

Minnesota Department of Health State Partnership Initiative (SPI) Work Plan 2015-2020

Addressing Infant Mortality among African Americans and Developing a Health Profile on U.S. Born African American Mothers and Their Infants Living In Hennepin County Using a Health Equity Analysis

Goals:

1. Strengthen the capacity of the US-born African American community to change and conditions under which babies are born to maximize their opportunity for a healthy start
2. Enable the U.S. born African American community to advance a health equity narrative that includes all of the factors of social determinants of health (SDOH) that contribute to infant mortality among African Americans in Minnesota
3. Ensure that women and babies are healthy and disparities in infant mortality among U.S. born African Americans in Hennepin County are eliminated

Objectives:

1. The Community Voices and Solutions (CVAS) project leadership team will develop a shared decision-making and leadership model for reducing infant mortality rates through a health equity perspective for U.S. born African Americans living in Hennepin County, Minnesota.
2. Using a community engagement model, CVAS, project partners and co-learning participants from the U.S. born African American community will increase their skills in developing authentic partnerships.
3. CVAS, partners, and co-learning participants will increase their knowledge of the root causes (including social determinants) of U.S. born African American infant mortality.
4. CVAS and partners will identify the current dominant narratives about infant mortality and develop a health equity narrative that includes the root causes of infant mortality and poor birth outcomes.
5. CVAS, partners, and co-learning participants will broaden their skill sets to strategize and support policy, systems and environmental changes that will improve conditions for health among U.S. born African Americans.
6. CVAS will identify structural barriers to healthy birth outcomes among U.S. born African American women living in Hennepin County.
7. CVAS and project partners will develop a list of potential strategies and interventions based on a health equity approach to address the high infant mortality rates and disparities among U.S. born African Americans in Hennepin County
8. CVAS, project partners and co-learning participants will implement strategies and interventions at various levels including individual behavior, policy, systems and structures.
9. MDH will begin to see transformation in its public health practice in addressing infant mortality in the U.S. born African American population.

Activity	Timeline	Activity Result	Products	Who Is Responsible
<p>Part I. Building the CVAS Infrastructure and Planning the Community Co-Learning Sessions</p> <p>Objective 1: CVAS will develop a shared decision making and leadership model for reducing infant mortality rates through a health equity perspective for U.S. born African Americans living in Hennepin County, Minnesota.</p> <p>Objective 5: CVAS, partners, and co-learning participants will broaden their skill sets to strategize and support policy, systems and environmental changes that will improve conditions for health among U.S. born African Americans.</p> <p>Anticipated Outcomes:</p> <ol style="list-style-type: none"> CVAS and project partners develop a shared vision, project priorities, and identify possible community-driven interventions to improve the key conditions for maternal and infant health. The community's capacity to create their own healthy future is strengthened. CVAS members' professional networks are developed and strengthened and cross-sector partnerships are formed. The larger community is aware of MDH's infant mortality project. 				
1. Recruit CVAS members	July 2016-Dec 2016	Leaders and other members of the African American community and professionals representing different sectors agree to join CVAS	Complete CVAS with up to 15 members Annual plan agreements for CVAS members	Project Coordinator
2. Create a CVAS charter	Dec 2016-Feb 2017	CVAS members create a charter that will serve as a guide for members as to the nature and extent of their participation in the project	CVAS charter	Project Coordinator and CVAS
3. Create and finalize a project work plan	Feb 2017-Mar 2017	Project staff create a work plan that is approved by CVAS	Final work plan	Project staff and CVAS
4. Hold kick-off event to inform the community about the project	Mar 2017	Community increases its awareness of the project and planned activities	Community kick-off event	Project Coordinator
5. Develop curricula for the co-learning sessions	Feb 2017-Apr 2017	Determine topics and content of the co-learning sessions	Co-learning sessions agenda and materials	Project staff and CVAS
6. Recruit community members as participants in the co-learning sessions	Feb 2017–May 2017	CVAS members will identify potential co-learning session participants and help recruit them	Criteria for selecting co-learning participants Complete list of co-learning participants Annual plan agreements for co-learning participants	Project coordinator and CVAS

Activity	Timeline	Activity Result	Products	Who Is Responsible
7. Select contractors and guest speakers for co-learning sessions	Feb 2017–May 2017	CVAS members will help identify presenters for the co-learning sessions	Line-up of presenters for co-learning sessions	Project coordinator and CVAS
8. Develop an evaluation tool for the co-learning sessions	May 2017-July 2017	A co-learning session evaluation tool is developed based on the learning objectives	Co-learning sessions evaluation tool	Project evaluation staff
<p>Part II. Developing the new health equity narrative on infant mortality Objective 4: CVAS and partners will identify the current dominant narratives about infant mortality and develop a health equity narrative that includes the root causes of infant mortality and poor birth outcomes. Anticipated Outcome: A health equity narrative will become the dominant narrative for infant mortality in Minnesota</p>				
1. Identify 4 cohorts, with each cohort comprised of up to 5 community members and up to 2 CVAS members as advisors, to participate the health equity narrative session and other co-learning sessions	Mar 2017-Apr 2017	Community participants and CVAS advisors/mentors are identified and formed into 4 co-learning cohorts	4 co-learning cohorts formed	Project staff and CVAS
2. Conduct the health equity narrative co-learning session with participation from CVAS members, project partners, and community members	May 2017 for cohorts 1 & 2 Aug 2017 for cohorts 3 & 4	Co-learning participants learn how different worldviews on health impact IM outcomes	HE narrative co-learning sessions completed in April 2017 and August 2017	Project staff
3. With guidance from project partner Minneapolis Healthy Start Community Action Network (CAN), identify the current dominant narrative and develop a new health equity narrative around infant mortality	May 2017-July 2017	Meetings held between project staff and CAN	Current dominant narrative and new health equity narrative around infant mortality are developed	CAN and project staff
4. Write a report that describes the process used to develop the narratives around infant mortality	July 2017	Preparation of report	Completed report on the development of the new health equity narrative around infant mortality	Project staff

Activity	Timeline	Activity Result	Products	Who Is Responsible
5. Disseminate the IM narrative report by posting it on the Center for Health Equity (CHE) website	July 2017	Post IM narrative report on CHE website	IM narrative report on CHE website	Project coordinator
6. Disseminate the IM narrative report by preparing an abstract for submission to the American Public Health Association (APHA) to present at the November 2019 annual conference – see also VIII	Feb 2019	Prepare abstract for submission to APHA	Abstract completed and submitted to APHA	Project evaluation staff
<p>Part III. Conducting social justice and other community co-learning sessions</p> <p>Objective 2: Using a community engagement model, CVAS, project partners and co-learning participants from the U.S. born African American community will increase their skills in developing authentic partnerships</p> <p>Objective 3: CVAS, project partners, and co-learning participants will increase their knowledge of the root causes (including social determinants) of U.S. born African American infant mortality</p> <p>Objective 6: CVAS will identify structural barriers to healthy birth outcomes among U.S. born African American women living in Hennepin County</p> <p>Anticipated Outcomes:</p> <ol style="list-style-type: none"> 1. CVAS and other community members will have a greater understanding of all factors that determine the health of U.S. born African American of mothers and infants 2. CVAS, project partners and co-learning participants will increase their skills in developing authentic partnerships 3. CVAS, project partners and co-learning participants will develop their professional networks 				
1. Identify guest speakers for co-learning sessions to talk about how the history, laws, policies and regulations in the various sectors directly linked to infant mortality (health, education, housing, child protection, law enforcement, environment, etc.) impact the health of U.S. born African American mothers and their infants	May 2017	Guest speakers for co-learning sessions will be identified	List of potential guest speakers	Project staff and CVAS
2. Invite identified guest speakers to take part in the co-learning sessions	Mar 2017-Jan 2018	Guest speakers for co-learning sessions will be invited to give a talk at co-learning sessions	List of confirmed guest speakers	Project coordinator

Activity	Timeline	Activity Result	Products	Who Is Responsible
3. Conduct co-learning sessions on social justice and other social determinants of infant mortality disparities with participation from CVAS members, project partners, and community members	June 2017-July 2017 for cohorts 1 & 2 Oct 2017-Nov 2017 for cohorts 3 & 4	Co-learning sessions for cohorts 1 & 2 and also for cohorts 3 & 4 will be scheduled	Confirmed schedule of co-learning sessions cohorts 1 & 2 and also for cohorts 3 & 4	Project coordinator
4. Evaluate co-learning sessions	June 2017-July 2017 for cohorts 1 & 2 Oct 2017-Nov 2017 for cohorts 3 & 4	Co-learning participants provide feedback about their experience and extent to which learning objectives were met	Co-learning sessions evaluation results	Project evaluation staff
5. Document development of cross-sector partnerships by CVAS, partners, and co-learning participants	Mar 2017-July 2020	Using a social network analysis tool, CVAS, partners, and co-learning participants will report how they are forming cross-sector partnerships, if at all	Network diagrams at various points in time	Project evaluation staff
<p>Part IV. Creating the Health Disparity Profiles</p> <p>Objective 3: CVAS, partners and co-learning participants will increase their knowledge of the root causes (including social determinants) of U.S. born African American infant mortality.</p> <p>Objective 6: Structural barriers to healthy birth outcomes among U.S. born African American women living in Hennepin County will be identified.</p> <p>Anticipated Outcome: CVAS and the larger community will have a greater understanding of all factors that determine the health of U.S. born African American of mothers and infants.</p>				
1. Develop the Health Disparity Profile 1 (HDP1) showing infant mortality rates and disparities in Minnesota with a focus on U.S. born African Americans in Hennepin County	Aug 2015-Mar 2016	HDP1 is completed	HDP1	Project staff and CVAS

Activity	Timeline	Activity Result	Products	Who Is Responsible
2. For HDP1, collect and analyze relevant health and demographic data from: vital statistics, Pregnancy Risk Assessment Monitoring System (PRAMS), MN Student Survey, U.S. Census, and Hennepin County Survey of the Health of All the Population and the Environment (SHAPE)	Aug 2015-Mar 2016	Data relevant to creation of HDP1 are identified and compiled	IM data analyzed and formatted for inclusion in the HDP1	Project evaluation staff
3. Review and finalize HDP1	February 2017	CVAS completes review of HDP1	Final HDP1	CVAS
4. For HDP2, develop questions and recruit community members for the focus groups	Feb 2017-Mar 2017	Focus group questions and participants are identified	Focus group guide List of focus group participants	Project staff and CVAS
5. For HDP2, conduct 4 focus groups with up to 12 community participants per group	May 2017-July 2017	4 focus groups are scheduled and participants in each focus group are confirmed	4 focus groups completed	Project staff
6. For HDP2, analyze focus group data and summarize findings	July 2017-Aug 2017	A summary of the focus group findings will be written	Summary report of focus group findings	Project evaluation staff
7. Conduct root cause analysis with CVAS and partners	May 2017-July 2017	Completed root cause analysis	Social determinants of African American infant mortality identified	Project staff and CVAS
8. For HDP2, review 2010 Infant Mortality Environmental Scan report completed by the Stairstep Foundation and conduct other document reviews and interview key stakeholders as needed	May 2017-July 2017	Other documents to be reviewed and key stakeholders to be interviewed are identified	Document review completed Key stakeholder interviews completed	Project staff and CVAS
9. Develop HDP2, focusing on the causes and conditions that have created the disparities in U.S. born African American infant mortality rates	Nov 2017-Dec 2017	HDP2 is completed	HDP2	Project staff and CVAS

Activity	Timeline	Activity Result	Products	Who Is Responsible
<p>Part V. Developing a list of potential strategies and interventions to address the high infant mortality rates and disparities among U.S. born African Americans in Hennepin County</p> <p>Objective 7: CVAS and project partners will develop a list of potential strategies and interventions based on a health equity approach to address the high infant mortality rates and disparities among U.S. born African Americans in Hennepin County</p> <p>Anticipated Outcomes:</p> <ol style="list-style-type: none"> CVAS, project partners, and co-learning participants increase their knowledge of the spectrum of determinants of maternal and infant health CVAS, project partners, and co-learning participants increase their skills in developing strategies and interventions that address these determinants (e.g., individual behavior, socio-economic and environmental conditions, and policies and systems that impact infant mortality) 				
<p>1. Review the 7 priority recommendations in Minnesota’s Statewide Infant Mortality Reduction Plan (Statewide Plan) Health Disparity Profiles, health equity narrative work, co-learning sessions, and focus group findings</p>	<p>Sept 2017 for cohort 1 & 2 Dec 2017 for cohorts 3 & 4</p>	<p>All information used or generated by the project are reviewed</p>	<p>Knowledge of all information used or generated by the project</p>	<p>Project staff, CVAS, project partners, and cohorts 1-4</p>
<p>2. Review evidence-based and promising practices in the U.S. that have successfully improved maternal and infant health in the U.S. born African American community</p>	<p>Sept 2017 for cohort 1 & 2 Dec 2017 for cohorts 3 & 4</p>	<p>Evidence-based practices and other models that address African American infant mortality in the U.S., including their successes in reducing disparities, are reviewed</p>	<p>Knowledge of evidence-based practices and other models that address African American infant mortality in the U.S., including their successes</p>	<p>Project staff, CVAS, project partners, and cohorts 1-4</p>
<p>3. Develop a list of potential strategies and interventions that address the spectrum of determinants of maternal and infant health under each of the Statewide Plan’s 7 priority recommendations</p>	<p>Oct 2017-Nov 2017 for cohorts 1 & 2 Jan 2018-Feb 2018 for cohorts 3 & 4</p>	<p>Strategies and interventions that potentially can be implemented under the Statewide Plan are developed (For cohorts 3 & 4, will just need to review the previous list and make any changes)</p>	<p>List of potential strategies and interventions to address U.S. born infant mortality</p>	<p>Project staff, CVAS, project partners, and cohorts 1-4</p>
<p>4. Select 1 or 2 interventions for implementation as a mini project</p>	<p>Dec 2017 for cohorts 1 & 2 Mar 2018 for cohorts 3 & 4</p>	<p>Co-learning participants and their CVAS advisors/mentors select 1 or 2 interventions for implementation as their mini project</p>	<p>1 or 2 interventions selected by cohorts 1 & 2 combined and by cohorts 3 & 4 combined</p>	<p>Cohorts 1-4</p>

Activity	Timeline	Activity Result	Products	Who Is Responsible
5. Develop an actions plan around the selected intervention(s)	Jan 2018-Feb 2018 for cohorts 1 & 2 Apr 2018-May 2018 for cohorts 3 & 4	Co-learning participants and their CVAS advisors/mentors develop an action plan around their selected intervention(s)	Action plan	Cohorts 1-4
6. Identify specific strategies and interventions that can be implemented in one's own work place	Apr 2018	CVAS and project partners identify specific strategies and interventions that holds the most potential in being implemented at their own work place and share this with the group (implementation not required)	List of strategies and interventions that holds the most potential in being implemented at the work places of CVAS members and project partners	CVAS and project partners

<p>Part VI. Implementing strategies and interventions to address the high infant mortality rates and disparities among U.S. born African Americans in Hennepin County</p> <p>Objective 8: CVAS, project partners, and co-learning participants will implement strategies and interventions at various levels including individual behavior, policy, systems and structures</p> <p>Objective 9: MDH will begin to see transformation in its public health practice in addressing infant mortality in the U.S. born African American population</p> <p>Anticipated Outcomes:</p> <ol style="list-style-type: none"> 1. Co-learning participants will engage the broader community in tackling infant mortality in their community 2. The community is involved in organized change efforts to improve the key conditions for maternal and infant health, are organizing their own change efforts, and use public health data to support policy and systems changes 3. Improved coordination, collaboration and linkages among statewide and/or local partners to address health disparities 4. Improved prematurity rates for program participants and/or reduction in U.S. born African American infant mortality rate in Hennepin County 				
1. Implement selected strategies and interventions to address infant mortality in the community	Mar 2018-Apr 2020 for cohorts 1 & 2 (26 months) June 2018-Apr 2020 for cohorts 3 & 4 (23 months)	Strategies and interventions selected by the cohorts are implemented	Efforts by cohort members to implement their selected strategies and interventions	Cohorts 1-4
2. Hold all-cohort meeting midway through implementation to share updates, challenges, and successes on the mini projects	July 2019 (17 th month for cohorts 1 & 2, and 14 th month for cohorts 3 & 4)	Cohorts learn from each other	All cohort-meeting	Cohorts 1-4

Activity	Timeline	Activity Result	Products	Who Is Responsible
3. Document the implementation of the strategies and interventions and the extent to which they are changing the conditions under which women give birth and babies are born and raised	Mar 2018-Apr 2020	Evaluation of the mini projects	Summary of implementation efforts and results	Project evaluation staff
<p>Part VII. Project staff with work with select community health centers in Hennepin County to develop a, or enhance their, prenatal assessment/screening tool</p> <p>Objective 3: CVAS, partners, and co-learning participants will increase their knowledge of the root causes (including social determinants) of U.S. born African American infant mortality.</p> <p>Objective 6: CVAS will identify structural barriers to healthy birth outcomes among U.S. born African American women living in Hennepin County.</p> <p>Objective 9: MDH will begin to see transformation in its public health practice in addressing infant mortality in the U.S. born African American population.</p> <p>Anticipated Outcomes:</p> <ol style="list-style-type: none"> 1. Increased preventive health screenings, disease intervention and management and linkages to care 2. Increased access to public health and/or social services 				
1. Work with the Minnesota Association of Community Health Centers (MNACHC) to establish relationships with 4 community centers in Hennepin County that serve a large number of U.S. born African American women in their prenatal care program	Aug 2017	Meetings with the 4 community health centers	Relationships formed with 4 community health centers	Project staff
2. Review prenatal screening protocol for pregnant women who seek care at each of the 4 community health centers in Hennepin County	Aug 2017-Sept 2017	Prenatal screening protocols and tools at each of the 4 clinics are reviewed	Clinic protocols for screening pregnant women	Project staff
3. Work with the 4 community health centers to develop a new screening tool or enhance their existing tool so that it encompasses pregnant women’s overall living conditions and needs (social determinants)	Oct 2017-Dec 2017	Develop a new tool or enhance existing tools, or leave existing tools unchanged if already addressing social determinants factors	New, enhanced, or existing prenatal screening tool at each clinic	Project staff

Activity	Timeline	Activity Result	Products	Who Is Responsible
4. Assist the community health centers in piloting the prenatal screening tool, if new or enhanced, and revise as necessary	Jan 2018	If using a new or enhanced screening tool, review with clinic staff how to implement it	Completed prenatal screening for patients	Project staff
5. Evaluate how screening for social determinants of health factors has impacted birth outcomes at each of the 4 clinics	Feb 2018-May 2020	Documentation of how the 4 clinics addressed social determinants of health factors that resulted from the screening, and the impact on birth outcomes	Summary findings on how screening for social determinants has impacted birth outcomes at each of the 4 clinics	Project evaluation staff
<p>Part VIII. Dissemination</p> <p>Objective 3: CVAS, partners, and co-learning participants will increase their knowledge of the root causes (including social determinants) of U.S. born African American infant mortality.</p> <p>Objective 4: CVAS and partners will identify the current dominant narratives about infant mortality and develop a health equity narrative that includes the root causes of infant mortality and poor birth outcomes.</p> <p>Objective 9: MDH will begin to see transformation in its public health practice in addressing infant mortality in the U.S. born African American population.</p> <p>Anticipated Outcomes:</p> <ol style="list-style-type: none"> 1. The larger community will increase their knowledge of the root causes (including social determinants) of U.S. born African American infant mortality 2. The larger community will learn about the current dominant narrative and the new health equity narrative about infant mortality 3. The larger community will learn about concrete strategies and interventions that can be used to implement Minnesota’s Infant Mortality Reduction Plan 				
1. Distribute HDP1 and HDP2 at MDH and at public health events	Mar 2018-June 2020	HD profiles 1 & 2 are distributed	Public documents showing HDP1 and HDP2	Project staff
2. Submit abstracts to the MDH Community Health Conference (CHC), Minnesota Public Health Association (MPHA), and American Public Health Association (APHA)	MDH CHC: May 2018 & May 2019 MPHA: Apr 2018 APHA: Feb 2019	Abstracts for a poster or oral presentation are submitted	Abstracts	Project evaluation staff
3. Present at MDH CHC, MPHA, and APHA	MDH CHC: Sept 2018 & Sept 2019 MPHA: May 2018 APHA: Nov 2019	Presentations (poster or oral) at MDH CHC, MPHA, and APHA are conducted	Presentations (poster or oral)	Project staff, CVAS, partners, and co-learning participants

Activity	Timeline	Activity Result	Products	Who Is Responsible
4. Write a journal article on the process of implement strategies and interventions addressing infant mortality, description of each strategy and intervention, evaluation results, successes, challenges, and lesson learned	Feb 2020-Jul 2020	Journal article is written	Journal article	Project evaluation staff
5. Hold a large community forum for co-learning participants to share successes, challenges, and lessons learned in their mini projects aimed at policy, systems, and structural changes to reduce Afr. Amer. IM rates and disparities	May 2020	Community forum is held	Community forum	Project staff and CVAS
6. Hold a large community forum to inform the community about project results and next steps	June 2020	Community is aware of project results and next steps	Community forum	CVAS and Project Coordinator

Anticipated Timeline of Major Tasks, Aug 2015 - July 2020

Major Tasks	Fiscal Year and Quarter																			
	2015-2016				2016-2017				2017-2018				2018-2019				2019-2020			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Part I. Building the CVAS Infrastructure and Planning the Community Co-Learning Sessions																				
1. Recruit CVAS																				
2. CVAS develops and finalizes a charter																				
3. Project staff and CVAS revise and finalize the project work plan.																				
4. A Project Kick-off event is held in the community																				
5. Project staff and CVAS develop curricula for co-learning sessions																				
6. Recruit community members for the co-learning cohorts																				
7. Select contractors and guest speakers for co-learning sessions																				
8. Develop evaluation tool for co-learning sessions																				
Part II. Developing the new health equity narrative on infant mortality																				
1. Form 4 co-learning cohorts and identify 2 CVAS members as cohort advisors																				
2. Conduct health equity (HE) narrative training with CVAS, partners, & co-learning cohorts																				

Major Tasks	Fiscal Year and Quarter																			
	2015-2016				2016-2017				2017-2018				2018-2019				2019-2020			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
3. Identify current dominant narrative and develop new HE narrative on IM																				
4. Write a report documenting the development of new HE narrative on IM																				
5. Post new HE narrative on project website																				
6. Prepare abstract for APHA conference on the new HE narrative – see also Part VIII																				
Part III. Conducting social justice and other community co-learning sessions																				
1. Identify guest speakers for co-learning sessions																				
2. Invite guest speakers for co-learning sessions																				
3. Conduct co-learning sessions on social justice & other IM social determin.																				
4. Evaluate co-learning sessions																				
5. Project staff document the development of authentic partnerships																				
Part IV. Creating the Health Disparity Profiles																				
1. Project staff, with CVAS, develop the Health Disparity Profile 1 (HDP1)																				

Major Tasks	Fiscal Year and Quarter																			
	2015-2016				2016-2017				2017-2018				2018-2019				2019-2020			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
2. Collect and analyze health and demographic data for HDP1	■	■	■																	
3. Review and finalize HDP1							■													
4. For HDP2, develop questions and recruit participants for 4 focus groups								■												
5. Conduct 4 focus groups								■												
6. Analyze focus group data and summarizes findings								■	■											
7. For HDP2, conduct root case analysis with CVAS and partners								■												
8. For HDP2, review 2010 Stairstep Fdn IM environmental scan report, conduct other document reviews and stakeholder interviews as needed								■												
9. Develop HDP2										■										
Part V. Developing a list of potential strategies and interventions to address the high infant mortality rates and disparities among U.S. born African Americans in Hennepin County																				
1. Review 7 priority recommendations in MN Infant Mortality Reduction Plan, HD profiles, HE narrative work, and focus group findings									■	■										

Major Tasks	Fiscal Year and Quarter																			
	2015-2016				2016-2017				2017-2018				2018-2019				2019-2020			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
2. Review evidence-based and promising practices in U.S. that have been shown to successfully improve African American maternal and child health																				
3. CVAS, project staff, partners, and co-learning participants develop a list of potential strategies/ interventions to address African American IM																				
4. Co-learning cohorts select 1 or 2 strategies/ interventions to implement as mini-project																				
5. Co-learning cohorts develop action plans around selected strategies/ interventions																				
6. CVAS and partners identify specific strategies/ interventions that can be implemented in their own work places																				
Part VI. Implementing strategies and interventions to address the high infant mortality rates and disparities among U.S. born African Americans in Hennepin County																				

Major Tasks	Fiscal Year and Quarter																			
	2015-2016				2016-2017				2017-2018				2018-2019				2019-2020			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1. CVAS members, project partners, and co-learning cohorts implement selected strategies/interventions in the community & own work places																				
2. Hold all-cohorts meeting midway through implementation to share updates, successes, challenges & lessons learned																				
3. Project staff document and monitor the results of the implementation of the strategies and interventions																				
Part VII. Project staff with work with select Federally Qualified Health Centers (FQHCs) in Hennepin County to develop a, or enhance their, prenatal assessment/screening tool																				
1. Work with MN Association of Community Health Centers (MNACHC) to establish relationships with 4 community health centers (CHCs) in Hennepin County																				
2. Review prenatal assessment /screening tool at the 4 CHCs																				

Major Tasks	Fiscal Year and Quarter																			
	2015-2016				2016-2017				2017-2018				2018-2019				2019-2020			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
3. Work with the 4 community health centers to develop new or enhance existing screening tool																				
4. Assist the 4 CHCs in piloting the tool (if new or enhanced), and revise as necessary																				
5. Evaluate how screening for SDOH impacted birth outcomes at the 4 CHCs																				
VIII. Dissemination																				
1. Disseminate HDP1 & HDP2 at MDH and public health events																				
2. Project staff prepare and submit abstracts for conference presentations																				
3. Project staff present at conferences																				
4. Project staff write journal article																				
5. Hold large community forum for co-learning participants to present on their mini projects																				
6. Hold large public forum to inform the community about project results and next steps																				