

NORTHPOINT HEALTH AND WELLNESS CENTER



NORTHPOINT
Health & Wellness Center

Partnering to Create a Healthier Community

NorthPoint Healthy Families Program



CONTEXT

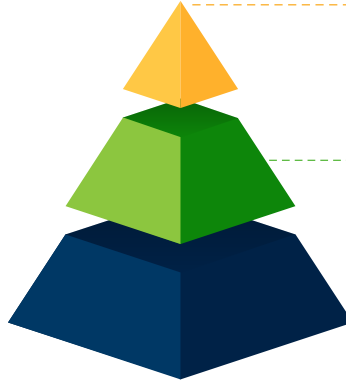
Goal: NorthPoint Health and Wellness Center contributes to closing the gap in infant mortality for African American and American Indian populations in the Twin Cities metro area.

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

Population: Approximately 27,490 American Indians and 307,190 African Americans/blacks live in the 7-county metro area.

Issue: The overall state infant mortality rate masks longstanding disparities. For example, infants born to black/African American and American Indian mothers die at twice the rate of infants born to white mothers. While the five-year average mortality rate for infants born to white mothers in Minnesota during the 2012 to 2016 period was 4.0 per 1,000 infants, the rate for black/African American infants was more than twice as high at 9.0 deaths per 1,000 live births. For American Indians, the rate was 10.1 per 1,000 infants — again, more than twice the rate for whites.

APPROACH



Providing intensive care coordination, psychiatric diagnostic assessments, and ongoing therapy support in collaboration with community partners for African American women within the post-partum period.

Developing a structured home visiting program to evaluate home safety issues, nutritional needs, family structure, and other needs.

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

- 92 women participated in NorthPoint Healthy Families program
- 100% of participants reported they are more aware of community resources and services that can help keep them and their families healthy and safe
- 100% of participants reported that the community resources and services shared were helpful

74% of participants received intensive care coordination through the assigned community health worker or social workers





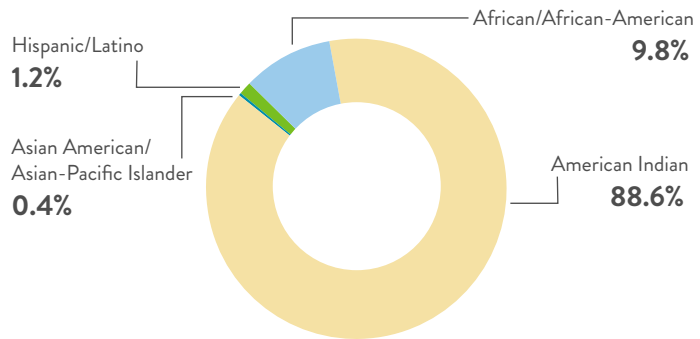
NORTHPOINT
Health & Wellness Center

Partnering to Create a Healthier Community

PRIORITY HEALTH AREA SPOTLIGHT

Data from 2009-2013 shows that Minnesota had an infant mortality rate of 4.8 infant deaths per 1,000 live births. Infants born to black/African American and American Indian mothers die at twice the rate of infants born to white mothers. Poverty, poor housing, less education and little or no prenatal health care, in addition to racism, chronic race-related stress, and absence of social support networks are all associated with increased infant mortality rates.

Collective Impact: 5,850 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 infant mortality identified common measures to track and report. Collective results include:

- ★ 87% of mothers reported infant safe sleep practices
- ★ 62% of mothers initiated prenatal care in the first trimester
- ★ 58% of infants completed their most recent well-child visit

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.