**MINNESOTA ACADEMY OF PEDIATRICS FOUNDATION**

**American Academy of Pediatrics**

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Minnesota Chapter

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**CONTEXT**

**Goal:** Minnesota Academy of Pediatrics Foundation contributes to closing the gap in immunization rates for African and Asian immigrant communities in greater Minnesota and metro area.

**Causes:** Racism and discrimination have caused 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:** Approximately 70,000 African Americans (including Somali) and Asian Americans (including Karen) live in the project’s target areas of central and southern Minnesota.

**Issue:** Measles, mumps, and rubella (MMR) and human papillomavirus (HPV) immunizations prevent illness, disability, and death from vaccine-preventable diseases including cervical cancer, measles, mumps, and rubella. In 2016, children with at least one foreign-born parent were less likely to be up-to-date on recommended immunizations at ages 2, 6, 18 and 36 months than were children with two U.S.-born parents.

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**APPROACH**

Training health advocates to become certified community health workers (CHWs) and assist in education/follow-up of the target population in their rural communities and hosting community education sessions with physicians and residents to answering parent/elder immunization questions.

Supporting community, religious and health care champions to identify specific strategies to increase vaccine rates and supporting clinics to undertake workflow and quality improvements.

Partnering to provide training, mentoring and community education to increase the number of Karen, Somali, and Hispanic/Latino health care workers in rural communities.

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**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.

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**IMPACT**

- 206 medical students received immunization awareness education
- Built bridges between health care providers and 19 Somali mosques statewide and 1 Karen church
- Conducted outreach with “Faith and Medicine” immunization education to over 30,000 Somalis in Minneapolis, St. Paul, St. Cloud, Rochester, Owatonna, and Mankato during Ramadan 2017
- Provided HPV vaccine in clinic, education, and evaluation of HPV quality improvement efforts at 15 clinics statewide, reaching over 450 youth ages 11-12 years

Baseline rates at 55% of youth <13 years having 1st dose of HPV rose to 78% after 3 months of clinic-based intervention
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.

PRIORITY HEALTH AREA SPOTLIGHT

Misinformation about the safety and health benefits of vaccines along with barriers to access have reduced the number of Minnesotans getting immunized against preventable diseases. In 2013-2014, rates of vaccination for tetanus, diphtheria, acellular pertussis (Tdap) and influenza were significantly lower among African American and American Indian women when compared to white women.

Collective Impact: 45,799 individuals were reached through the work of three 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 immunizations identified common measures to track and report. Collective results include:

★ 4,492 received a needed immunization according to national guidelines
★ 13,438 educated about vaccines and vaccine-preventable illnesses

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>15%</td>
</tr>
<tr>
<td>African/African-American</td>
<td>71%</td>
</tr>
<tr>
<td>Asian American/Asian-Pacific Islander</td>
<td>13%</td>
</tr>
<tr>
<td>American Indian</td>
<td>&lt;1%</td>
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</tbody>
</table>