

MINNEAPOLIS AMERICAN INDIAN CENTER



Native Elders Fitness and Nutrition (FAN) Program



CONTEXT

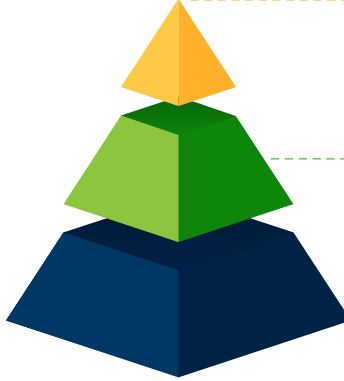
Goal: Minneapolis American Indian Center (MAIC) contributes to closing the gap in diabetes and cardiovascular health for American Indians in the Twin Cities metro area.

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: An estimated 28,000 American Indians live in the 7-county area who are age-eligible for the program (45 years old and over).

Issue: From 2012 to 2016, the heart disease death rate was 55% higher in American Indians compared to whites in Minnesota. More than half of African Americans and American Indians who die from heart disease in Minnesota are younger than age 65, compared to only 15% of whites.

APPROACH



Providing culturally relevant nutrition education, physical activities, health screening, preventative and chronic disease management education, and social activities for American Indian Elders.

Promoting healthier environments by working with the City of Minneapolis to implement a healthy beverage policy which prohibits sugar-added beverages at MAIC.

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

- 380+ unduplicated individuals age 45 or older participated in one or more activities
- 45 of 50 survey respondents had a blood pressure screening in the past year, and 23 of 50 had a diabetes screening; 14 have been diagnosed with diabetes
- 69.7% of participants report meeting physical activity guidelines at the end of the program

50% OF PARTICIPANTS
reported higher levels
of physical activity
compared to before
starting the program



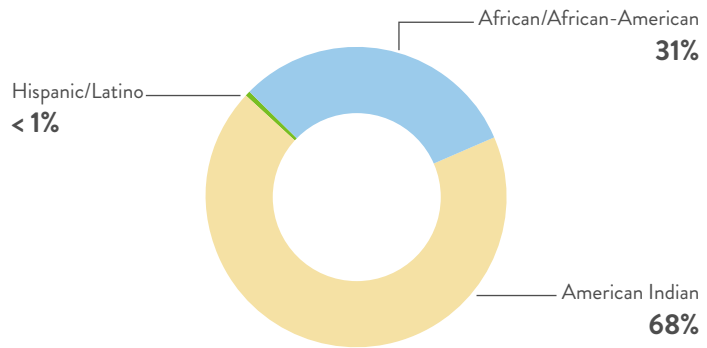


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PRIORITY HEALTH AREA SPOTLIGHT

Heart disease and stroke are the second and third leading causes of death in Minnesota. Overall, heart disease and stroke mortality rates in Minnesota are lower than the nation as a whole. However, African Americans and American Indians die at much younger ages than Asian Americans, Hispanics/Latinx, and whites. Over time, those with the highest income and educational levels have the greatest decline in heart disease and stroke mortality.

Collective Impact: 30,307 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 heart disease and stroke identified common measures to track and report. Collective results include:

- ★ 2,584 blood pressure screenings
- ★ 936 participants in wellness programs
- ↑ Higher amounts of weekly physical activity 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.