



Eat Smart, Stay Active: Noj Zoo, Nyob Zoo Program



CONTEXT

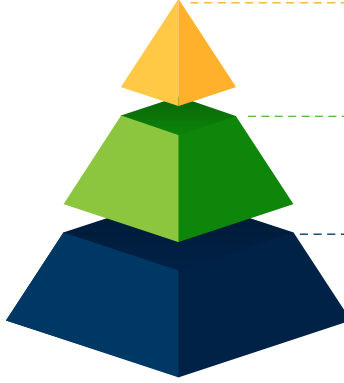
Goal: Hmong American Partnership contributes to closing the gap in diabetes for Southeast Asians in the Twin Cities metro area.

Causes: Racism and discrimination have caused long-standing disparities in education, employment, income/wealth, housing, neighborhood conditions, access to health care, transportation, social connections and support that directly affect health.

Population: Approximately 241,787 Asians live in the Twin Cities 7-county metro region.

Issue: Diabetes is the seventh leading cause of death in Minnesota and the leading cause of blindness, kidney failure, and lower-limb amputations. National data show Southeast Asian Americans experience higher rates of diabetes, in comparison to Non-Hispanic whites and Asians overall. Additionally, 40% percent of adults who prefer to speak Hmong meet the Optimal Diabetes Care measure (blood sugar and blood pressure control, cholesterol, aspirin and tobacco use) as compared to 59% of Asian adults.

APPROACH



Offering pilot program for diabetes management classes using the “Prevent T2” curriculum.

Hosting community health forums and participate in community events to engage, educate, and individually screen community members for diabetes.

Providing training to health care professionals to increase cultural awareness and promote positive health outcomes.

ROOT CAUSES/ CONDITIONS FOR HEALTH

Addresses the social and economic conditions for health (also known as the social determinants of health). This often happens by changing local, regional or state policy, changing the way systems work or changing the environment.

ORGANIZATIONAL/ INSTITUTIONAL CHANGE

Addresses a health area by changing policies or systems in a school, clinic, hospital, etc. to support healthy behaviors and individual risk/protective factors.

HEALTH PROMOTION/ DIRECT SERVICE

Addresses individual or family-level risk/protective factors through health education, programming, case management, etc.

“Through this program, I was able to build friendships with the other HAP participants and stay on track towards a healthier lifestyle change.”

– program participant

IMPACT

- Reached 3,516 individuals
- 607 Hmong community members educated on diabetes
- 34 health care professionals received training regarding culturally specific health care practices and 115 other professionals on diabetes awareness and prevention
- 8 new community partnerships established to reach the Asian community with diabetes information

298 people
identified
as at-risk or diabetic
through HAP’s screening

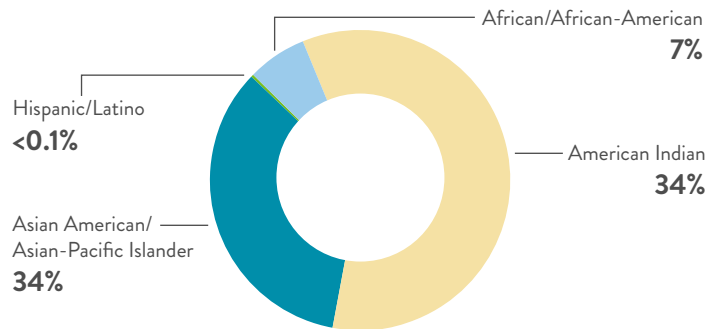




PRIORITY HEALTH AREA SPOTLIGHT

Diabetes is the sixth leading cause of death in Minnesota and is the leading cause of kidney failure, lower-limb amputations, and blindness. One in four Minnesotans are pre-diabetic, including 92,000 children. Rates of pregnancies complicated by diabetes are increasing fastest among Hispanic/Latinx, American Indians, and Asian Americans (groups that tend to receive less than adequate prenatal care). A lack of culturally and linguistically appropriate diabetes education materials and support systems contribute to disparities in management of diabetes complications and diabetes related-deaths. Socioeconomic disparities and a lack of culturally diverse or competent health care providers also contribute to barriers for effective diabetes management for people of color and American Indians.

Collective Impact: 31,347 individuals were reached through the work of five grantees addressing this priority health area in 2017-18. The proportions of individuals reached by race/ethnicity are shown in the figure below.



EHDI grantees addressing diabetes identified common measures to track and report. Collective results include:

- ★ 1,039 diabetes screenings;
- ★ 1,246 participants in diabetes prevention or management programs
- ↑ Higher amounts of weekly physical activity among participants compared to before programming.

MDH ELIMINATING HEALTH DISPARITIES INITIATIVE

The Eliminating Health Disparities Initiative (EHDI) grant program was created to address health inequities for populations of color and American Indians across eight different priority health areas. Since 2001, 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. Every few years, the program reallocates the competitive grants to organizations and tribes across the state of Minnesota. The current grant cycle is from 2016-2019.