Cultivating a Health Equity Ecosystem:
Lessons Learned from the Eliminating Health Disparities Initiative

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- The EHDI Story

- Cultivating a Health Equity Ecosystem

- MDH's Role in the Ecosystem

- Your Role in the Ecosystem

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Has Investment in EHDI Eliminated Health Disparities?

Addressing health inequities in MN could:

- Save 766 lives
- Add 1,000+ people of color and American Indians to the workforce
- Save a total of $2.26 billion through increased employment and decreased sick time

PER YEAR

https://mn.gov/mcla/assets/Cost_Inequities%20FINAL_tcm1099-338417.pdf

$337 BILLION

The estimated cost to health insurers in racial disparities in health between 2009 and 2018.[5]

https://www.policylink.org/resources-tools/competitive-advantage-racial-equity-health-care

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EHDI Overview and History

- The Minnesota Legislature created the EHDI grant program in 2001 (Minn. Stat. §145.928)

- Collaborative effort between MDH and communities of color and American Indians

- Goal – to close the gap in the health status of populations of color and American Indians as compared with whites in 8 priority health areas (PHAs)

- Traditional public health programs were not always effective

- Solutions must come from within the communities most impacted by inequities and be supported by community leaders
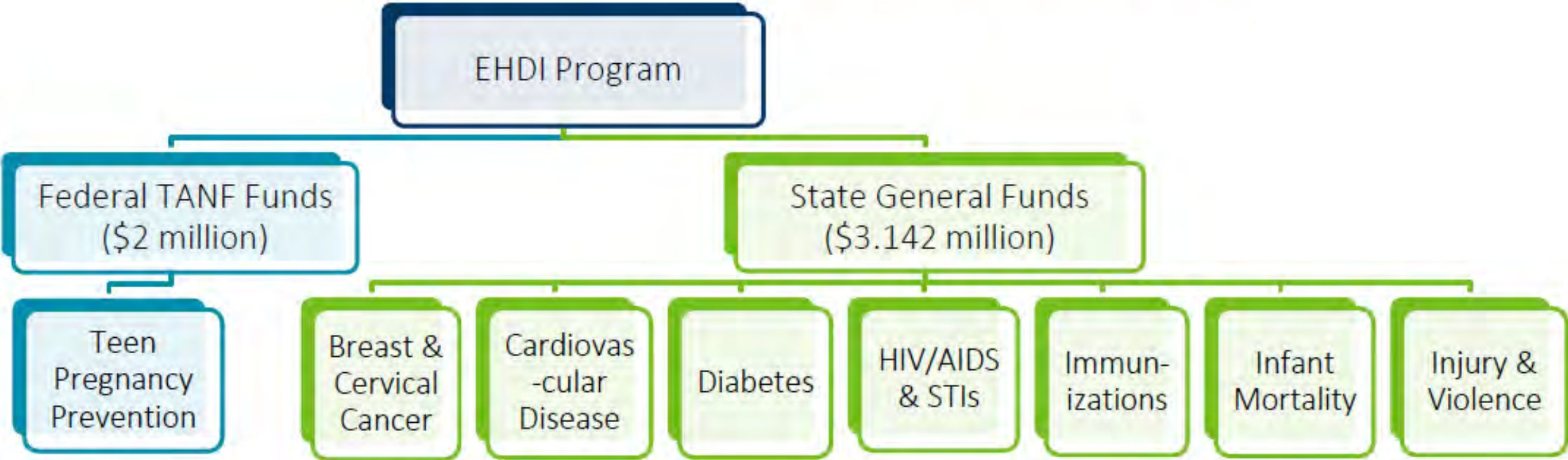
EHDI History

- EHDI legislation passes
- First grants begin in 2002
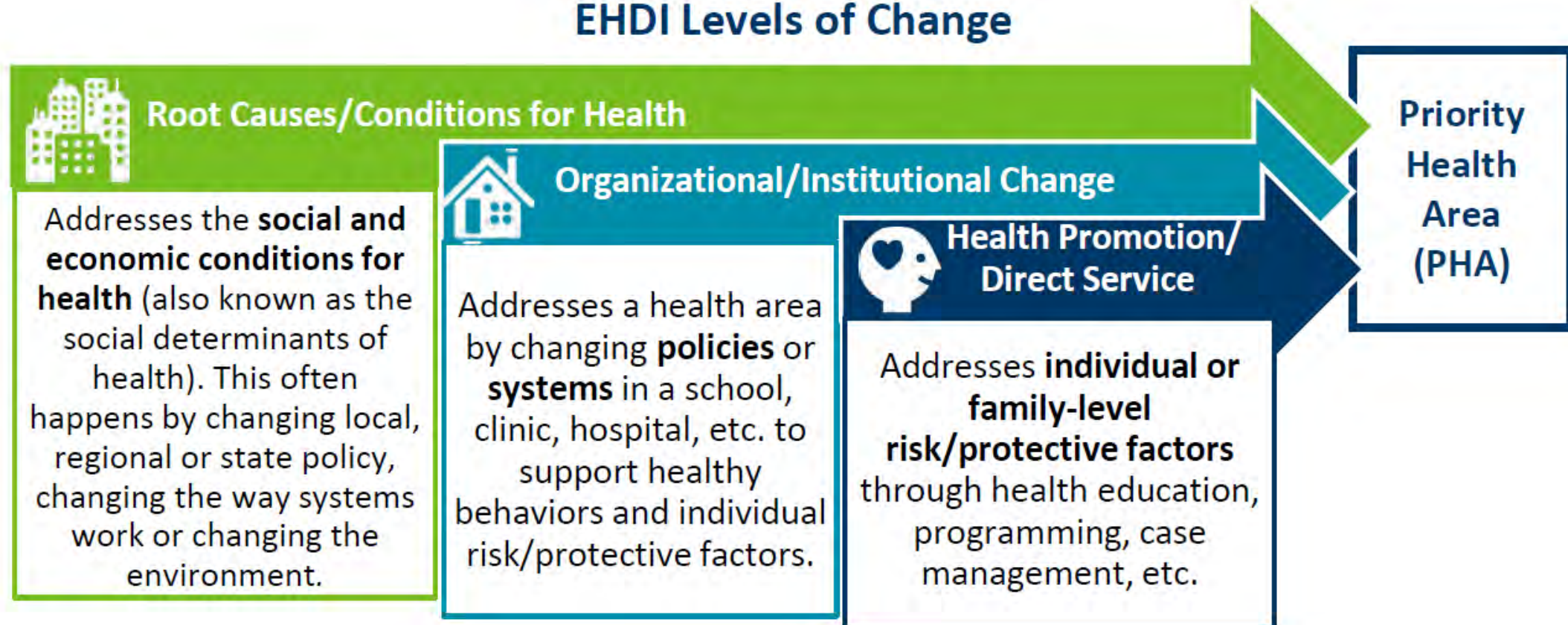- Administered through MDH Office of Minority and Multicultural Health

- Commissioner creates MDH Center for Health Equity
- Overt and explicit focus to the efforts of MDH to advance health equity in Minnesota

EHDI Funding Sources and Priority Health Areas

EHDI Program

Federal TANF Funds ($2 million)

State General Funds ($3.142 million)

Teen Pregnancy Prevention

Breast & Cervical Cancer

Cardiovas -cular Disease

Diabetes

HIV/AIDS & STIs

Immun- izations

Infant Mortality

Injury & Violence

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EHDI Levels of Change

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.

Priority Health Area (PHA)

**AMOUNT ALLOCATED OVER THE YEARS
RELATIVE TO POPULATION SIZE/ GROWTH**

POPULATION OF COLOR AND AMERICAN INDIANS BY RACIAL AND ETHNIC GROUP

500K
400K
300K
200K
100K
0

AFRICAN AMERICAN/BLACK
HISPANIC
ASIAN
TWO OR MORE RACES
AMERICAN INDIAN

EHDI FUNDING
$5.142 million

2000   2010   2020
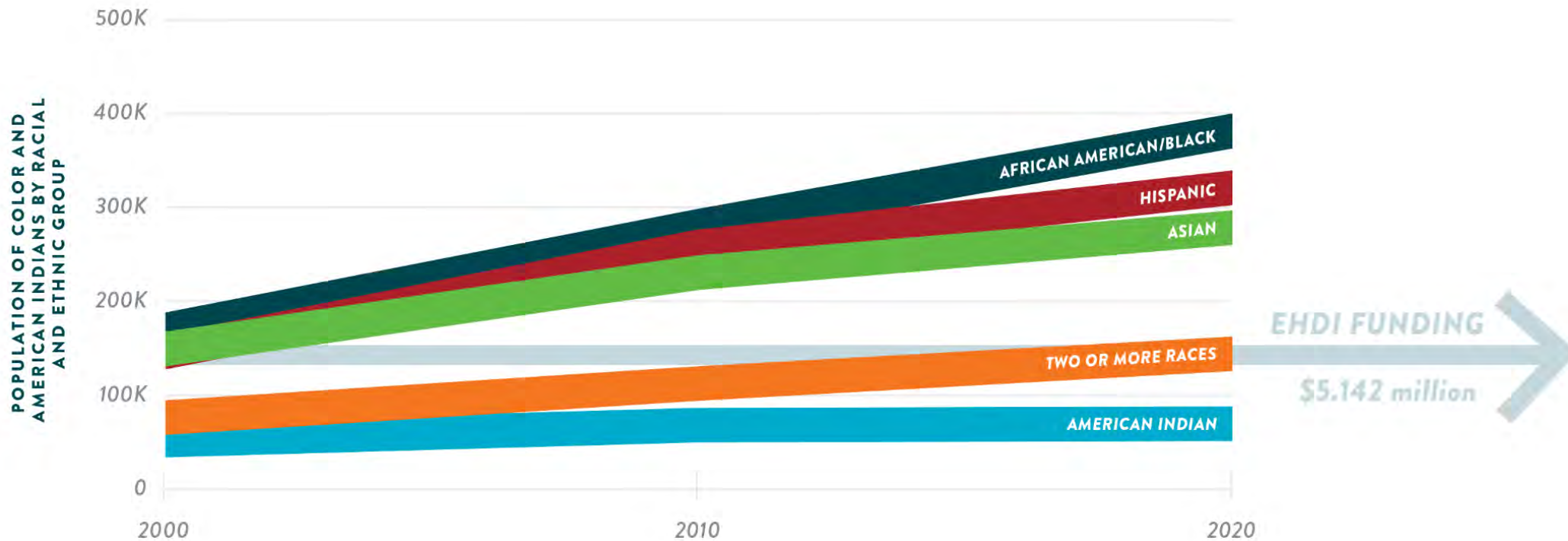
*SOURCE: U.S. Census Bureau, Decennial Census; U.S. Census Bureau, Population Estimates.
Data downloaded from https://www.mncompass.org.*

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The impact of EHDI has been powerful and measurable:

- Adapting or creating programs tailored to their communities' values and situations;

- Increasing access to prevention and care among communities that conventional public health programs have failed;

- Effecting change at individual, institutional, and systems levels.

Increased effectiveness in designing programs and providing access to preventive health

73% of grantees reported that their organization **knows how to find and access more resources,** such as educational materials, data, and supplies than they did previously.

88% of grantees reported that their organization **used EHDI funding to create or adapt a resource for their community.**

Increased organizational capacity and enhanced skills

90% of grantees reported that through EHDI, their organizations **built capacity that strengthened them for the future**.

In 2017-18 alone, EHDI grantees **trained 917 professionals** (physicians, nurses, community health workers, social workers) **to better address health needs among target populations**.

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In total, 2016-2019 grantees reached

409,607 [7] people of color and American Indians—
88,774 directly and 320,833 indirectly—
with culturally appropriate preventive
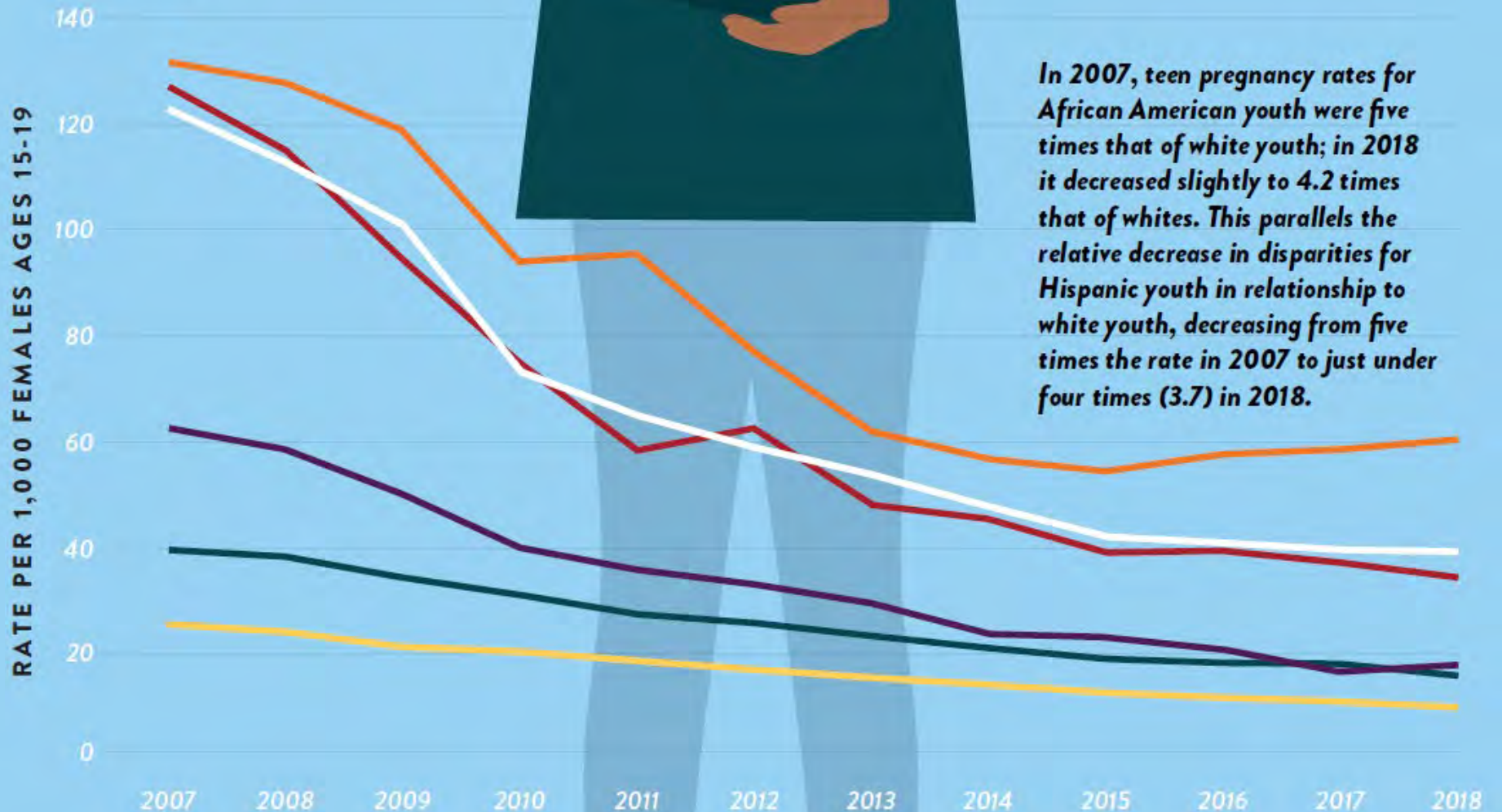health services and education.

206,382 American
Indian Minnesotans

98,502 African and/or
African American Minnesotans

53,740 Asian and/or Pacific
Islander Minnesotans

50,506 Hispanic and/or
Latinx Minnesotans

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TEEN PREGNANCY RATES BY RACE/ETHNICITY
MINNESOTA

In 2007, teen pregnancy rates for African American youth were five times that of white youth; in 2018 it decreased slightly to 4.2 times that of whites. This parallels the relative decrease in disparities for Hispanic youth in relationship to white youth, decreasing from five times the rate in 2007 to just under four times (3.7) in 2018.

Legend:
- All
- Non-Hispanic America Indian
- Hispanic
- Non-Hispanic African American/Black
- Non-Hispanic Asian/Pacific Islander
- Non-Hispanic White

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- Translation is not enough

- Actively engage with community members

- Allow adaptations (moving beyond evidence-based practices)

Systems Impact Over the Years:

- Developing promising practices:

  - Division of Indian Work's Live It! Curriculum

  - Annex Teen's Celebration of Change curriculum

  - National Asian Pacific American Women's Forum's curriculum on Asian Pacific Islander women's health issues

- Becoming certified as health care homes and behavioral health homes (Hennepin Healthcare, Aqui Para Ti and CAPI USA), increasing access to health care services

Lessons Learned:

- Organizations that reflect the communities they serve are better equipped to provide services and adapt

- Communities know what they need to create better health.

- Effective strategies are grounded in cultural knowledge and wisdom.

- An expansive narrative of health incorporates the intergenerational effects of collective oppression.

- Flexible funding honors the social and economic conditions necessary for health.
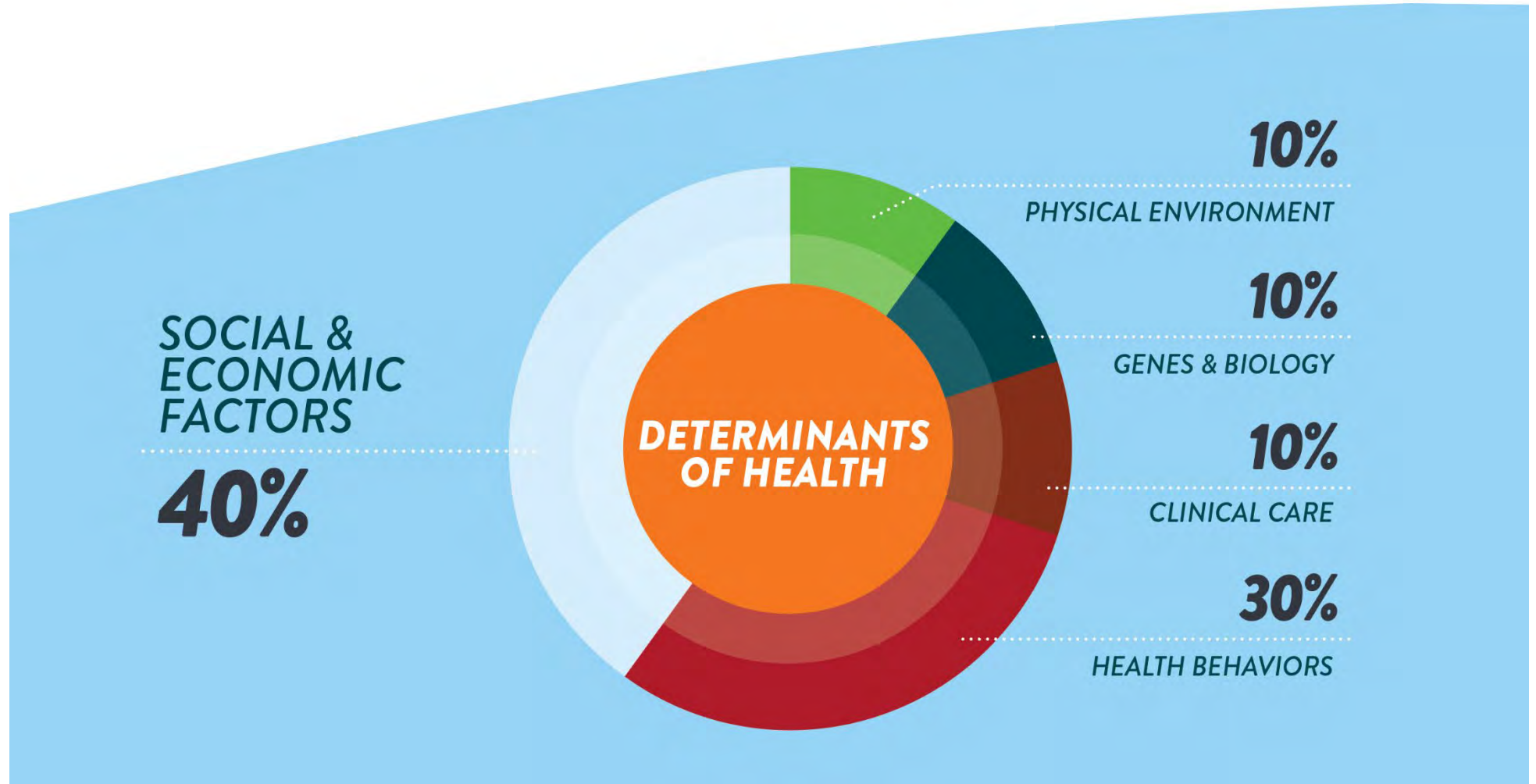
When a flower doesn't bloom, you fix the environment in which it grows, not the flower.

- Alexander Den Heijer

Ecosystems in Nature
- Diversity
- Interconnection
- Nutrients

Health Equity Ecosystems
- Diversity, Equity & Inclusion
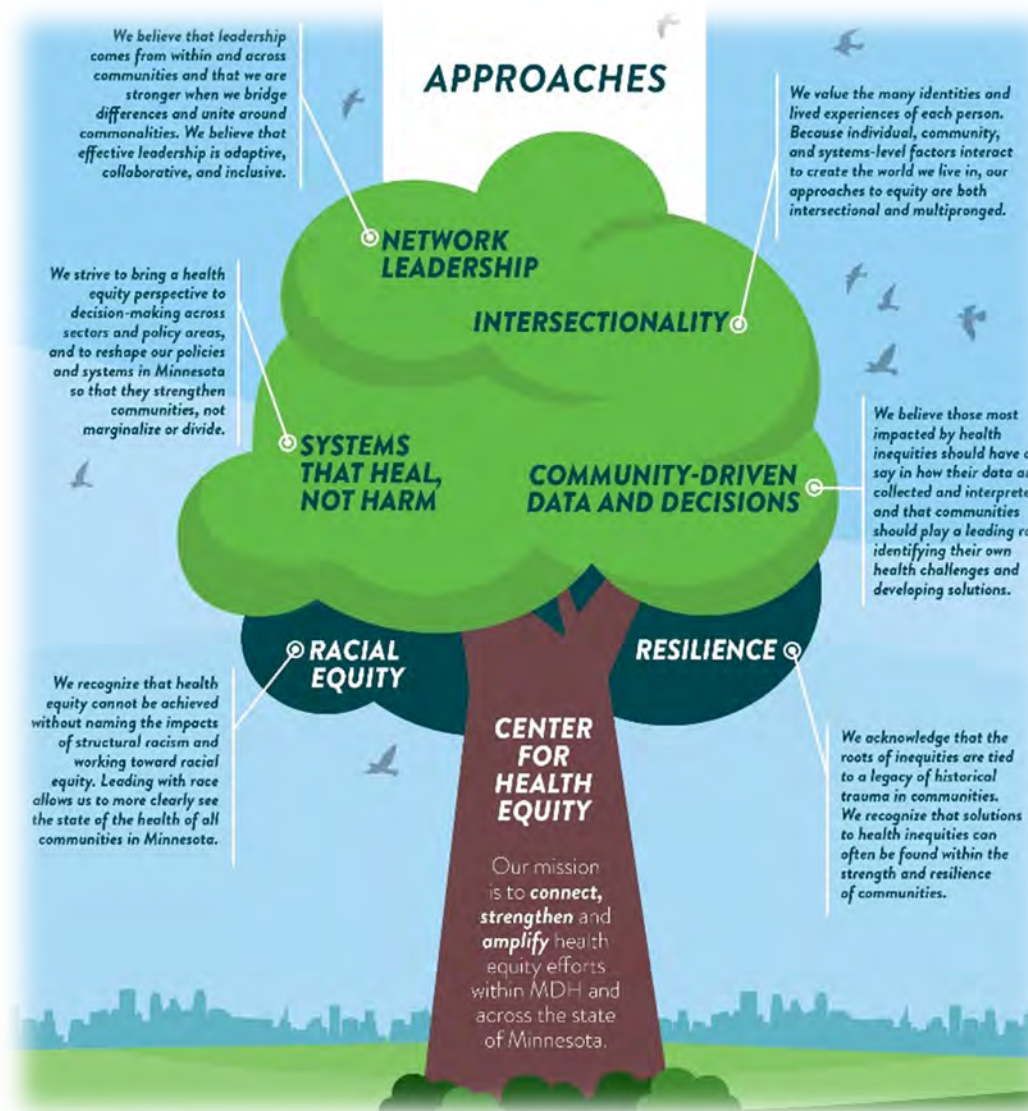- Relationship & Collaboration
- Resources

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EHDI as one part of a disconnected ecosystem is not enough to eliminate health disparities in Minnesota

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MDH's Role in the Health Equity Ecosystem

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- MDH Culture

- MDH Policies and Systems

- Shared Power with Community

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What is Your Role?

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- ASSESS your role in the health equity ecosystem

- INVEST in community-led solutions

- INVITE others to ACT

Health Equity Ecosystems

- Diversity, Equity & Inclusion
- Relationship & Collaboration
- Resources

- How is my organization intentionally cultivating diversity, equity, and inclusion in our work?

- How does this show up (or not show up) in our policies, systems, or practices?

- Do communities most impacted have decision-making power when we are making determinations about programming, funding, or policies?

Health Equity Ecosystems

- Diversity, Equity & Inclusion
- **Relationship & Collaboration**
- Resources

- How is my organization collaborating across sectors, communities, or silos to advance health equity?

- Who do we engage in partnership in our work? Do these partners include leadership from communities most impacted by health inequities?

- Do the partners we work with have equal power in setting strategy and making decisions?

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Health Equity Ecosystems

- Diversity, Equity & Inclusion
- Relationship & Collaboration

- Resources

- What resources does my organization have access to that would benefit the health equity ecosystem?

- Are we aware of how resources have historically been inaccessible to communities or entities within the ecosystem and why?

- How are we circulating resources among those within the ecosystem that have been excluded historically and currently?

- Support community-led solutions

- Invest in communities of color and American Indians in order to advance racial equity

- Consider how current investments are resourcing or inhibiting the ecosystem

- Send this report to your networks and colleagues

- Sign up for the center's [listserv](#) to stay engaged:

  - https://service.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_273

- Share your response to your role in the health equity ecosystem with #EquityEcosystem on Facebook, Twitter, Instagram or LinkedIn

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- A BIG thank you to all past and current EHDI grantees, and all partners and staff who contributed to the creation of this report!

Questions?

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Thank you!

Report Website:

https://www.health.state.mn.us/communities/equity/ehdi/reports/impactreport.html

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