WELLSHARE INTERNATIONAL

WellShare International™

Karen, American Indian, Somali, and Ethiopian Initiative (KASE)
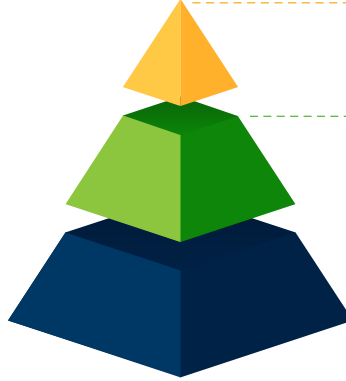

CONTEXT

Goal: WellShare International contributes to closing the gap in diabetes, heart disease, and stroke health for African/African-Americans and Karen refugees 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: Approximately 307,000 African/African Americans live in the Twin Cities 7-county metro region.

Issue: Rates show that African Americans in Minnesota 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

Offering evidence-based classes in specific Minneapolis Public Housing Authority buildings based on community demand and need.

Offering peer mentoring training for a Somali diabetes prevention program.

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.

"I have been able to understand the importance of asking open-ended prompts and allowing the patient to lead the process of developing their own goals."

– provider

IMPACT

- 93% of attendees reported utilizing information learned in WellShare's Community Health Worker Peer Network trainings/presentations

90% of **participants in the Chronic Disease Self Management Program** reported an improvement in the ability to manage chronic disease

DEPARTMENT OF HEALTH
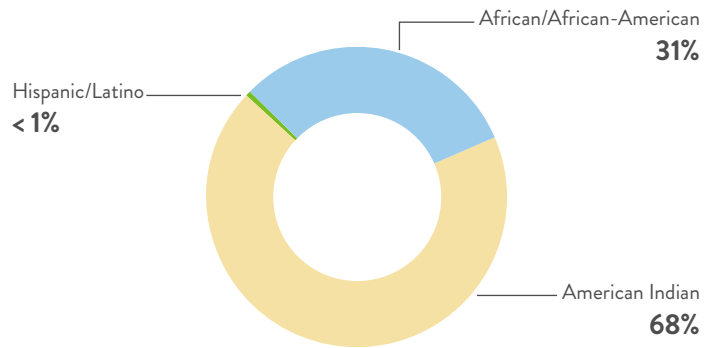CENTER FOR HEALTH EQUITY

Guided by a commitment to sustainability, a desire to empower through education, and a focus on accountability, WellShare partners with communities and health care providers to design, implement, and evaluate health programs that respond to the needs of each population we serve.

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.

African/African-American **31%**

Hispanic/Latino **< 1%**

American Indian **68%**

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. 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.

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