

A photograph of a man with a beard lifting a young child into the air. Both are laughing joyfully. The man is wearing a green t-shirt and a brown belt. The child is wearing a blue jacket. The background is a warm, golden light, suggesting an outdoor setting at dusk or dawn. The overall mood is happy and celebratory.

EXECUTIVE SUMMARY

The EHDI Story and Impact

The Eliminating Health Disparities Initiative (EHDI) is a grant program within the Minnesota Department of Health's (MDH) Center for Health Equity. EHDI invests about \$5 million annually in community initiatives that address health inequities for populations of color and American Indian communities across eight priority health areas in Minnesota. The Minnesota State Legislature established EHDI in 2001 to address the growing health disparities in our state.

Over the years, the **EHDI approach has been to support organizations and projects that are developed and implemented by and for communities of color and American Indian communities**, based on cultural knowledge, wisdom, and community strengths. Investing in community-driven organizations and tribes increases access to, engagement with, and impact of health improvement strategies for communities of color and American Indian communities.

MDH and the Center for Health Equity (the center) have learned valuable lessons from our grantees over nearly two decades. This report is intended to both share the remarkable impact EHDl grantees continue to demonstrate as well as shed light on the immense work remaining to be done to truly eliminate health disparities.

The impact of EHDl has been powerful and measurable. As this report will show, grantees have succeeded in many areas:

- 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.

Milestones toward disparities reduction include grantees' increased capacity and enhanced skills; grantees' increased effectiveness; increased connection, strength, and amplification of grantees' efforts across Minnesota; and improved outcomes in priority health areas. **The most recent grantee cohort (2016-2019) reached 409,607¹ people of color and American Indians** – 88,774 directly and 320,833 indirectly – with culturally appropriate preventive services and education across eight priority health areas.

The breadth and depth of this work is made possible through the wisdom of communities most impacted by health inequities, as articulated and put into practice by EHDl grantees. Some of the **lessons we have learned from our grantees** over the years include:

- Organizations that reflect the communities most impacted by inequities are better equipped to understand and respond to community experiences.
- Investing in community-driven solutions means recognizing that communities themselves possess the best approaches, practices, and language to suit their communities, and know the most appropriate measures of their success.
- Effective strategies are those that are grounded in cultural knowledge and wisdom and that understand the intergenerational effects of collective oppression.

Despite clear and quantifiable successes, however, **the gap in overall health and wellness between white Minnesotans and Minnesota's communities of color and American Indian communities persists.** EHDl is a critically important and effective program for identifying community driven solutions to health disparities that could improve population level outcomes if taken to scale. It is also a single \$5.142 million annual grant program – whose funding is ever-shrinking relative to the growing populations that it serves. Its footprint alone is insufficient to reverse the effects of generations of structural and institutional racism that have shaped, and continue to shape, the systems and conditions that create health. Consider for a moment the \$5 million investment compared to the estimated \$2.26 billion that health disparities cost Minnesotans each year.² We must do more.

Cultivating a Health Equity Ecosystem

MDH — and specifically the Center for Health Equity — supplements and supports EHDI grants through a broader approach to address health equity at a systems level. This strategy is rooted in the belief that effectively addressing health disparities and improving health for all Minnesotans requires a holistic approach — one that recognizes the role that all organizations and systems that impact individual and community health play in eliminating structural inequities. This report describes the center’s holistic approach — and all of our roles within it — using the metaphor of ecosystems.

We encourage our partners and everyone invested in eliminating health disparities in Minnesota to use this report and take three actions:

**ASSESS
YOUR ROLE**
in the health equity
ecosystem

INVEST
more significantly
in community-driven
solutions

SHARE
this narrative about
what is needed to
achieve health equity
in Minnesota

This report is one in a series of reports that will be released in the coming years as we approach 20 years of EHDI. Future reports will further explore how EHDI grantees have been able to eliminate disparities within their spheres of influence as well as take a closer look at trends across disparities data over the past two decades.

