.	Implement “vaccine only” appointments.
Immun. Activity A.1.2.	Conduct routine educational opportunities for all clinic staff to learn more about required and recommended vaccines.
Immun. Activity A.1.3.	Educate providers about the importance of offering all the recommended vaccines at every clinic visit.
Strategy A.2. Ensure that recordkeeping systems prompt for needed vaccines	
Immun. Activity A.2.1.	Enroll in the Minnesota Immunization Information Connection
Immun. Activity A.2.2.	Implement a process to check immunization records before each clinic visit, to ensure that immunizations are up to date.
Immun. Activity A.2.3.	Implement policies and procedures, such as a reminder/recall process, to inform patients or parents that it is time for an immunization.
Immun. Activity A.2.4.	Implement a continuous improvement initiative to improve immunization practice; initiative should include a link to the organization’s strategic plan, a quality improvement team, training, a mechanism for selecting improvement opportunities, a process for analysis and design, and an organizational culture that supports continual learning, systems, and process improvement.

Objective B. Remove barriers to accessing immunizations	
Strategy B.1. Increase access to immunizations	
Immun. Activity B.1.1.	Provide immunizations in non-clinical settings such as neighborhood community centers and senior high-rise and retirement facilities.
Immun. Activity B.1.2.	Provide transportation, child care, interpreters and/or other services to adults and children needing immunizations.

Immun. Activity B.1.3.	Educate community members about required and recommended vaccines for children and adults through the use of a designated staff member such as a community health worker, health navigator, parish nurse, or patient advocate.
Strategy B.2. Address knowledge, attitudes, and beliefs regarding immunizations	
Immun. Activity B.2.1.	Assess community members' knowledge, attitudes and beliefs regarding immunizations through the use of a designated staff member such as a community health worker, health navigator, parish nurse, or patient advocate.
Immun. Activity B.2.2.	Inform and motivate adults to receive their immunizations as scheduled, through education in parish nursing programs led by religious organizations, videos, printed materials or other media.
Immun. Activity B.2.3.	Inform and motivate parents to have their children receive their needed immunizations as scheduled, through education in parish nursing programs or other programs led by religious organizations, ECFE programs or other neighborhood organizations, visual messages at day care centers, community centers, social service agencies, WIC, provider clinics or other locations, and through other media.

Infant Mortality Menu of Activities

Goal: To close the gap in infant mortality for populations of color and American Indians as compared to whites.

◆◆◆◆◆ Indicates an activity that will lead to a policy, systems, or environmental change.

Objective A. Improve system, community and family/individual factors that contribute to infant deaths	
IM Activity A.1.1.	Conduct a population-specific infant mortality review; develop recommendations to address findings; and convene a community team to implement recommendations. ◆◆◆◆◆

Objective B. Improve the health status of women before, during, and between pregnancies	
Strategy B.1. Increase access to health and preventive care before, during, and between pregnancies	
IM Activity B.1.1.	Provide culturally-specific outreach and education to childbearing-age women and their partners on the importance of pre- and inter-conception care.
IM Activity B.1.2.	Implement culturally-specific group prenatal care, childbirth, and parenting education and support, such as the <i>Centering Pregnancy</i> program.
IM Activity B.1.3.	Establish policies and procedures that will ensure that clinical services are culturally appropriate and meet the unique needs of adolescents and pregnant and parenting women. ◆◆◆◆◆ Addresses more than one PHA. See: Teen Pregnancy Prevention Activities A.1.1. and A.1.2.
IM Activity B.1.4.	Educate women and their partners about culturally-appropriate family planning and child spacing.
IM Activity B.1.5.	Provide culturally-specific education on achieving and maintaining healthy weight and good nutrition. Addresses more than one PHA. See: Diabetes Activities B.2.3. and B.2.4. and Heart Disease and Stroke Activities B.2.3. and B.2.4.
IM Activity B.1.6.	Establish policies and procedures that ensure women are screened for postpartum depression at all postpartum and well-child visits. ◆◆◆◆◆

IM Activity B.1.7.	Establish procedures and policies that ensure culturally-specific childbirth support, advocacy, and education to pregnant women and their partners. ♦♦♦♦♦
IM Activity B.1.8.	Implement screening and assessment for intimate partner violence and refer those at risk to needed services. ♦♦♦♦♦ Addresses more than one PHA. See: Unintentional Injury and Violence Activity A.6.2.
IM Activity B.1.9.	Implement screening and assessment for maternal mental health and refer those at risk to needed services. ♦♦♦♦♦
IM Activity B.1.10.	Provide folic acid education to all women of childbearing age to prevent neural tube birth defects.
IM Activity B.1.11.	Establish policies and procedures that will ensure first-trimester medical visits and regular prenatal care. ♦♦♦♦♦
Strategy B.2. Provide culturally-specific outreach and care coordination during pregnancy and birth	
IM Activity B.2.1.	Establish policies and procedures that will ensure that pregnant women and adolescents have access to health insurance, a health care home, and other necessary medical or social services. ♦♦♦♦♦
IM Activity B.2.2.	Provide culturally-sensitive services to educate and support pregnant and parenting women and their partners and link them to needed services.
IM Activity B.2.3.	Establish policies and procedures that will ensure healthy pregnancies for women in foster care, child protection services, juvenile justice, or other high risk situations. ♦♦♦♦♦
Strategy B.3. Change behaviors that lead to acute and chronic conditions	
IM Activity B.3.1.	Provide identification, support, education, referrals, and follow-up for pregnant and parenting women who use alcohol, tobacco, and other drugs. Addresses more than one PHA. See: Unintentional Injury and Violence Activity B.2.2.
IM Activity B.3.2.	Provide support, education, referrals and follow-up for screening, testing and treatment for sexually transmitted diseases, including HIV. Addresses more than one PHA. See: HIV/AIDS and STDs Activities A.1.1., A.1.2., and A.1.3.
IM Activity B.3.3.	Establish policies and procedures that include extended families and other social networks in interventions for high-risk mothers. ♦♦♦♦♦

IM Activity B.3.4.	Implement culturally-specific activities to prevent women and girls from starting to smoke.
IM Activity B.3.6.	Implement programs such as the 5A's that assist pregnant and postpartum women to connect with existing effective tobacco cessation programs including quit lines, quitting websites and face-to-face counseling. Addresses more than one PHA. See: Heart Disease and Stroke Activity B.1.4.
Strategy B.4. Provide education and support for pregnant and parenting teens	
IM Activity B.4.1.	Support teen parents with goal setting and child spacing to prevent repeat pregnancies before other goals are achieved.
IM Activity B.4.2.	Provide culturally-specific parenting education for teen mothers and fathers.
IM Activity B.4.3.	Implement after-school programs that support asset building for youth in the community. Addresses more than one PHA. See: Teen Pregnancy Prevention Activities B.3.1., B.3.2., and B.3.3.
IM Activity B.4.4.	Establish adolescent-friendly clinic policies, protocols, and environments that meet the unique reproductive needs of adolescents, such as adolescent-friendly waiting rooms and confidentiality policies. ♦♦♦♦♦ Addresses more than one PHA. See: Teen Pregnancy Prevention Activity A.1.2.
IM Activity B.4.5.	Establish policies and procedures that include extended families and other social networks in interventions for pregnant or parenting teens. ♦♦♦♦♦

Objective C.	
Improve the health status and safety of infants from birth to one year	
Strategy C.1. Ensure that all infants receive high-quality care at birth and in infancy	
IM Activity C.1.1.	Establish policies and procedures that ensure the delivery of very-low-birth-weight infants at Level III birthing centers with maternal-fetal medicine and neonatology specialists. ♦♦♦♦♦
IM Activity C.1.2.	Establish policies and procedures that ensure the use of standardized developmental and social-emotional screening tools, such as <i>ASQSE (Ages And Stages: Social-Emotional)</i> . ♦♦♦♦♦
IM Activity C.1.3.	Review and update hospital and physician protocols for high-risk perinatal triage and transfer. ♦♦♦♦♦

Strategy C.2. Reduce infant deaths from SIDS & sleep-related unintentional injuries	
IM Activity C.2.1.	Implement comprehensive infant sleep safety education including the <i>Back to Sleep</i> message, the <i>Cribs for Kids</i> program, and prevention of overlay and other sleep-related injury deaths.
IM Activity C.2.2.	Educate families on effects of secondhand smoke exposure on infants and how to reduce infant exposure to secondhand smoke. Addresses more than one PHA. See: Heart Disease and Stroke Activity B.1.3.
IM Activity C.2.3.	Implement programs such as the 5A's that assist pregnant and postpartum women to connect with existing effective tobacco cessation programs including quit lines, quitting websites and face-to-face counseling. Addresses more than one PHA. See: Heart Disease and Stroke Activity B.1.4.
Strategy C.3. Improve infant nutrition and healthy physical growth and development	
IM Activity C.3.1.	Promote breastfeeding initiation and continuation for at least six months.
IM Activity C.3.2.	Establish school, community, and worksite policies and procedures that encourage and enable employees and students to breastfeed their children, such as educating and training about breastfeeding, providing designated private space for breastfeeding or expressing milk, allowing flexible scheduling to support milk expression during work, and providing information on resources for obtaining high-quality breast pumps. ♦♦♦♦♦
IM Activity C.3.3.	Implement breastfeeding practices in maternity care that provides prenatal, birth, and postpartum services, such as developing a written policy on breastfeeding, providing education and training, encouraging early breastfeeding initiation, supporting cue-based feeding, restricting supplements and pacifiers for breastfed infants, and providing for post-discharge follow-up. ♦♦♦♦♦
IM Activity C.3.4.	Establish policies and procedures that ensure low-income women are linked to nutrition resources such as WIC and food stamps. ♦♦♦♦♦
IM Activity C.3.5.	Promote the healthy social and emotional development of infants.
Strategy C.4. Reduce infant deaths from unintentional injury and violence	
IM Activity C.4.1.	Provide messages about the dangers of shaking infants and young children to parents, family members, and informal child care providers, such as shaken baby prevention videos, parent education protocols, "no shaking" pledges, and <i>Babies Cry</i> tip cards. Addresses more than one PHA. See: Unintentional Injury and Violence Activity A.4.1.

IM Activity C.4.2.	Promote the use of car safety seats and booster seats in community settings through education and giveaways. Addresses more than one PHA. See: Unintentional Injury and Violence Activity A.1.2.
IM Activity C.4.3.	Assist parents to make their home safe for infants using such tools as the Home Safety Checklist. Addresses more than one PHA. See: Unintentional Injury and Violence Activity A.2.2.

Teen Pregnancy Prevention Menu of Activities

Goal: To close the gap in teen pregnancy rates of populations of color and American Indians compared to whites.

◆◆◆◆◆ Indicates an activity that will lead to a policy, systems, or environmental change.

Objective A.	
Improve the sexual health of young people	
Strategy A.1. Improve clinic practices to better reach young people	
TPP Activity A.1.1.	Establish policies and procedures that will ensure that all clinic staff are trained on the unique developmental and health needs of culturally-diverse adolescents. ◆◆◆◆◆ Addresses more than one PHA. See: Infant Mortality Activity B.1.3.
TPP Activity A.1.2.	Establish adolescent-friendly clinic policies, protocols, and environments that meet the unique reproductive needs of adolescents, such as adolescent-friendly waiting rooms and confidentiality policies. ◆◆◆◆◆ Addresses more than one PHA. See: Infant Mortality Activities B.1.3. and B.4.4.
TPP Activity A.1.3.	Establish policies and procedures that will ensure that young men are comfortable accessing family planning services, such as hiring male outreach workers and staff, placing male-friendly magazines and posters in the clinic, providing male-specific outreach, and hiring male “secret shoppers” to provide feedback on the male-friendliness of the clinic. ◆◆◆◆◆
TPP Activity A.1.4.	Implement an evidence-based program, such as <i>Reproductive Health Counseling for Young Men</i> , or a promising approach, such as <i>Wise Guys/Jovenes Sabios</i> .
TPP Activity A.1.5.	Implement clinic-based programs, such as <i>HIV Risk Reduction for African American and Latina Teenage Women</i> , <i>Project SAFE (Sexual Awareness for Everyone)</i> , and <i>SiHLE: Sistas, Informing, Healing, Living, Empowering</i> . Addresses more than one PHA. See: HIV/AIDS and STDs Activity C.1.1.
Strategy A.2. Improve sexual health education of young people	
TPP Activity A.2.1.	Implement evidence-based or promising programs in local schools or in after-school or community programs that discuss abstinence, contraception, and condom use.

TPP Activity A.2.2.	Implement sexuality education for American Indian youth, such as <i>Live It</i> or <i>Native American S.T.A.N.D. (Students Together Against Negative Decisions)</i> .
TPP Activity A.2.3.	Establish local-level policies that will offer young people age-appropriate and medically-accurate comprehensive sexuality education. ♦♦♦♦♦

Objective B.	
Reduce the risk factors and increase the protective factors related to teen pregnancy	
Strategy B.1. Increase parent-child connectedness and communication	
TPP Activity B.1.1.	Implement an evidence-based program that increases parent and child communication about sexuality, such as <i>Reducing the Risk</i> or <i>Keepin' It R.E.A.L.</i> or promising approaches such as <i>Plain Talk/Hablando Claro</i> .
TPP Activity B.1.2.	Implement the promising program <i>It's that Easy</i> with parent educators.
TPP Activity B.1.3.	Implement a community-wide promising approach that promotes parent child communication such as <i>Tell it to Me Straight</i> or <i>Eat.Talk.Connect</i> .
Strategy B.2. Increase school connectedness	
TPP Activity B.2.1.	Establish policies and procedures that increase school connectedness, such as those detailed in CDC's report <i>School Connectedness: Strategies for increasing protective factors among youth</i> . ♦♦♦♦♦
TPP Activity B.2.2.	Implement evidence-based programs that promote culturally appropriate social and emotional learning, such as <i>Seattle Social Development</i> .
TPP Activity B.2.3.	Implement an evidence-based service learning program within a school that decreases school failure, such as <i>Teen Outreach Program (TOP)</i> .
Strategy B.3. Increase opportunities for young people that help grow a sense of competence, connection and contribution	
TPP Activity B.3.1.	Implement a service learning program, such as <i>Reach for Health</i> or <i>Teen Outreach Program (TOP)</i> . Addresses more than one PHA. See: Infant Mortality Activity B.4.3.
TPP Activity B.3.2.	Implement a program that has been shown to be highly effective among youth in foster care or other high-risk situations, such as <i>Power Through Choices</i> . Addresses more than one PHA. See: Infant Mortality Activity B.4.3.

TPP Activity B.3.3.	<p>Implement a multi-component healthy youth development program, such as <i>Aban Aya</i> or the <i>Children’s Aid Society – Carrera Program</i>.</p> <p>Addresses more than one PHA. See: Infant Mortality Activity B.4.3.</p>
Strategy B.4. Delay early sexual activity with a special focus on young adolescents	
TPP Activity B.4.1.	<p>Implement programs that have been shown to delay sexual activity for young adolescents such as <i>Draw the Line/Respect the Line</i>, <i>Becoming a Responsible Teen</i>, <i>Making Proud Choices</i>, <i>Postponing Sexual Involvement</i> (with both the Human Sexuality and the Health Screening curriculum), <i>Reach for Health Community Youth Service</i>, and <i>Seattle Social Development</i>.</p>
TPP Activity B.4.2.	<p>Promote positive peer norms and support for postponing early sexual activity by training and supporting peer educators/leaders.</p>
Strategy B.5. Reduce the frequency of sex and number of partners and increase condom and contraceptive use among sexually-active adolescents	
TPP Activity B.5.1.	<p>Implement evidence-based programs that reduce the frequency of sex, such as <i>Becoming a Responsible Teen</i>, <i>!Cuídate!</i>, <i>Draw the Line Respect the Line</i> (boys only), <i>Reach for Health Community Youth Service Learning</i>, and <i>Aban Aya</i> (boys only).</p>
TPP Activity B.5.2.	<p>Implement evidence-based programs that reduce the number of partners, such as <i>!Cuídate!</i>, <i>Draw the Line</i>, <i>Respect the Line</i>, and <i>SiHLE: Sistas, Informing, Healing, Living, Empowering</i> (African American girls only).</p> <p>Addresses more than one PHA. See: HIV/AIDS and STDs Activity C.1.1.</p>
TPP Activity B.5.3.	<p>Implement evidence-based programs that increase condom use, such as <i>Becoming a Responsible Teen</i>, <i>!Cuídate!</i>, <i>Making Proud Choices: A Safer Sex Approach to HIV/STDs and Teen Pregnancy Prevention</i>, <i>Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV</i>, <i>Safer Choices: Preventing HIV, Other STD and Pregnancy</i>, <i>SiHLE</i>, <i>Keepin’ it R.E.A.L.</i>, and <i>Aban Aya</i>.</p> <p>Addresses more than one PHA. See: HIV/AIDS and STDs Activity C.1.1.</p>
TPP Activity B.5.4.	<p>Implement evidence-based programs that increase contraceptive use, such as <i>Reducing the Risk</i>, <i>Safer Choices</i>, and <i>Reproductive Health Counseling for Young Men</i>.</p>
TPP Activity B.5.5.	<p>Promote positive peer norms and support for contraceptives by training and supporting peer educators/leaders.</p>

Unintentional Injury and Violence Menu of Activities

Goal: To close the gap in the health status of populations of color and American Indians as compared to whites in unintentional injury and violence.

◆◆◆◆◆ Indicates an activity that will lead to a policy, systems, or environmental change.

Objective A.	
Prevent unintentional injuries and violence	
Strategy A.1. Improve road and trail safety	
UIV Activity A.1.1.	Determine patterns of seatbelt usage in the target population and frame, develop, and provide culturally-appropriate messages about the importance of wearing a seatbelt.
UIV Activity A.1.2.	Promote the use of car safety seats and booster seats in community settings through education and giveaways. Addresses more than one PHA. See: Infant Mortality Activity C.4.2.
UIV Activity A.1.3.	Establish policies and procedures in worksites and other community settings that will reduce driving while impaired, sleep-deprived, using a cell phone, or texting. ◆◆◆◆◆
UIV Activity A.1.4.	Provide an intervention training program for servers of alcoholic beverages, such as the <i>Alcohol Server Intervention Program</i> , the <i>Training for Intervention Procedures Program</i> , the <i>Responsible Beverage Server Training Program</i> , or the <i>Techniques of Alcohol Management Program</i> .
UIV Activity A.1.5.	Promote the use of bicycle helmets in community settings through education and giveaways.
Strategy A.2. Improve home safety	
UIV Activity A.2.1.	Provide education on home safety and injury prevention in health care and other community settings.
UIV Activity A.2.2.	Conduct home visits to reduce hazards and promote safety in homes, using such tools as the <i>Home Safety Checklist</i> , <i>Safety: A Home Fall Prevention Checklist for Older Adults</i> , or the <i>Fall Prevention Home Safety Checklist</i> . Addresses more than one PHA. See: Infant Mortality Activity C.4.3.
UIV Activity A.2.3.	Provide the <i>Matter of Balance Program</i> for older adults in clinical or community settings, and encourage older adults to manage medications, get regular vision checks, and maintain lower body strength and balance through regular physical activity.

Strategy A.3. Prevent suicide and self-inflicted harm	
UIV Activity A.3.1.	Conduct suicide prevention training, such as <i>Gatekeeper Training</i> , the <i>American Indian Life Skills Development Curriculum</i> , or the <i>Columbia University TeenScreen Program</i> in schools and other community settings.
UIV Activity A.3.2.	Establish policies and procedures that will identify people who are at high risk for suicide or self-inflicted harm in worksites and other community settings and link them to culturally and linguistically appropriate prevention resources. ♦♦♦♦♦
UIV Activity A.3.3.	Encourage people who are at high risk for suicide or self-inflicted harm to exercise regularly, participate in culturally and linguistically appropriate counseling or therapy programs, and comply with prescribed medications.
Strategy A.4. Prevent traumatic brain injuries	
UIV Activity A.4.1.	Provide messages about the dangers of shaking infants and young children to parents, family members, and informal child care providers, such as shaken baby prevention videos, parent education protocols, “no shaking” pledges, and <i>Babies Cry</i> tip cards through hospitals, prenatal classes, and other organizations. Addresses more than one PHA. See: Infant Mortality Activity C.4.1.
Strategy A.5. Prevent injuries from assaults	
UIV Activity A.5.1.	Provide public health nurse home visiting to prevent child maltreatment and to teach effective parenting and behavior management strategies and techniques.
UIV Activity A.5.2.	Provide youth afterschool and weekend mentoring activities and programs that address life, communication, and conflict resolution skills.
UIV Activity A.5.3.	Provide fatherhood training and accountability.
Strategy A.6. Decrease sexual violence	
UIV Activity A.6.1.	Implement modules from <i>A Place to Start: A Resource Kit for Preventing Sexual Violence</i> in the community.
UIV Activity A.6.2.	Implement intimate partner violence prevention interventions, such as public health nurse home visiting and effective partnering training and modeling. Addresses more than one PHA. See: Infant Mortality Activity B.1.8.

Objective B.	
Reduce the risk factors that can lead to unintentional injuries and violence	
Strategy B.1. Increase physical activity	
UIV Activity B.1.1.	<p>Promote opportunities in the community for culturally-appropriate physical activity, such as implementing worksite wellness programs or increasing access to neighborhood parks, health clubs, and fitness centers. ♦♦♦♦♦</p> <p>Addresses more than one PHA. See: Diabetes Activity B.2.1. and Heart Disease and Stroke Activity B.2.1.</p>
UIV Activity B.1.2.	<p>Establish policies that will ensure daily quality physical education in schools ♦♦♦♦♦</p> <p>or implement school-based physical activity programs, such as <i>Walking for Health</i> and <i>WOLF</i> (Work Out Low Fat).</p> <p>Addresses more than one PHA. See: Diabetes Activity B.2.1. and Heart Disease and Stroke Activity B.2.1.</p>
UIV Activity B.1.3.	<p>Provide fitness and healthy life-style programs, such as the <i>Enhance Fitness Program</i>, the <i>Healthy Eating for Successful Living Program</i>, and the <i>Healthy Moves for Living Well Program</i>, in clinical or community settings.</p> <p>Addresses more than one PHA. See: Diabetes Activity B.2.6. and Heart Disease and Stroke Activity B.2.6.</p>
Strategy B.2. Decrease alcohol misuse	
UIV Activity B.2.1.	<p>Establish policies and procedures that will hold individuals criminally responsible for allowing an event where people under 21 possess or consume alcohol, such as a social host ordinance. ♦♦♦♦♦</p>
UIV Activity B.2.2.	<p>Establish policies and procedures that will ensure the implementation of <i>SBIRT</i> (<i>Screening, Brief Intervention, and Referral to Treatment</i>) in primary care centers, hospital emergency rooms, trauma centers, and other community settings. ♦♦♦♦♦</p> <p>Addresses more than one PHA. See: Infant Mortality Activity B.3.1.</p>