Eliminating Health Disparities Initiative

The Eliminating Health Disparities Initiative (EHDI) is a grant program within the Minnesota Department of Health Center for Health Equity. EHDI invests about $5 million dollars annually in community initiatives that address health inequities for populations of color and American Indians across eight different priority health areas.

EHDI was established by the Minnesota State Legislature in 2001 to address the growing health disparities in our state. Over the years, the EHDI approach has been to support organizations and projects run by and for communities of color and American Indians to develop and implement strategies that are effective in reaching their communities. By investing in community-based organizations and tribes to develop health improvement strategies built on cultural knowledge and wisdom and community strengths, community members are more likely to be reached, engaged and impacted.

EHDI grants are awarded through a competitive grant application process every few years. Funding decisions are based on recommendations from a committee of community reviewers. The current grant cycle provides funds to a cohort of 25 organizations from 2019 to 2023.

priority health areas

Grantees address one or more of the following priority health areas:

- Breast and cervical cancer screening
- Diabetes
- Heart disease and stroke
- HIV/AIDS and sexually-transmitted infections (STIs)
- Immunizations for adults and children
- Infant mortality
- Teen pregnancy
- Unintentional injury and violence

strategies

Grantees use a variety of strategies, including:

- Promising strategies based on practice-based evidence (PBE) and/or the lived experiences of communities of color and American Indians
- Research-based or evidence-based strategies

PBE includes a range of strategies that are developed over time through practice and experience and that often support healing from a cultural framework. Regardless of strategy, all EHDI projects must be grounded in community knowledge and wisdom.

levels of change

Grantees work on a variety of levels to create change—from health promotion and direct service, to organizational or institutional change, to changing the policies, systems and environments that impact the root causes of health inequities.

**Root Causes/Conditions for Health**

**Level 3** change addresses the social and economic conditions for health (also known as the social determinants of health). This often means changing local, regional or state policy, changing the way systems work, or changing the environment.

**Organizational/Institutional Change**

**Level 2** change addresses a health area by changing policies or systems in a school, clinic, hospital or other institution to support health behaviors and address individual risk/protective factors.

**Health Promotion/Direct Service**

**Level 1** change addresses individual or family-level risk/protective factors through health education, programming, case management and other health promotion activities.

EHDI priority health areas
The following organizations and tribes were awarded grants for the 2019-2023 grant cycle. Learn more about their programs on our website at www.health.state.mn.us/communities/equity/ehdi.

- **American Indian Family Center** – Infant mortality
- **Bois Forte Band of Chippewa** – Diabetes, heart disease and stroke
- **Casa de Esperanza** – Unintentional injury and violence
- **Centro Tyrone Guzman** – HIV/AIDS and STIs, teen pregnancy
- **Comunidades Latinas Unidas en Servicio (CLUES)** – Teen pregnancy
- **Division of Indian Work** – Teen pregnancy
- **Dream of Wild Health** – Diabetes
- **EMERGE Community Development** – Unintentional injury and violence
- **Family Tree Clinic, Inc.** – HIV/AIDS and STIs, teen pregnancy
- **Fond du Lac Band of Lake Superior Chippewa** – Teen pregnancy
- **HealthFinders Collaborative, Inc.** – HIV/AIDS and STIs, teen pregnancy
- **Hennepin Healthcare System, Inc. (Aqui Para Ti)** – HIV/AIDS and STIs, teen pregnancy, immunizations, diabetes, unintentional injury and violence
- **High School for Recording Arts** – Teen pregnancy
- **Hmong American Farmers Association** – Diabetes, heart disease and stroke
- **Hmong American Partnership** – Diabetes
- **Karen Organization of Minnesota** – Unintentional injury and violence
- **KIPP Minnesota** – HIV/AIDS and STIs, teen pregnancy
- **Lao Assistance Center of Minnesota** – Breast and cervical cancer screening
- **Minnesota Community Care** – Diabetes, heart disease and stroke, HIV/AIDS and STIs, teen pregnancy
- **Minnesota Immunization Networking Initiative** – Immunizations
- **Minnesota Indian Women’s Resource Center** – Infant mortality, unintentional injury and violence
- **Pillsbury United Communities** – Diabetes, heart disease and stroke
- **Sub-Saharan African Youth and Family Services in Minnesota** – HIV/AIDS and STIs
- **The Bridge for Youth** – Teen pregnancy
- **YWCA of Minneapolis** – Teen pregnancy

**collective impact**

EHDI grantees engage some of the hardest to reach populations—those who often do not seek services from mainstream organizations. Here are a few of their recent successes.

In 2017-2018, EHDI grantees reached more than **335,000** people of color and American Indians through their direct and indirect work. This number represents **1/3 of all people of color and American Indians in Minnesota.**

In 2018...

- **Grantees conducted nearly 800 blood pressure screenings**
- **More than 850 adults participated in wellness programs to prevent heart disease**
- **62% of mothers involved in a grantee program initiated prenatal care in the first trimester**
- **More than 6,000 people received a needed immunization**
- **More than 2,000 teens knew where to get sexual health care**
- **More than 250 people received a mental health screening**