RAINBOWRESEARCH Inc.

Minnesota's Eliminating Health Disparities Initiative

Report 6: Grantee Case Studies

Prepared for

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Overview of Series of Reports

This report is the sixth in a series of documents detailing the work and accomplishments of the Eliminating Health Disparities Initiative of the Minnesota Department of Health's Office of Minority and Multicultural Health. This report provides a set of detailed case studies of ten of the funded programs of the Eliminating Health Disparities Initiative. These case studies are intended to highlight program practices that are innovative and exemplary examples of the work of organizations addressing health disparities in their communities.

In 2001, Minnesota passed landmark legislation to address the persistent and growing problem of disparities in health status between the majority white population and populations of color and American Indians. Although Minnesota is one of the healthiest states in America, it has some of the greatest disparities in health between racial/ethnic groups. By competitively distributing funds to 52 community organizations, collaboratives and tribes across the state, Minnesota provided the opportunity for its populations of color and American Indian communities to develop strategies and approaches to eliminate disparities in eight key health areas. A history of the Eliminating Health Disparities Initiative is detailed in the first report of the series (Report #1).

Minnesota's approach to eliminating health disparities, and the work of many of the EHDI grantees are consistent with model program practices identified by national researchers documenting other initiatives addressing health disparities (Report #2). Report #3 documents the innovative programs and outreach strategies that grantees developed to overcome barriers and reach members of their communities with health promotion programs. These strategies—based in the cultural strengths and assets of their communities—can serve as a model for other states and communities. Report #4 describes the health disparity context in Minnesota and reviews the programmatic results achieved by Minnesota's 52 EHDI grantees. Additional outcomes related to capacity building and community impacts are described in Report #5 of the series. This report (Report # 6) provides an in-depth description of a select group of these grantees and Report #7 is a catalogue of all grantee programs.

	Report #1:	Minnesota's Eliminating Health Disparities Initiative: Overview and History
	Report #2:	A Model and Method for Identifying Exemplary Program Practices to Eliminate Health Disparities
	Report #3:	Exemplary Program Practices in Action
	Report #4:	Programmatic Results Achieved by Eliminating Health Disparities Initiative Grantees
	Report #5:	Building Capacities among Individuals, Organizations, Communities and Systems
⇒	**Report #6:**	**Grantee Case Studies**
	Report #7:	Catalogue of EHDI Programs

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Brief Background of the Eliminating Health Disparities Initiative (EHDI)

Minnesota's Eliminating Health Disparities Initiative (EHDI) is a 10-year effort of the Minnesota Department of Health to address the deeply entrenched health disparities within Minnesota's communities of color. Since 2002, the Minnesota Department of Health's Office of Minority and Multicultural Health has provided funding and technical assistance to 52 community-based organizations and tribes. These grantees work to reduce health disparities in one or more of eight priority areas:

1. Breast and Cervical Cancer
2. Cardiovascular Disease
3. Diabetes
4. HIV/AIDS and Sexually Transmitted Infections
5. Healthy Youth Development
6. Immunization
7. Infant Mortality
8. Unintentional Injury and Violence

Minnesota's EHDI has intentionally chosen a community-based approach to address health disparities. This approach is grounded in the philosophy (substantiated with research) that community issues require community solutions. EHDI exclusively funds and supports organizations and programs working in communities of color and American Indian tribes to develop and implement strategies targeted to their communities. Their work is focused on providing health education, promoting healthy lifestyles and behaviors as well as facilitating access to health care and building community capacity.

Evaluation Overview

The EHDI Exemplary Practices Project is part of the evaluation of the Initiative being coordinated by Rainbow Research Inc. and the Minnesota Department of Health's Office of Minority and Multicultural Health and Center for Health Statistics. This evaluation is designed to:

- Identify effective program practices being used by communities to eliminate health disparities.
- Describe how those practices are being implemented in programs in Minnesota.
- Assess programmatic outcomes of the work of EHDI grantees, and systemic impacts of the EHDI on organizations and communities.

This report addresses the second and third objectives of the evaluation by showing how individual programs funded through EHDI implement exemplary program practices and achieve their targeted outcomes. These case studies also provide descriptive detail of the variety of exemplary program practices across programs addressing different health disparities in different communities.

Data Sources

Four sources of data were used for these ten case studies.

1. Annual evaluation reports
Grantees submit an annual report to the Minnesota Department of Health detailing their program outputs, outcome evaluation results, challenges encountered, and recommendations. For these case studies, we reviewed each grantee's 2006 and 2007 reports.

2. In-depth semi-structured interviews
Hour-long, mostly qualitative interviews were conducted with program coordinators in May 2007. This interview provided the primary vehicle for grantees to describe both their program and how it addresses the exemplary practice characteristics.

3. Online survey
Grantees completed checklists of types of program services, program staff characteristics, partners and histories of leveraging funds in June 2007.

4. Grantee Websites
Grantee websites were consulted to describe the activity and purpose of the larger organization in which the EHDI program is housed.

ORGANIZING FRAMEWORK

The organizing framework (see Table 1) was generated through a Delphi study of Minnesota experts working in the field of health disparities. (A Delphi study is an iterative poll of experts conducted to achieve consensus on a set of ideas.) In 2005, thirty experts responded to an online survey of what strategies were most important for programs to effectively address health disparities in their communities. The expert panel achieved consensus in two rounds on a list of program values, philosophies, organizing approaches, programmatic strategies, and qualities of effective health disparities programs. This list was validated through a review of the literature on model programs and practices.

EHDI grantees were then assessed to determine whether and how they incorporated these seventeen philosophies and practices. The responses of grantees were reviewed by multi-cultural panels of program managers, researchers, and community members to identify which activities and approaches stood out as exemplary programs practices to address health disparities in community-based program settings. The Delphi study and this programmatic review process are detailed in Report #2 of this series.

This report describes the approaches used by a dozen grantees that were identified through the review process as implementing culturally-based, innovative and exemplary program practices towards eliminating health disparities. The agencies highlighted also represent the spectrum of health disparity areas addressed and communities served.

The narrative has been crafted to selectively highlight several of the exemplary program practices of each grantee, in addition to providing basic information on their organization, areas of activity, outcomes achieved, and a story about an individual who had a positive outcome through participation in the program.

Table 1. EHDI Organizing Framework of 17 Exemplary Program Practice Criteria

A. Exemplary Program Practices in Action	B. Programmatic Results Achieved	C. Building Capacities Among Individuals, Organizations, Communities and Systems
1. The community is involved in authentic ways 2. Programming is data-driven 3. A comprehensive approach is utilized in developing and implementing programming 4. Recruit participants or deliver services in community settings in which community members feel comfortable 5. Trust is established as the foundation for effective services 6. Programming builds upon cultural assets and strengths of community 7. Deliver services or information that are culturally or linguistically accessible and appropriate for the participants 8. Staff reflect the community being served; and or cultural competence is ensured among those who are delivering services 9. Program model or components are innovative	10. Program is able to document strong outcomes or results	11. Leadership and commitment by staff are in evidence 12. Partnerships are essential to support effective programming 13. Funding and resources are available and leveraged to sustain the efforts 14. Staff issues are attended. Training and technical assistance are available for capacity building 15. Capacities are built in the organization and/or community (types other than evaluation) 16. Challenges are confronted 17. Systems change is undertaken

Agape House for Mothers

Overview

Agape House for Mothers is a nonprofit organization serving Minneapolis and St. Paul teens and their families. The Agape House EHDI program is intended to increase teens' awareness, knowledge and appreciation of self-worth, and their belief in the potential of their lives by building relationships with their families, communities, and churches.

> **Program Summary**
>
> **Health Priority Area(s) Addressed:**
> HIV/AIDS and STIs, Healthy Youth Development
>
> **Geographic Areas Served:**
> Hennepin and Ramsey Counties
>
> **Populations Served:**
> African/African American, American Indian, and Hispanic/Latino
>
> **Numbers Served through direct contact in 2007:**
> 2992 youth, 788 adults

The program holds a 10-session sexual health curriculum for teens called "Sex Can Wait." In addition, there is a follow-up two day session that involves additional education, career and college exploration, and recreational activities. Other services are based on each teen's unique needs, and include tutoring, referrals to health and mental health providers, chemical dependency counseling and treatment services, shelters, transitional housing programs, and transportation.

The program also provides aftercare follow-up through phone calls or face-to-face interviews/meetings between program staff and graduates on a quarterly basis.

The program also offers a Leadership Training Program for teens demonstrating outstanding leadership in the program. They receive 24 additional hours of training on effective communication, being a role model, recruitment skills, goal-setting, and developing a life plan. Graduates of this program have the opportunity to become paid peer leaders, serve on the advisory committee, and apply for a position the organization's Board of Directors.

A parent training is offered to all parents and other community adults and includes an overview of the curriculum, topics on black parenting, access to a psychologist to address any family issues, and other services including education about household and money management, job readiness, health and nutrition, legal advice, community resources and referrals.

ESTABLISHING TRUST

The staff works to build trust with participants at the onset by meeting with people in a relaxed environment. The first session of the curriculum involves casual conversation, ice breakers and finding out what the teens want and need.

The staff reflects the community they serve and many have faced similar issues in the past, thus participants feel comfortable working with them. It is harder to reach the community when they don't have program people with the same cultural background, and as a result, they recruit volunteers in every community they work in.

They also build trust by asking participants what they believe they need.

AUTHENTIC COMMUNITY INVOLVEMENT

The community was involved in the initial development of the program and continues to offer advice on program implementation. An advisory group consists of community residents (about 50-60 percent from Minneapolis, and 40-50 percent from St. Paul). The advisory group identified community needs, which included addressing the high rate of unintended pregnancies, and worked with staff to brainstorm solutions. The outcomes were the model of a curriculum for youth and working with parents to become "primary sex educators."

The advisory group continues to oversee, revise, and make recommendations about, the program. This group of community members, past participants, and community leaders has "90 percent" influence over program operations, according to the director.

2007 PROGRAM OUTCOMES

Improved knowledge of sexual health

[Not reported in final form as of July 15, 2008]

Reduced unintended pregnancies and STI's

[Not reported in final form as of July 15, 2008]

Systems change

The program has impacted the schools and juvenile probation system. Since working with Agape, these systems are more apt to address the root cause of a youth's behavior, rather than just punishing the behavior. For example, instead of suspending truant students, schools are contacting parents once excessive absenteeism is identified before it leads to truancy. The juvenile courts are also referring youth to the program as part of their court orders.

PARTICIPANT SUCCESS STORY

Jen went into foster care when she was 10, after her mother's parental rights were terminated and none of her family members were approved to be her foster parent. Though her foster parents were good, she never felt like she belonged, and she continually engaged in behaviors that put her at risk for an unintended pregnancy, HIV/AIDS and STIs. She has been diagnosed with STI's several times, and had several HIV tests, fearful she had contracted the disease. Her sexual partners were men of all ages, not mutually monogamous, a few were married, and rarely used protection. One night while out joy riding with a young man, the police pulled him over, searched the car, and found drugs and a gun. As a result, she served 17 months in the County Home School, and became part of the Extended Juvenile Jurisdiction (EJJ) program. The drug and gun possession would be on her record until she turned 22.

Jen was court ordered to attend the Agape House program, but she was not a willing participant initially. In spite of everyone's efforts she did not warm up until her foster mother died, and her foster father was unable to take care of her in her home of 10 years. The feeling of abandonment had magnified. She thought she still had her boyfriend, but he had he left the State because he violated his EJJ probation.

Then one day in class, a staff Coordinator took Jen to a break out room and told her it was okay to let it all out. Jen cried until she had released all the pain, hurt, blame and shame. Jen had never been given permission to cry over her loss; instead, the people who worked with her always told her she should be grateful for what she had. From that point forward, Jen started making changes. She graduated from the program in 2002, finished high school and went on to graduate from Metro State in May of 2007 with a four-year degree in Social Work (Sociology). She started working on her Master's degree. Jen is abstaining from sex, she is drug, alcohol, and nicotine free, and she is currently working as a county social worker.

American Indian Family Collaborative – Community Doula Program

Overview

The American Indian Family Collaborative (AIFC) is a collaboration of three Family Centers: American Indian, Highland Mac-Groveland, and North End. The AIFC Community Doula Program trains women in communities of color to serve as doulas. This program works to address disparities in infant mortality by serving women who are at greatest risk for poor birth outcomes. The culturally-specific doulas provide expectant mothers with one-on-one education (on 18 different topics) and support before, during and after the birth of their children.

Program Summary

Health Priority Area(s) Addressed:
Infant Mortality

Geographic Areas Served:
Ramsey County

Populations Served:
African, African-American, American Indian, Asian/SE Asian, and Hispanic/Latino

Numbers Served through direct contact in 2007:
146 women, 148 babies

The program has four desired outcomes: healthy birth outcomes, use of prenatal care, increase awareness of parenting role and health education, and improved service integration.

The program grew from collaboration among three local family centers that identified the need for support services for the expectant mothers in the diverse communities they serve to address high rates of infant mortality. Collaboration with other agencies continues to be a driving force of the program's success.

Importance of Culture & Community

The Community Doula Program employs women from the American Indian, African / African American, Hispanic / Latino and Asian communities to act as doulas in their respective communities. The program's doulas speak nine different languages, and AIFC attempts to place expectant mothers with a doula from her own cultural background. This is helpful not only for the purpose of a shared language, but also to teach cultural practices and beliefs of birthing that are prevalent in the expectant mother's own culture. AIFC provides general training for all the doulas hired in the Community Doula Program, but the organization also encourages, the doulas to integrate their own cultural knowledge into their services. In instances when an expectant

mother is unable to be placed with a doula from her same cultural background, AIFC ensures that the doula paired with the client is well-versed in the cultural practices and beliefs of the expectant mother.

Partnerships are Key

The Community Doula Program places a great emphasis on partnering with other service agencies. The program works closely with public health agencies, clinics, doctors and nurses, schools, other social service agencies and former clients to help facilitate referrals. This referral system is key to linking program services to expectant mothers because many of the women who utilize these agencies would benefit from services provided by AIFC.

COMMUNITY INVOLVEMENT

The Community Doula Program utilizes the assets of the communities they serve by employing and training women of color to be doulas, and by educating the entire communities about the importance and significance of a healthy pregnancy. By teaching expectant mothers ways in which they can help support a healthy birth process, the program hopes this information is then passed on to other family members as well as into the greater community. According to one employee of the Community Doula Program, "…the ripple effect of training women to work in their communities is immeasurable."

The Community Doula Program truly seeks to gain insight into the expectant mother as an individual, acting as a partner to her birthing experience rather just as a teacher. The program creates an environment that allows the expectant mother to shape the relationship with their doula. When a woman is assigned a doula during the intake process, it is emphasized that they are "hiring" a doula (regardless of the fact that the services are free). The woman is informed that she controls the time and location she feels most comfortable in receiving services from the program. Furthermore, if she does not feel comfortable with the doula she has been paired, she is encouraged to request another doula.

Recruitment Efforts

Recruitment efforts for the Community Doula Program vary by community. AIFC strives to overcome the challenges that exist in recruiting clients in many hard-to-reach populations. Through community events (e.g. pow wows, health fairs, speaking engagements), one-on-one contact and referrals, the program attempts to utilize the assets of the communities they serve.

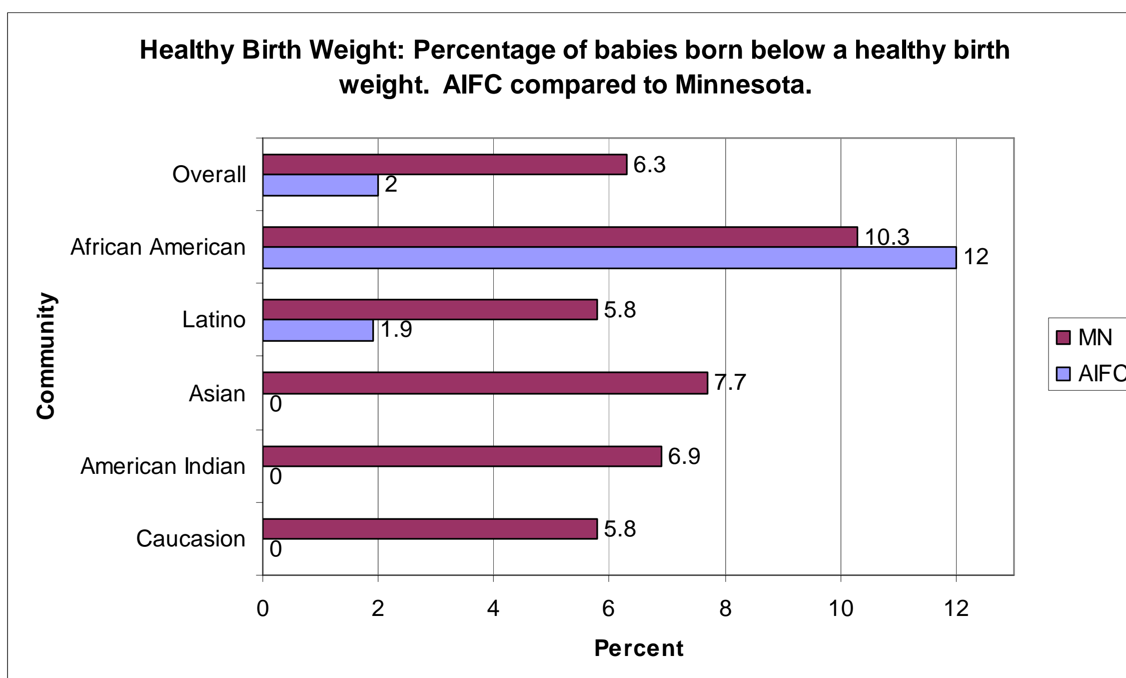
The program implements feedback received from the communities they serve to help better target their recruitment efforts. For example, the Spanish

community suggested that the brochures needed more pictures, and the program changed its brochures; the Hmong community was less responsive to cold calling and indirect mailings, thus the program now sends doulas from the Hmong community to establish first contact with potential clients.

PROGRAM OUTCOMES

Healthy Birth Weight

Program birth records indicate that 98% of the 124 doula-supported mothers had babies that were born at a healthy birth weight. Only 2% of babies born to mothers in the program were considered low birth weight (under five pounds, eight ounces), compares to a March of Dimes 2001-2003 study that indicated 6.3% of babies in Minnesota were born with a low birth weight. The only community in which they did not meet their targeted goals or exceed the Minnesota statistics was in the African American community where 12% of babies (2) of doula-supported mothers were born below a healthy birth weight.



Prenatal care

The March of dimes 2001-2003 study indicated 62.8% of American Indian mothers, 68.1% of African American mothers, 71.2%of Asian mothers and 89.2% of Caucasian mothers receive early prenatal care. The program has surpassed these comparative indicators: 98% of the 124 mothers supported by the Community Doula Program received early prenatal care with 90% of

American Indian mothers, 89% of African American mothers, 80% of Asian mothers and 100% of mothers from all other groups receiving prenatal care before 15 weeks gestation.

Breastfeeding

Eight-seven percent of the 124 program mothers in 2007 initiated breastfeeding with their babies, exceeding the CDC's 2005 report that 73% of babies in the United States were breastfed.

Systems Changes

AIFC's innovative partnerships resulted in two significant system changes.

- AIFC created a Health Insurance Portability and Accountability Act (HIPAA)-certified website that can legally be utilized by health care providers to make client referrals to the Program. HIPAA certification significantly opens up an entirely new realm of referrals to AIFC, linking the larger medical model of health to community-based programs.

- AIFC worked with the insurance industry, and as a result, two major insurance agencies in the metro area now accept AIFC as official childbirth education providers in their insurance plans.

PARTICIPANT SUCCESS STORY

Ima came to the program requesting a doula, however, she was sentenced to a teen girls home outside of Ramsey County for two months and could not meet with the doula right away. With her permission, the program contacted Ima's estranged mother, and when Ima returned from the home, she reconciled with her family. She did not even know her due date, but had a renewed sense of hope and determination to provide for her child. She immediately contacted her doula and began attending childbirth education. She found a family clinic, a new job, and stable housing. As a result of her long conversations with her doula, Ima gave birth to a beautiful baby vaginally and she breastfed from birth. For someone of Ima's age and circumstances to maintain employment through pregnancy, and prepare for her the birth of her child was very encouraging and exciting for her family and the program staff. Ima called the program lactation counselor for help to continue breastfeeding when she returned to work and school.

RECOGNITION

The American Indian Family Center's Community Doula Program has been recognized as a leader in the field—it was named the 2005 recipient of the Award for Excellence in Doula Group, and have been featured in numerous national and international publications. Staff are frequently asked to present on and provide training to other organizations and tribes around the region to replicate their program model and outcomes.

Annex Teen Clinic – REACH Program

Overview

The Annex Teen Clinic provides health services, testing, counseling, and education to adolescents aged 12-23. The REACH program is a collaborative effort of the Annex Teen Clinic, YMCA, YWCA, and the Kwanzaa Community Church. The program provides a comprehensive approach, based in research, to preventing teen pregnancy among African American youth in North Minneapolis. Programming includes:

- Adolescent development, puberty, communication and sexual health education (Annex);
- "Celebration of Change" - a mother/daughter sexuality education program (Annex);
- "Beacons" – a school-based after-school program which includes academic enrichment, leadership training, service learning and recreation (YWCA/YMCA);
- "Woman-to-Women" – an individualized support and education program for teen mothers at Broadway school (Annex);
- Peer Education program – provides overnight peer educator workshops and family events (the collaborative);
- An arts-based program that includes CD/DVD production, drama, music and spoken word productions (Kwanzaa);
- Access to clinic services for preventative health services for sexually active teens (the collaborative).

Program Summary

Health Priority Area(s) Addressed:
Healthy Youth Development

Geographic Areas Served:
Hennepin County

Populations Served:
African-American adolescents and their parents

Numbers Served through direct contact in 2007:
710 youth, 203 adults

Innovative Approaches

The REACH collaborative is using several unique approaches to have an impact on teen pregnancy in North Minneapolis. Here are some of the ways their program is innovative.

Comprehensive Model

REACH provides a comprehensive approach to addressing teen pregnancy and healthy youth development. Research has shown that preventing adolescent pregnancies requires comprehensive sexuality education, family involvement and access to clinical services, which is difficult for one organization to achieve. By integrating their services, REACH is able to combine their expertise and skills to achieve this comprehensive model. Also through the collaborative, the program is able to incorporate health education into very creative youth development programming. For example, the art-based programming engages teenagers in the development of educational messages using arts, music, spoken word, and drama to present messages to their peers.

Community-driven Curriculum

The "Celebration of Change" is a ground-breaking curriculum developed in a diverse suburban community that strengthens family communication about adolescent sexual health. To provide credibility to the program, the curriculum was adapted using input from African American women in North Minneapolis. This program also recruits and trains community members to assist with the delivery of the program. By involving the community in the programming, it is becoming more acceptable to talk about these sensitive health issues.

Faith-based acceptance

The faith-based aspect is very unique. "Celebration of Change" is being implemented in faith-based settings, places where discussions about sexual health typically are not acceptable. By incorporating sexual health into faith communities, the program is breaking down barriers and the community is becoming more open to discussing these sensitive sexual health topics with each other.

Recruiting men

Young men are typically not attracted to pregnancy prevention programs. REACH, however, has successfully recruited young men through Kwanzaa's innovative audio visual production studio and arts-based programming.

2007 Program Outcomes

Educating peer educators

The program uses a peer educator model and in 2007 trained 15 peer educators. Using a pre and post test, the program documented that 85 percent (13) of the peer educators increased their knowledge of sexual health issues, youth development opportunities and clinical services.

Educating parents

The "Celebration of Change" program is for girls and their mothers or female caregivers. One hundred percent of the 138 adults surveyed indicated they learned at least one thing they would teach their child after participating in the program. In addition, 100% of 65 adults completing follow-up interviews reported that the program made it easier for them to communicate with their child about sexuality issues.

Intergenerational interactions

The program aims to increase the number of positive interactions that youth participants have with other generations. As of December 21, 2007, 135 youth in the mentor program had two or more positive intergenerational activities than before they joined the program, for a total of 3,500 mentoring hours with an adult. This represents a 55% increase in the number of positive interactions the mentored youth had with an adult. In comparison, the 30 youth who were not involved with the mentoring program experienced a ten percent increase in the number of positive adult interactions.

Systems Changes

As a result of their program, a local school (Nelly Stone Johnson) has incorporated the "Celebration of Change" curriculum, including the parental component, into its regular curriculum. In addition, REACH has developed a youth-run clinic, and continues to strive to involve young people in the delivery of health services in an effort to break down barriers youth have to accessing health services.

Participant Success Story

A 29-year-old mother sent in this feedback to the program: "First, I want to say thank you to the facilitators for working with my daughter and I at the Celebration of Change program. My daughter connected in such a positive way to her facilitator. She speaks highly of her and what she taught the girls about hygiene and taking care of your body. I am so much more informed and educated about my own body and better prepared to communicate about sexuality and other issues with my daughter as a result of attending Celebration. I recommend it to all women [and the] daughters or girls that they are caregivers to."

Council on Crime and Justice – HELP Program

Overview

For 50 years, the Council on Crime and Justice has been a leader in the field of social and criminal justice in Minnesota. Their mission is to address the causes and consequences of crime and violence through research, demonstration and advocacy.

The HELP program provides education to Minnesota's inmates to reduce the rate of HIV/AIDS, Hepatitis C and other sexually transmitted infections (STIs) among offenders and ex-offenders, while also increasing this population's capacity to advocate for their own health care.

The HELP program has two components:

Program Summary

Health Priority Area(s) Addressed:
HIV/AIDS, Immunizations, and Violence/Unintentional Injury

Geographic Areas Served:
Eight county metro area

Populations Served:
African/African American, American Indian, Asian/SE Asian, Hispanic/Latino inmates

Numbers Served through direct contact in 2007:
268 adult men, 4 adult women

- Health education – a five-week course held at the Lino Lakes and Rush City prisons. The sessions include information on sexually transmitted diseases, HIV/AIDS, Hepatitis C, other health topics, violence and relationships. The classes are taught by a paid Health Educator with assistance from inmate Peer Educators.

- Advocacy – Case Advocates offer pre and post-release services to inmates of color, giving priority to those who are HIV and/or Hepatitis C positive. The Case Advocate works with the participant for up to a year post-release to connect them to resources for health, employment, and housing. In particular, they help ex-offenders set up appointments at a partnering community clinic for a physical and HIV/AIDS and STI testing.

Culturally-based Programming

The curriculum was developed specifically for inmates transitioning from prison and with African-American cultural elements. The curriculum integrates the seven principles of Kwanzaa, including unity, self-determination, collective work and responsibility, cooperative economics, purpose, creativity, and faith. The curriculum also draws from Latino and American Indian cultural values, and the Health Educator relies on

participants to help shape the sessions so as to make the program relevant to participants of various cultural backgrounds.

The program also relies on inmate Peer Educators, who can communicate with participants in ways that the staff Health Educator cannot. They can also follow-up with participants outside of class within the prison. These Peer Educators also play a key role in recruiting participants.

2007 Program Outcomes

Increasing knowledge

The program used a pre and post test to measure knowledge change in the areas of HIV/AIDS and STI's, and immunizations. In 2007, 66 participants agreed to participate in the evaluation. On the pretest, participants, on average, answered 91 percent of the HIV/AIDS and STI questions correctly, whereas the average correct response rate on these questions in the post test was 92 percent, indicating a slight increase in knowledge. For the immunization questions, participants, on average, answered 63 percent of the questions correctly on the pretest, and 69 percent correctly on the post test, also indicating an increase in knowledge of immunizations.

Reducing re-offences

Of the 108 clients that participated in the case advocacy services the program provides, 22 (20%) returned to prison, largely for parole violations. These clients had been out of prison an average of eight months. This is a better result compared to the Minnesota Department of Corrections statistic that 36% of prisoners released from their facilities in 2005 returned to prison within one year.

Accessing services

In 2006, 114 participants (58%) agreed to participate in one-on-one case advocacy following release; this exceeded their expectations that 40 percent would participate. Also, through interviews, participants reported changes in behavior in the areas of exercise, practicing safe sex, meditation, and volunteering. However, some participants did not identify any behavior changes in the areas of acquiring housing or getting a job.

Participant Success Story

Alex served a 16-year sentence. During his incarceration he participated in HELP at both the Lino Lakes and Rush City Minnesota Department of Corrections facilities. In both cases, he recruited additional participants. The

program counted on Alex to be a peer educator because of his regular attendance, and he was a tutor at the facility, so he already had a connection with his peers. After having one-to-one visits with Alex pre-release, the program identified his needs upon returning to the community. He found employment by working with the Case Advocates. He is now employed at a large grocery chain in Minnesota receiving full benefits, remaining drug free and tending to his health concerns as needed. He continues to keep in touch with the program as a support system as well as checking in on ways to make improvement in his life. Alex is a clear example of what Healthy Educational Lifestyle Project is in place for – helping offenders make healthy lifestyle changes by changing their thoughts and actions.

Hmong American Partnership – We Are The Peace We Need, We Are Our Own Solutions

Overview

Hmong American Partnership (HAP) was founded in 1990 with a mission to help the Hmong grow deep roots in America while preserving the strengths of their culture. HAP's EHDI program works in multiple ways to address the mental health of Hmong immigrants to reduce injuries and/or death resulting from violence against self and others. They have a three-pronged approach:

Program Summary

Health Priority Area(s) Addressed:
Violence/Unintentional Injury

Geographic Areas Served:
Ramsey County

Populations Served:
Asian/SE Asian immigrants (Hmong)

Numbers Served through direct contact in 2007:
189 adults

- Public education and engagement of the Hmong community to change individuals' lives through media (radio shows and magazine publication) and support groups;
- Build capacity of providers to effectively serve the community through advisory groups, retreats and forums to train judges and court staff; and
- Advocacy through coalitions and systems coordination to change policies that affect outcomes for the community.

Innovative Public Health Strategy

HAP has engaged in a mass media efforts to convey public health messages to the Hmong community in unique ways. "Voice for Peace" is a bi-monthly radio program that reaches the Hmong, including those that are less literate. The radio segments cover a wide range of health topics. It is successful because radios are well-established fixtures in most Hmong homes and the target audience (adults) includes many dedicated listeners.

The Hmoob Teen Magazine is the only one of its kind in Minnesota that is targeted to Hmong teenagers. The magazine includes teen editors and writers who publish five editions annually – 5,000 copies each – that reach multiple readers per copy. The program describes the magazine as a "powerful and effective tool to feed the souls of Hmong teens, something more meaningful than a mainstream publication can provide and helps us reach [youth] with our public health message."

Finally, their "Peaceful Hmong Family Circles" use a train-the-trainer model to reach people on an individual level. Five volunteers are trained to lead three circles. The circles include a three-part workshop offered to family groups and circles of friends that teach ways to strengthen relationships within the context of an American lifestyle.

COMMUNITY INVOLVEMENT

HAP involves Hmong community members directly in their programmatic activities through several committees that set and monitor program goals. They include Hmong professionals, Hmong elders, Hmong business owners, and Hmong parents.

They also give advice on activities. For example, the advisory group said that radio was the best way to reach the community, and that is how they started their radio program. As the program director explained, "We were concerned when we first brought in the elders . . . that it might really slow us down. What was interesting was that 45 minutes into the conversation they were expressing the same views that it had taken us three years to get to. They were ahead of us in their understating of the issue and their vision for what would be helpful." They also set the agenda for the Practitioner Forums and develop radio content.

They said advisory group members continue to "further the conversation that deepens our understanding of what's happening, contribute to strengthening our response in regards to what's helpful in a meaningful way, and advise on work plan decisions that are revised every two years."

LEADERSHIP AND CAPACITIES BUILT

Prior to EHDI, HAP was a direct service organization. With their EHDI funding came a new role for the organization – as a public health agency. They have become a leader in the area of public health for Hmong immigrants and are reaching 30,000 to 40,000 people in the Hmong community in Minnesota. The Director explained: "I don't think we'll ever go back to just being a direct service agency again – it wouldn't feel like [we were doing] enough."

HAP staff has become true leaders in the field as a result of their EHDI work. As a part of their work plan, they do regularly presentations to judges and their staff, mental health professionals who service Hmong families, and they

educate the judicial system about Hmong culture so they can better serve Hmong families.

They have gotten involved with an African American agency that works on similar issues in their community and they support and advise each other. They also work with a coalition doing suicide prevention work. The have talked to state legislators, including the two Hmong state representatives.

2007 Program Outcomes

Increasing knowledge

The program conducted interviews with 10 "Welcoming Circle" participants. The interview results indicated that participants learned how to adapt to a new way of life in the United States, how to treat women and children respectfully, how to find a job, and how to manage their family.

Systems changes

They work with Ramsey County – including the county Public Health, Children's Mental Health, and Juvenile Detention departments – helping them redesign their programs to make their service more positive for Hmong families. They have also had significant impact on the police who are in regular communication with HAP. They have conducted trainings for the police and the courts. These are large systems that take time to change, and HAP's director feels they've been "successful in starting being a player in small changes that hopefully gets the ball rolling for bigger changes that may take years to evolve." He is pleased the judges, the county attorneys, and police are listening and participating.

Participant Success Story

The program does bimonthly radio shows on Hmong American Reachout Radio on the KFAI station. The host has a new topic each evening, but always stresses the importance of family, spouses, children, and oneself. One evening, when the topic was on communication as a tool for building stronger families and couples, a middle-aged woman called during her break working second shift at a local manufacturer. She explained how the show gives her hope for her strained relationship for her husband. She said, "When I am with my husband I feel that on a scale of 1-10 . . . I am always at a 5 or below. But listening to the show gives me hope and a way to approach my husband gradually, a little at a time, and learn to compromise and build my relationship. My goal is to one day be at least at a 9."

Stairstep Foundation – "There is a Balm" Health Initiative

Overview

Founded in 1992, Stairstep Foundation uses faith-based approaches to confront the many social challenges facing society at large, and African Americans in particular. The Stairstep Foundation Health Initiative "There Is A Balm" works through communities of faith to educate and improve the health of congregation members. By collaborating with five churches, the program's Health Coordinators have incorporated health information in church activities. For example, health information is presented through sermons, Bible studies, prayer while walking ("Walk and Talk with Jesus"), on-site health screenings, cooking and exercises classes, health fairs and events, and the "Church Olympics."

Program Summary

Health Priority Area(s) Addressed:
Breast and cervical cancer, cardiovascular disease, diabetes, immunizations, infant mortality and health youth development

Geographic Areas Served:
Hennepin and Ramsey Counties

Populations Served:
African/African American

Numbers Served through direct contact in 2007:
7743

The program also trains African American women to be doulas, providing support to expectant African American mothers before, during, and after the birth of their babies.

Faith-based Partnerships

Stairstep has partnered with local churches to carry out their program because the church is a vital institution within the African American community. At each of their partnering church sites, there is a health coordinator that works within their church to develop and carry out appropriate health education, screenings and activities based on the information and resources Stairstep provides. This faith-based connection enables the program to establish trust with community members. As the program director explains, people feel safe within their church community. In their churches, community members "are around people that know them and they trust."

LEADERSHIP

The program staff has shown leadership in several areas. The program director presents at community meetings, on the radio, and has been invited to several conferences. She also serves on boards and committees, including the Minnesota Cancer Alliance, Northpoint Health Alliance, Committee for Immunization, and the Board of Education and Association for Development.

One of the church health coordinators traveled to Washington, DC for the American Heart Association Lobby Day, and has presented information on Minnesota's Heart for Women Act to two state senators.

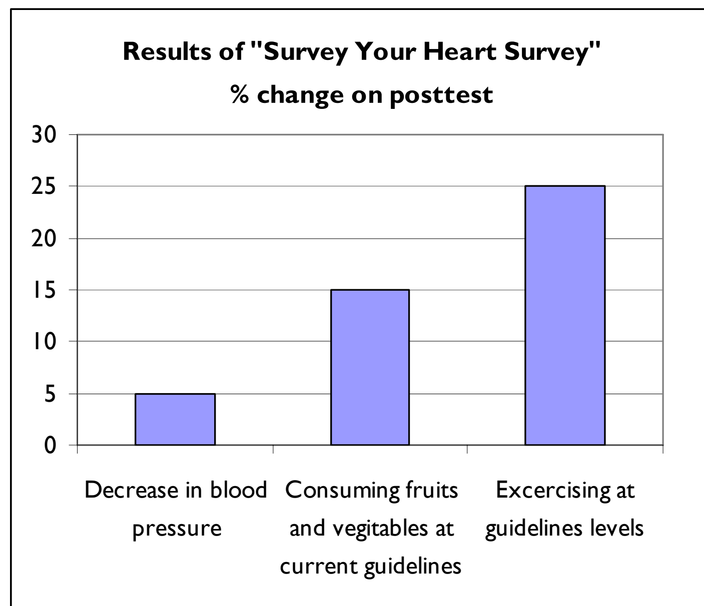
2007 PROGRAM OUTCOMES

Cancer screenings

In 2007, 189 women and teens were screened and counseled for breast and cervical cancer, a 26% increase in the previous year. A few cases of breast cancer were diagnosed early due to this screening, and research shows that these preventative health services could save thousands of lives each year.

Reduced blood pressure

Using the American Heart Associations "Search Your Heart Survey," the program conducted pre and post surveys with 463 participants in five churches. Five percent (23) of those surveyed decreased their blood pressure by an average of 26%.



Increased physical activity and improved diet

On the "Search Your Heart Survey" post test, there was a 25% (67) increase in the number of respondents that reported engaging in the current recommendations for exercise, and a 15% (40) increase in those reporting meeting the current guidelines for consumption of fruits and vegetables.

Systems change

The programs' work has resulted in the change in church policy in which CPR and first aid training are now required for many church volunteers, including ushers, nursery workers, van drivers, deacons and deaconesses, and youth leaders/workers. In 2007, 82 individuals were trained.

Participant Success Stories

A letter was received from a member at one of the churches that read: "To Whom It May Concern- I was diagnosed with diabetes in December 2005. However, I was in denial for over a year. Then I started to get really sick and was in and out of the hospital constantly. My doctor told me to take care of myself and get control of my diabetes but I still didn't listen. It finally hit home when my aunt died from pancreatic cancer that happened in part due to her diabetes. I began taking my medicine and going to the doctor when scheduled. It was also about the time I began attending this church where the coordinator talked about her Type 2 diabetes. I began to talk with her and how she was dealing with it. I am now in a walking class, I exercise, and most importantly I have cut down on pop and drink lots of water. I have noticed I sleep a lot better also and have lost weight. It has not been easy but so long as I do it right and be consistent in fighting this disease. My coordinator is my mentor and works one-on-one with me."

One female member that suffers from hypertension has been participating in the program for over a year and reports that she has lost 32 pounds, walks daily, and now has a lower blood pressure reading.

One member shared that six months ago she received the Healthy Soul Food Cookbook at the Power to End Stroke event. She started making meals from the cookbook, and her cholesterol went from 200 to 168.

Recognition

The program and its staff have been honored with several awards. The program director received the Minnesota Advocacy Award from the American Heart Association; a youth member was recognized for performing the Heimlich maneuver on a classmate after receiving CPR training at his church; and the program received an Award of Excellence from the Minnesota Council on physical activity and sports.

SOUTHEAST ASIAN MINISTRY – PARISH NURSE PROGRAM

OVERVIEW

Southeast Asian Ministry (SeAM) is a non-profit organization dedicated to assisting immigrants and refugees in St. Paul and Minneapolis on their journey toward self-reliance and to strengthen the community by linking cultures. The purpose of the Parish Nurse Program is to educate members of the Cambodian, Hmong and Burmese communities about the prevention, and management of cardiovascular disease and diabetes, and how to access the health care system. In their homelands, exercise and healthy food were part of daily life, but now that they have resettled in the United States, there is a need for education about diet and exercise.

PROGRAM SUMMARY

Health Priority Area(s) Addressed:
Cardiovascular disease and diabetes

Geographic Areas Served:
Ramsey County

Populations Served:
Asian/SE Asian immigrants

Numbers Served through direct contact in 2007:
500 adults

The program employs parish nurses from these communities to do one-on-one home visits with participants, and do group education with them at local churches. Through these visits and group meetings, participants learn about cardiovascular disease and diabetes, engage in activities to be active, and have their blood pressure, blood glucose and cholesterol level checked.

CULTURALLY-BASED APPROACH AND ESTABLISHING TRUST

The Parish Nurse Program provides culturally based services and works to establish trust with participants in the following ways:

Building Relationships

Because the program has built upon existing programming, many of the participants already have trust in and have established a relationship with the organization, its staff, and/or its partners. As the Executive Director explains, "Over time, we build relationships with people by talking about families and community issues." Once they have developed a relationship with clients, they begin to talk to them about other issues of concern, and their health usually comes up. The staff also tries to connect with family to support the individual in getting necessary care. In addition, the staff makes connections with clients

by sharing their own health experiences and clients can relate to these well. There is a sense that "we are all in this together."

Language and culturally-competent staffing

The program hires nurses that speak the participants' native tongue (Hmong and Khmer) and are culturally-competent in these cultures. The nurses not only educate and provide screenings, but they also work as cultural brokers between participants' traditional view of health care and the western model of health care. Without help in navigating western systems, immigrants may avoid the U.S. healthcare system altogether. The nurses can explain to clients what they can expect when they go to an American provider and how it relates to a service they might receive in their homeland.

Locations of Services

The program mainly meets participants in community-based settings, but also does home visits and conducts follow-ups via telephone. Many of the program's services are provided in conjunction with Elder Care programs that previously existed in these locations, so participants already feel comfortable and familiar with these settings.

PARTNERSHIPS

The program partners with several other organizations, including communities of faith, community-based social services agencies, and health care providers. The program connects with the community through two key partnerships: one with the United Cambodian Association of Minnesota (UCAM) and the Hmong Baptist National Association (HBNA). SeAM provides the expertise in health and the nursing staff, and UCAM and HBNA have experience working in the communities. They also work with Lyngblomsten Services and Wilder Social Adjustment Program which provide various resources, staffing and support for their program. Finally, they partner with two local churches that provide rent-free space to hold programming.

These partnerships have not only provided support to the program, but the partnering organizations have also benefited as a result of SeAM's EHDI program. For example, they have helped Lyngblomsten Services, a Norwegian nursing home, provide services to immigrants. The HBNA had hoped to do health education in churches for many years, and their collaboration with SeAM has made the goal possible. Finally, SeAM has shared the outcomes of their program with their church partners, city council, and their legislators.

2007 Program Outcomes

Increasing knowledge

The program held focus groups with 32 participants in the Cambodian Elder Program (half of the overall participants). Twenty-nine (91%) participants in the focus groups indicated they know more about heart disease now than when they first came to the program. Twenty-nine (91%) participants also indicated they know more about diabetes.

Changing behavior

In addition, most of the focus group participants reported changing their behavior. Thirty (94%) participants in the focus groups indicated they exercise more often. Twenty-two (69%) participants in the focus groups said they exercise longer; seventeen (53%) said they exercise every day. They said exercise is important to lower blood pressure, lower blood sugar, lose weight, and generally feel better.

Thirty-one (97%) participants in the focus groups also said they had an annual check-up. The reasons they gave were that it is important to know about your blood pressure, and they need to be screened for heart disease early.

Participant Success Story

One Hmong elder gets her blood pressure taken at the program about every three months. Recently, her blood pressure was above the normal range for someone her age, gender, and build. She recently started complaining about fatigue, headaches, and feeling sick. After two consecutive high readings, the parish nurse assisted her in getting medical attention. She is now taking medication to manage her hypertension and is more interested in learning about how to eat healthier, stay active, and take control of her health. She continues to work with the parish nurse to monitor her condition, and the nurse encourages her to stay compliant with her physician's recommendations.

The Storefront Group – Bridge to Success

Overview

The Storefront Group is a multi-faceted human service and mental health provider focused on promoting the positive growth and development of school-aged children and their families throughout the Twin Cities metro area. Bridge to Success is a program that educates Somali parents about the importance of immunizations and immunization record keeping. As the name implies, the program provides a "bridge" between Somali families and their schools to ensure school children are fully immunized, working in collaboration with school nurses. The program also helps families navigate the American healthcare system.

Program Summary

Health Priority Area(s) Addressed:
Immunizations

Geographic Areas Served:
Dakota and Hennepin Counties

Populations Served:
Somalis

Numbers Served through direct contact in 2007:
289 adults, 113 youth/children

Recruitment Strategies

The program successfully recruits families into their program through outreach workers, by engaging community leaders, and by collaborating with local schools and clinics. It's important they involve community leaders and outreach workers that are from the community in order to gain families' trust. As Somalis, they know how to reach people, and are able to build trust and relationships with participants. They also do presentations in schools and clinics, so staff in these places is better able to interact with Somali families and refer them to the program.

Data-driven Programming

The program developed when Storefront staff observed that so many Somali families were arriving in Minnesota with no or poor immunization records, and the challenges that presented for enrolling children in school. Without an existing program to go on, Storefont conducted a community needs assessment, which included focus groups and interviews with principals, school nurses and social workers, and health care providers. They used this data, along with Minnesota Department of Health and County statistics to design the program.

The program also includes an advisory group of Somali community leaders and parents who provide advice and feedback on program implementation.

Building Staff Capacities

The program has continued to provide education and training to their staff, which increases their capacity and that of the organization. With the support of Storefront, the program director earned his Masters in Public Health. In addition, staff members have received numerous certifications in Leadership (from Prudential), HIV/AIDS (from the American Red Cross), and Parenting (in Marilyn Steele's Strengthening Multiethnic Families curriculum).

In addition, staff members are encouraged to write and submit papers on health topics facing the Somali community. This empowers the staff to take ownership and pride in their program, and the organization.

2007 Program Outcomes

Improved knowledge

Of the 289 parents attending workshops and one-on-one educational meetings, 87% strongly agreed or agreed that they "have learned how to keep accurate immunization records." In addition, 93% reported having improved knowledge of different types of vaccines and their usage. Finally, 83% said they strongly agreed or agreed that they "learned where to go for immunizations."

Improved immunization rates

The overall immunization rate in schools they work with was 45-47% before the program started, and four years into the program in 2006 it was up to 97%.

Systems change

When they started the program, they found that Somali community members were traveling as far away as Rochester (76 miles from Minneapolis) to go to a clinic because they trusted the doctors there more than those at the clinics near their homes. The program started conducting cultural competency workshops at a local clinic, and as a result, the clinic hired a Muslim doctor who has been going to community events with the families. Now families are going to the clinic closer to their homes where they can be seen by a doctor they know.

PARTICIPANT SUCCESS STORY

Hawa, who is a new to the country, attended one of the program's workshops. The guest speaker was a Somali medical practitioner. After the guest speaker finished his lecture, Hawa asked the doctor about her asthma. She found out the medication she was taking did not always help because her lungs are stuck together, it is not easy to cure her asthma without a steroid shot. The doctor explained the steroid shot and how she might benefit from it. Hawa reported that she benefited from the opportunity of interacting and asking questions in her own native language without an interpreter. Currently, she is a leader in the community who advocates and help recruit new members.

West Central Integration Collaborative – Healthy Youth Tour

Program Summary

Health Priority Area(s) Addressed:
Healthy Youth Development

Geographic Areas Served:
Kandiyohi County

Populations Served:
Hispanic/Latino and African immigrants

Numbers Served through direct contact in 2007:
168 youth/children

Overview

The WCIC is a multicultural, multidisciplinary organization that works within education, health, and business sectors to improve the lives of community members. West Central's Healthy Youth Tour works to prevent unwanted pregnancy and promote healthy lifestyles to youth participants. The project seeks to build knowledge, promote positive attitudes and behaviors related to healthy living (diet and lifestyle), as well as to build other factors and assets among youth that will contribute to positive development and prevent a range of risky behaviors.

The project includes education on healthy food choices, nutrition, exercise, peer leadership, effective communication, anti-violence, higher education and healthy relationships. In addition, youth engage in recreation activities that focus on teamwork and trust (basketball, volleyball, tennis, a ropes course, wall climbing, flying ropes course, and initiative games).

Innovative, Data-Driven Approach

WCIC did a needs assessment/health survey in cooperation with Kandiyohi County. That, along with county statistics, showed that pregnancy was a top issue among Latina girls in the county. Based on this data, the program developed a Community Health Outreach Workers program to conduct health education with youth on all facets of health – sexual, physical, emotional and mental.

The program trains Community Health Outreach Workers from the ethnic communities they serve to conduct its programming. It is the only program of its kind in the rural, southern Minnesota that is culturally-competent and run by bicultural staff. Program activities are delivered in English, Spanish and Somali, and transportation is provided.

Leadership

The staff demonstrates leadership in their field through the many presentations they give to city council members, council commissions, community health worker conferences, rotary clubs, clinics, and various other community and cultural organizations. They also stay in contact with their state legislators.

The director also serves on a Latino health committee at the Minnesota Department of Health, and work with students at St. Cloud State University and Ridgewater College on cultural competency and health disparity issues.

Adapting the Program to Meet Challenges

The program consistently adapts the program to meet challenges as they arise. For example, they found that older participants weren't always able to attend regularly, so they lowered the age to 10 and adapted the program so it is appropriate for the younger age. In addition, based on feedback they received from parents, youth and the schools, they started doing one-on-one discussions with youth and their families instead of just doing health talks at schools. This allows them to meet students on a more personalized level.

Staffing

Staff is employed for 12 months, not just during the nine-month school year, to work with students at all times. They also work with students and their families outside normal business hours to accommodate work schedules. Because they are from the ethnic communities they serve, the staff is able to work well with participants and their families of various cultures. In addition, having consistent staff, particularly at their summer camps, has contributed to their success. Participants develop relationships with staff and look forward to returning to camp to see the people they met the year before.

To support staff, the program offers a great deal of flexibility so staff can accommodate their personal lives. There are regular staff lunches so the staff can have fun together and also talk about any challenges they are facing. Finally, the program director goes out in the field with the staff instead of just staying her in office. This provides staff with the needed support and also helps the director stay apprised of how things are going "on the ground."

2007 Program Outcomes

Youth engage in more exercise

Twenty-two youth were surveyed in December 2007 after participating in the program. The survey results indicated that:

- 49% of participants noticed a physical change in themselves,
- 60% of participants said their parents noticed a physical change in them,
- 99% of participants increased exercise habits and limited their use of television,
- 49% of participants are making healthier food choices, and
- 73% of participants agreed that the after school program helped them do better in school and increased their knowledge about exercise and healthy eating choices.

In focus groups with students and their parents, parents expressed that their children are more active and are making healthier food choices. They are also more willing to be a part of physical activities without any prompting from staff or their parents. This indicates that participants are taking the information they are provided and are implementing it into their own lives.

Finally, program coordinators also noticed increased use of the fitness center, and participants bringing fewer unhealthy snacks.

Increased knowledge of domestic violence

After viewing a media project on domestic violence, 40 students participated in a focus group and all indicated that they had increased awareness about parental domestic violence. Following the video, several girls approached the staff to talk in private about some personal concerns. Through the awareness they gained through the video and the trusting relationship these students developed with staff, they were able to seek help for abuses going on in their lives.

Participant Success Story

A 17-year old girl in the program was struggling with very poor grades, low self-esteem, mental health issues, rebelliousness, and had very poor communication with her mother. On a Sunday night at 10:00, a staff member received a phone call from this girl's mother that she had overdosed on pills. The staff quickly drove over to the girl's house and advised the mother to call an ambulance. After her recovery at the hospital, the staff recognized a need for a mother/daughter intervention in order to improve their relationship and

the girl's own self worth. Communication improved and the daughter realized that life should not be wasted, she needed to respect her mother, and the decisions she made affected everyone around her. Her grades improved. She has not been truant since then; she makes an effort everyday despite her prevalent language barrier. She continues to be more responsible and her relationship with her mother has greatly improved – both are happier.

Recognition

The program has been recognized on "NBC Nightly News with Brian Williams." Several of the program's students have also been highlighted in "Sports Illustrated" for their cross country athletic achievements.

WHITE EARTH TRIBAL MENTAL HEALTH

OVERVIEW

White Earth Reservation is the largest of seven Chippewa reservations in Minnesota and is home to over 9,000 people. The White Earth Tribal Mental Health program uses a Native American approach to increase community awareness of violence and abuse problems existing on the Reservation, decrease the acceptance of such dysfunctional behavior and ultimately decrease domestic violence and other abusive behaviors.

PROGRAM SUMMARY

Health Priority Area(s) Addressed:
Violence/Unintentional Injury

Geographic Areas Served:
White Earth Reservation and surrounding area (Becker, Clearwater, and Mahnomen counties)

Populations Served:
American Indian

Numbers Served through direct contact in 2007:

Program components include:

- 27-week educational groups for men who batter using the "Duluth Model" curriculum,
- Ten-week anger management groups for men,
- Ten-week anger management groups for women, and
- Anger management groups in the five schools on the White Earth Reservation.

The program uses Elders, Traditional Speakers, and Spiritual Leaders to present and speak on values, beliefs, and culture, as well as the Medicine Wheel, Sweat Lodge Ceremonies, and other traditional practices.

RECRUITMENT STRATEGIES

Participants are referred to the program from the five schools on or near the White Earth Reservation, Department of Corrections in the counties described in section B, White Earth Tribal Court, White Earth Tribal Police, Indian Child Welfare, Indian Health Services, White Earth Tribal Chemical Dependency Program, and the White Earth Tribal Mental Health Program. As the community has become more aware of the program, some participants (about 10-15 percent) have self-enrolled into the program. Referrals are an important source of recruitment as the program provides another option to incarceration.

Building Trust with the Community

Because the program is based within tribal systems, community members are more likely to trust the program and its staff, whereas the state or county has to make an effort to establish trust. The fact that the program and its staff have been consistent makes it more likely to establish trust at the onset. In addition, people are sharing through word of mouth that the program is helpful and trustworthy. In comparison, outside organizations would need to show that they are culturally sensitive.

Leadership

The program's staff has shown significant leadership in the field by being a resource and doing presentations to the Indian Child Welfare, Indian Health Service; Down on Violence Everyday (DOVE) Program, Community Resource Alliance, the Department of Corrections, Chemical Dependency Program, schools, and Dream Catchers Homes for chronically homeless families.

The program also attended a national conference to speak about their program and has given testimony to the state legislature about Indian Child Welfare. The lead supervisors, probation staff and corrections agents at the Department of Corrections also look to the program for information.

2007 Program Outcomes

Improved knowledge

[Not reported in final form as of July 15, 2008]

Decreased recidivism

In 2007, 14% (2) group participants re-offended compared to the State and Tribal Court average of 37%. Of the 12 that did not re-offend, 100% of their family members reported that a positive change had taken place in their relationships after the ex-offender completed the program.

Systems change

The program has impacted the correctional systems by providing an alternative to incarceration, and impacted schools by providing an alternative to expulsion. The fact that these systems refer offenders and juvenile delinquents to the program is a change – typically they would receive sentences or be expelled from school, but now the systems are giving these individuals another option.

PARTICIPANT SUCCESS STORY

"Tim" was referred to the program because of a domestic abuse charge. When he started the program, he was very negative, assumed everyone was "out to get him," and had a very negative attitude toward women, stating "they are nothing but trouble, you know a typical woman." As each week passed, however, the facilitators noticed changes in his perception of accountability for the offense he was charged with. His attitude and participation increased as he developed trust with the program. His probation officer even called to find out "what we were doing with Tim" because his interactions with her had changed so dramatically. He had gone from being demanding and disrespectful to understanding and accountable. By successfully completing the program, he was able to complete his probation requirements and was dismissed early. He is now involved in an intimate relationship with the same woman who testified that the changes in his behavior and beliefs were unbelievable. She now feels she can approach and be treated with respect.

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REPORT 6 AUTHORS

Jennifer L. Valorose, MPP; Linda J. Harris; Mara Jiran, MPH; and Mia U. Robillos, MS.

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FOR MORE INFORMATION

Rainbow Research, Inc. | 621 West Lake Street — Suite 300 | Mpls., MN 55408 | 612.824.0724 | info@rainbowresearch.org

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ELIMINATING HEALTH DISPARITIES INITIATIVE GRANTEES 2006 – 2008

Community Grantees

African American AIDS Task Force
Agape House for Mothers
American Indian Family Collaborative
Anishinaabe Center
Annex Teen Clinic
Bois Forte Band Community
Boys and Girls Club of the Twin Cities
Camphor Foundation
Center for Asian and Pacific Islanders
Centro (2 grants)
Centro Campesino
Children's Hospitals and Clinics
Council on Crime and Justice
Dar Al-Hijrah Cultural Center
Division of Indian Works (2 grants)
Family and Children's Services
Freeport West
Fremont Community Health Services
Hennepin Care East Clinic (formerly La Clinica en Lake)
Hmong American Partnership
Indian Health Board of Minneapolis
Lao Family Community of Minnesota
Leech Lake Band of Ojibwe
Minneapolis American Indian Center
Minneapolis Urban League
Minnesota International Health Volunteers
Olmsted County Public Health Services
Park Avenue Family Practice
Saint Mary's Health Clinics (formerly Carondelet LifeCare Ministries)
Sisters in Harmony Program
Southeast Asian Community Council
Southeast Asian Ministry
Stairstep Foundation
Summit University Teen Center
The Storefront Group
Turning Point
United Hospital Foundation
Vietnamese Social Services of Minnesota
West Central Integration Collaborative
Westside Community Health Services

Tribal Grantees

Bois Forte Band of Chippewa
Fond du Lac Band of Ojibwe
Grand Portage Band of Ojibwe
Leech Lake Band of Ojibwe
Lower Sioux Community
Mille Lacs Band of Ojibwe
Prairie Island Foundation
Red Lake Comprehensive Health Services
Upper Sioux Community
White Earth Tribal Mental Health