

INTERFAITH ACTION OF GREATER SAINT PAUL



**INTERFAITH
ACTION** OF GREATER
SAINT PAUL
DEPARTMENT OF INDIAN WORK

East Metro American Indian Diabetes Collaborative



CONTEXT

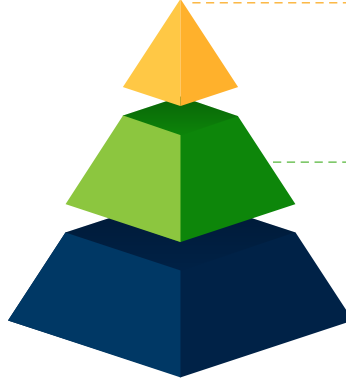
Goal: Interfaith Action—Department of Indian Work contributes to closing the gap in diabetes care for American Indians in St. Paul and the surrounding East Metro area.

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

Population: 9,035 American Indians live in Saint Paul.

Issue: Diabetes is the seventh leading cause of death in Minnesota. Minnesota-specific data show that the death rate from diabetes for African Americans is almost twice the rate for whites, and the death rate for American Indians in Minnesota is almost four times higher than the rate for whites.

APPROACH



Delivering intergenerational education and wellness programming throughout the year, in classrooms and through men's and youth groups; curriculum incorporates concepts of "walking in balance" using the Medicine Wheel; promotion of traditional activities, drumming and healthy meals.

Collaborating to increase awareness and prevention of diabetes by creating forums to advance education, encourage healthy eating practices and increased physical activity and improve social connectedness and support.

Addressing historical trauma (e.g., colonization, boarding school movement, land theft, forced relocation) and concomitant mental health struggles (e.g., depression, substance use) in diabetes prevention strategies.

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.

IMPACT

- 65% of men's group participants made healthy lifestyle choices as prevention toward diabetes
- 80% of Family Education Diabetes Series participants reported showing positive health behavior changes
- 89% of food demo participants increased knowledge on healthy eating and diabetes education
- 90% of youth diabetes prevention group participants increased healthy eating and physical activity
- 82% of camp participants demonstrated increased knowledge of healthy eating behaviors
- 78% of consultation participants increased knowledge around healthy eating and diabetes prevention

537 people
reached through
diabetes prevention
programming



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The collaborative consists of four East Metro organizations including The Department of Indian Work, Indian Education in Saint Paul Public Schools, American Indian Family Center and Ain Dah Yung Center.

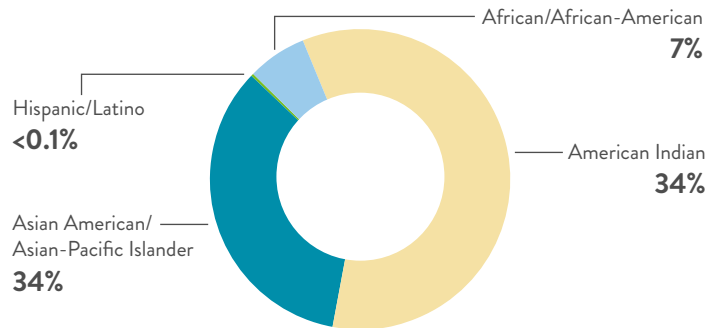


UNIVERSITY OF MINNESOTA

PRIORITY HEALTH AREA SPOTLIGHT

Diabetes is the seventh 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 the 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.