PARTNERSHIP FOR HEALTH CHB

Becker • Clay • Otter Tail • Wilkin

PartnerSHIP 4 Health

Our Culture Our Health Program

CONTEXT

Goal: Partnership for Health CHB contributes to closing the gap in diabetes, and heart disease and stroke health for African/African American in Northwest Minnesota.

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 1,900 African Americans live in the Northwest Minnesota.

Issue: Rates show that MN African Americans die from diabetes at almost twice the rate of their white counterparts. Death due to heart diseases among African Americans aged 35-64 was twice as high as whites.

APPROACH

Educating patients on how to prevent the development of diabetes; providing blood pressure screenings; implemented Diabetes Prevention Program classes in Somali and Kirundi.

Hiring community health workers to improve medical care given to people with high blood pressure and who were at risk for diabetes.

ROOT CAUSES/ CONDITIONS FOR HEALTH	ORGANIZATIONAL/ INSTITUTIONAL CHANGE	HEALTH PROMOTION/ DIRECT SERVICE
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.	Addresses a health area by changing policies or systems in a school, clinic, hospital, etc. to support healthy behaviors and individual risk/ protective factors.	Addresses individual or family-level risk/protective factors through health education, programming, case management, etc.

IMPACT

- 75% of participants completed at least 14 of 16 weekly sessions
- 12 individuals were able to establish contact with a healthcare provider
- 253 individuals receive blood glucose and CDC risk assessment screening, 8 attended diabetes prevention classes, and 52 individuals attended Diabetes Health Talk.

100% of participants who attended 14 or more sessions indicated an increase in nutritional skills

DEPARTMENT OF HEALTH
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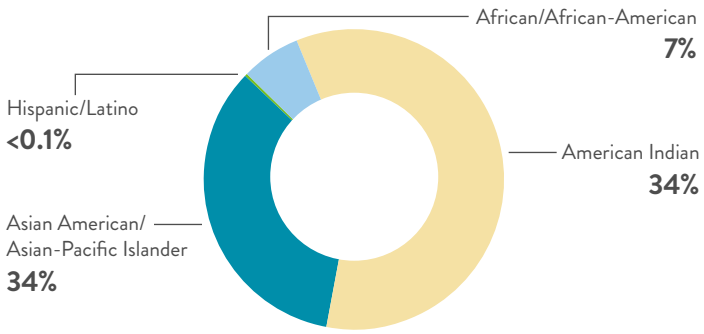
PartnerSHIP 4 Health is a collaboration of community and public health partners in Becker, Clay, Otter Tail and Wilkin counties working to prevent chronic disease through sustainable changes that increase physical activity, healthy eating and reduce tobacco use and exposure. PartnerSHIP 4 Health is at work with schools, worksites, communities, health care, child care and human service organizations.

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 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.