

The Eliminating Health Disparities Initiative (EHDI)



Sanne Magnan, MD, PhD
Commissioner of Health
May 11, 2009



Summary

- ◀ Eliminating health disparities is an important part of MDH's mission
- ◀ To be successful, state and local initiatives need to move “upstream,” not just focus on individual behavior change
- ◀ Partnering and integrating around leverage points will be key to success

Rationale for Eliminating Health Disparities



- ◀ Accelerating changes in demographics of MN
- ◀ Disparities have financial impact as well as affecting quality of life
- ◀ Moral/ethical obligation to ensure that all MN populations have good health

Rationale for the Approach to Eliminating Health Disparities

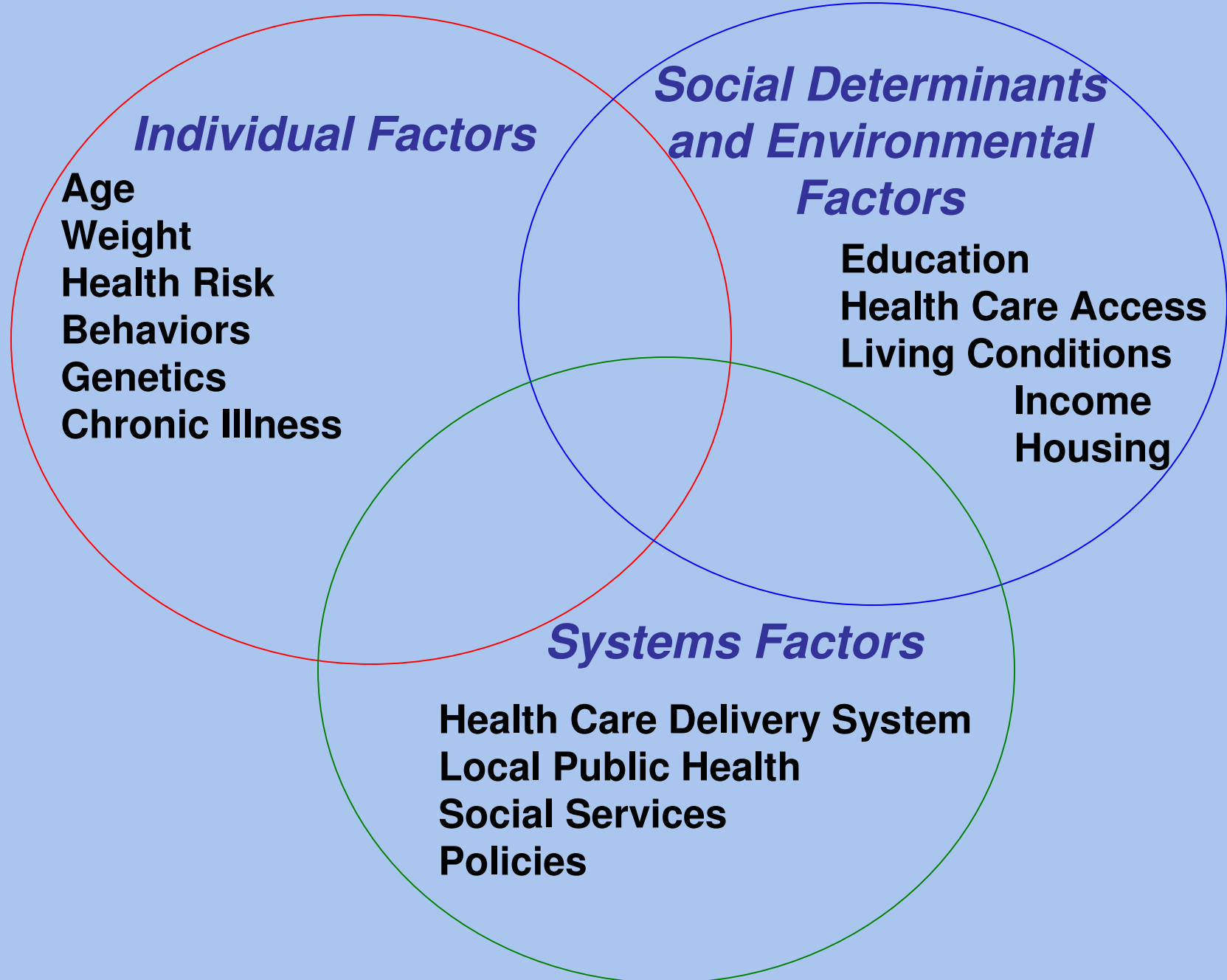
- < Medical care is not the primary determinant of health
- < Medical and behavioral interventions treat only one person at a time
- < Without changing communities, systems, and norms, interventions will have limited impact



“It is unreasonable to expect that people will change their behavior so easily when so many forces in the social, cultural, and physical environment conspire against change.”

~ Institute of Medicine

Factors in Health Equity



Eliminating Health Disparities Initiative (EHDI)

- < Statewide effort to eliminate disparities in 8 areas:

Infant Mortality

Childhood/Adult Immunization

Cardiovascular Disease

Violence/Unintentional Injury

Diabetes

HIV/AIDS and STIs

Breast/Cervical Cancer

Healthy Youth Dvlpmt

Eliminating Health Disparities Initiative (EHDI)



Statewide Goals:

- Reduce disparities in infant mortality and child/adult immunization by 50% by 2010
- Reduce disparities in other health priority areas

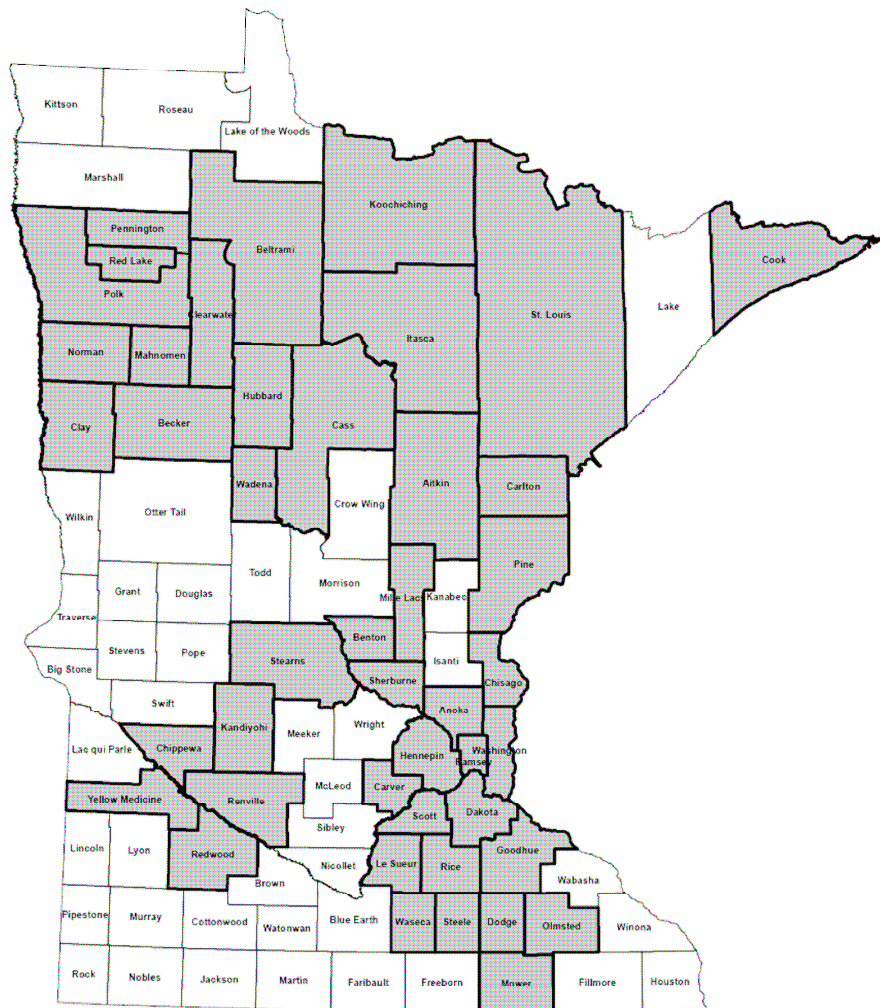
EHDI 2001 to 2009

- < Focused on the strengths, assets, and resources in the community
- < Used grantees to explore innovative and effective practice
- < Learning about community partnerships
- < Increasing leadership and capacity



"Having a right to health also implies having a right to participate in decisions affecting one's health." -Poverty and Race Research Action Council 2005

EHDI Grantee Overview



44 Counties

10 Tribes

42 Grantees

Biennially:

\$10.4M in grants
(includes TANF)

\$500,000: Outreach
services for foreign-
born persons

EHDI: Grantees by Priority Area

Health Area	Grantees	Population Reached (2007)
Breast & Cervical Cancer	9	4,380
Cardiovascular Disease	12	9,465
Diabetes	17	11,950
HIV/AIDS	8	8,314
Immunizations	8	3,147
Infant Mortality	10	2,804
Healthy Youth Development	19	12,092
Violence/Unintentional Injury	9	3,669

Statewide outcomes

- < Substantial progress has been made to reduce disparities in all priority areas
- < MDH has not met all goals
- < Across all 45 indicators:
 - 11% showed the disparity eliminated
 - 51% showed improvement
 - 13% showed an increase in disparity (*)
 - 22% had no past or current disparity

Some Current Indicators

Priority Area	POC or AI / White Ratio
Heart Disease: Asian	0.5
Heart Disease: Hispanic	0.5
Suicide: Hispanic	0.5
Suicide: African American	0.5
Suicide: Asian	0.7
Gonorrhea: Asian	0.9
Diabetes: Asian	0.9
Heart Disease: African American	1.0

Some Current Indicators

<u>Priority Area</u>	<u>POC or AI / White Ratio</u>
Gonorrhea: African American	38.7
HIV: African American*	17.2
Homicide: American Indian	14.8
Chlamydia: African American*	14.4
Homicide: African American	13.6
HIV: Hispanic*	8.2
Chlamydia: Hispanic	5.0
Teen Pregnancy: Hispanic	4.8
Gonorrhea: Hispanic	4.6
Gonorrhea: American Indian	4.6

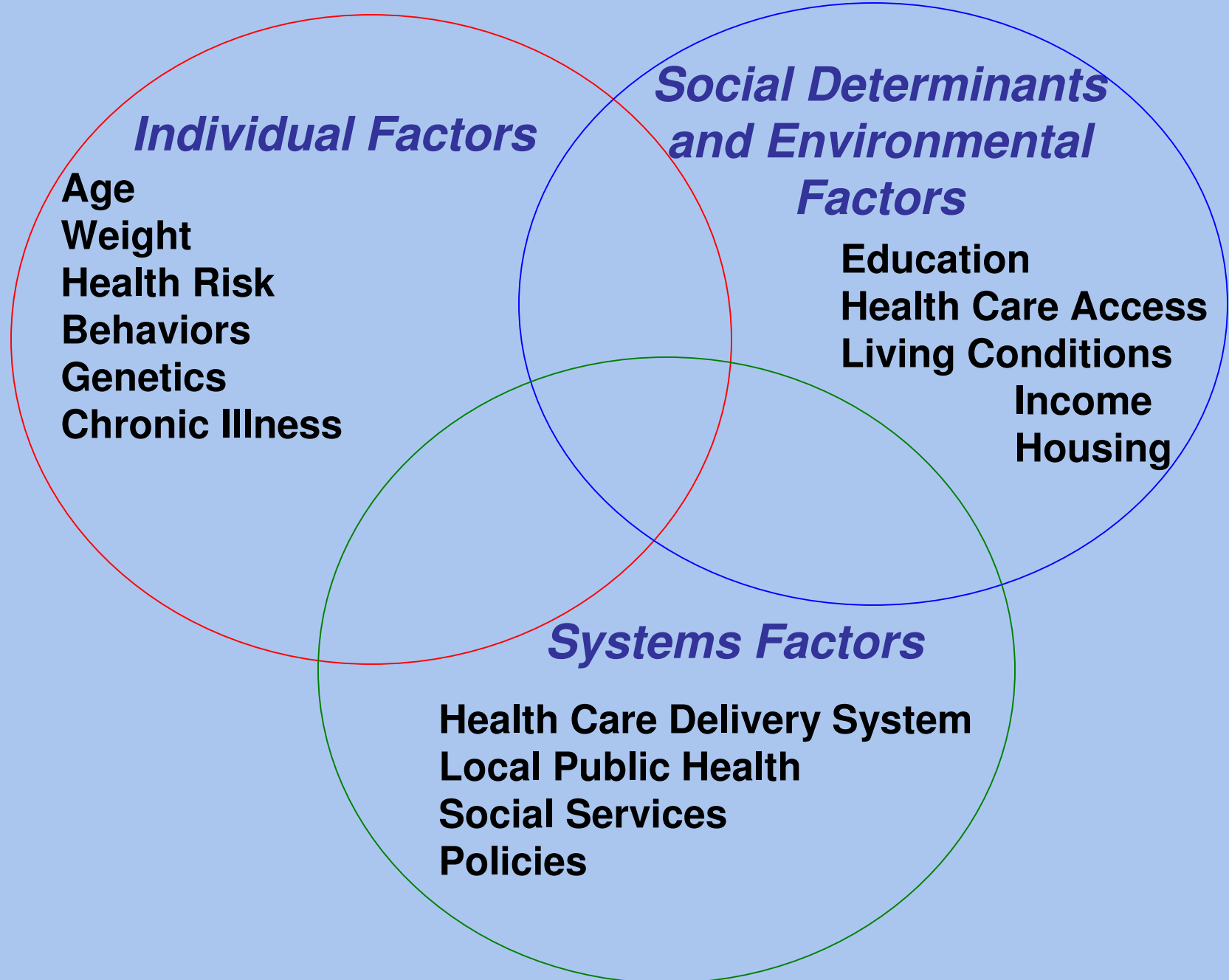
Some Current Indicators

Priority Area	POC or AI / White Ratio
Teen Pregnancy: African American	4.3
Teen Pregnancy: American Indian	4.2
Diabetes: American Indian	4.1
Chlamydia: American Indian	3.9
Homicide: Hispanic	3.0
Cervical Cancer: Hispanic	2.8
Unintentional Injury: American Indian*	2.6
Homicide: Asian	2.5
Chlamydia: Asian	2.4
Diabetes: African American	2.4
Infant Mortality: American Indian	2.3

Some Current Indicators

Priority Area	POC or AI / White Ratio
Teen Pregnancy: Asian	2.3
HIV: American Indian	2.2
Infant Mortality: African American	2.1
Cervical Cancer: African American	2.1
Cervical Cancer: American Indian	2.0
Suicide: American Indian*	2.0
Cervical Cancer: Asian	1.9
Heart Disease: American Indian*	1.5
Diabetes: Hispanic	1.5
Infant Mortality: Hispanic	1.1
Infant Mortality: Asian	1.1
HIV: Asian	1.1

Factors in Health Equity



MDH Leverage for Health Equity

Individual Factors

- Reducing risk behaviors
- Promoting physical activity
- Educating communities
- Prenatal care
- Screening
- Vaccines

Social Determinants and Environmental Factors

- Clean indoor air
- Environmental hazards
- Safe Housing
- Statewide Health Improvement Plan (SHIP)

Systems Factors

- Health Reform
- Diversity in health workforce
- Health IT
- Data/surveillance
- Leadership / Capacity

Summary

- ◀ Eliminating health disparities is important to our state's overall health
- ◀ To be successful, state and local initiatives need to move "upstream," not just focus on individual behavior change
- ◀ Partnering and integrating around leverage points will be key to success

Thank You.

www.health.state.mn.us

Questions?