Increasing children's access to and use of preventive care

Final report on
Growing Up Healthy in Minnesota,
an initiative of the Blue Cross and
Blue Shield of Minnesota Foundation

MARCH 2005

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Prepared for the Foundation board and staff by:
Michelle Decker Gerrard and Greg Owen

Wilder Research
1295 Bandana Boulevard North, Suite 210
Saint Paul, Minnesota 55108
651-647-4600
www.wilderresearch.org

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Acknowledgments

Wilder Research would like to thank the staff and evaluators at the nine grantee sites for their help in describing and evaluating project activities. These included staff from Affiliated Community Health Foundation and Willmar Public Schools; Apple Tree Dental and Southwest Minnesota Community Action Head Start locations; Lao Assistance Center, Southeast Asian Community Council, and Pilot City Health Center; Meld; Minneapolis Medical Research Foundation and Hennepin County Medical Center; Open Door Health Center; the Red Lake Comprehensive Health Services; Somali Community Resettlement Services and Olmsted County Public Health; and the University of Minnesota Division of Pediatrics and Adolescent Health. In addition, Wilder Research thanks the staff from the Blue Cross Foundation including Joan Cleary, Kaying Hang, and Daniel Johnson for their contributions and feedback regarding the planning and evaluation of this initiative. We would also like to thank Susan Showalter who provided feedback and input as a consultant to the Blue Cross Foundation on this initiative.

Wilder Research staff contributors include:

Abdirahman Abdulle
Mark Anton
Jessica Armstrong
Cheryl Bourgeois
Jacqueline Campeau
Marilyn Conrad
Phil Cooper
Kari Danielson
Swati Deo
Louann Graham
Harry Greenberg
Ginger Hope
Noy Lo
April Lott
Nicole Martin
Terri Mazurek
Ron Mortenson
Kao Moua
Emily Roragen
Lisa Sell
Ellen Shelton
Lue Thao
Chue Vang

1. Overview of the *Growing Up Healthy in Minnesota* initiative

The Blue Cross and Blue Shield of Minnesota Foundation, established in 1987, is now Minnesota's largest grant-making foundation to exclusively dedicate its assets to improving the health of Minnesotans. The foundation is the philanthropic arm of Blue Cross and Blue Shield of Minnesota and, until recently, focused its grant-making on four priorities: reducing tobacco use; helping people with chronic illness and unique cultural needs navigate the care system; promoting individual physical activity, nutrition and safety; and increasing early childhood immunization rates. Recently the Foundation has established a new purpose to look beyond health care needs today for ideas that create healthier communities tomorrow.

Growing Up Healthy in Minnesota is a two-year grant-making initiative developed out of the conviction that children's preventive care sets the stage for a healthy and productive adulthood, and the recognition that children and families from specific cultural backgrounds have more than their share of challenges in accessing and using these services.

The Blue Cross and Blue Shield of Minnesota Foundation identified two primary goals for *Growing Up Healthy in Minnesota*. Applicants could focus on either or both of these:

- To increase the ability of families from communities of color, foreign-born populations, and American Indian tribal communities to access and appropriately use child and adolescent preventive health care services.

- To remove barriers to adolescent preventive care, especially for teens from ethnic and minority communities.

Through the *Growing Up Healthy in Minnesota* initiative, the Blue Cross Foundation funded nine planning and demonstration projects beginning in June 2002. The Foundation supported projects that included replication of best practices, application of new tools and practices, and local educational and promotional campaigns.

The grantees represent a diversity of sponsoring organizations, project strategies, geographic scope, target populations, and preventive focus.

The purpose of this report is to provide an understanding of the progress toward these goals during the course of the two years of funding through *Growing Up Healthy*.

Background: Disparities in access to preventive care

One of the most important contributors to a healthy childhood and adolescence is access to health care – not only medical attention at times of illness or injury but ongoing preventive care and screenings to ensure that physical and emotional development are on track. From timely immunizations to regular dental visits, access to preventive care sets the stage for a healthy and productive adulthood.

While Minnesota consistently ranks as one of the healthiest states, not everyone who lives here shares in that good health. Immunization rates among children of color in Minnesota are *27 percent lower* than for their white counterparts.[1] In addition, children who live in low-income areas are under-immunized, with rates as low as 45 percent in some low-income zip code areas of Minnesota.[2]

In addition, American Indians, populations of color, foreign-born populations and low-income families are over-represented among Minnesota's uninsured. Uninsured Minnesotans are less likely to have a regular source of health care than those with coverage.

Health disparities are most easily prevented in childhood or young adulthood, with regular medical and dental care. Yet studies by the Minnesota Department of Health and the Urban Coalition have found that preventive medical and dental services are not universally accessible or provided to young people from all racial or ethnic backgrounds in Minnesota.[3] Language barriers, lack of familiarity with the health care system, shortages of health care providers, especially those who are culturally competent, isolation, and cultural attitudes toward preventive care are some of the barriers the *Growing Up Healthy* grants address.

These issues take on new importance in light of the growing racial and ethnic diversity of Minnesota's population. According to the State Demographic Center, the nonwhite population is projected to grow 35 percent from 2005 to 2015, compared to 7 percent growth for the White population. The number of people of Hispanic origin is expected to increase 47 percent. Nonwhites and Latinos are younger than White Minnesotans: projections show that 19 percent of children under age 15 will be of a race or ethnicity other than White in 2015, while only 5 percent of people over age 65 will be nonwhite.

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1 Minnesota Department of Health (2000, Summer). *Healthy Minnesotans, Special Report*, 1, 1.

2 Minnesota Department of Health (2001). *Eliminating Health Disparities in Immunization Rate*. Retrieved from http://www.health.state.mn.us/ommh/immunization.html February 15, 2005.

3 Urban Coalition (2001, April). *The Health and Well-Being of Minnesota's Youth*. St. Paul: Author. April 2001.

Looking at 2003-2004 school enrollment data and 2004 state population estimates, Latinos are the largest immigrant group in the schools and in the state (38,643 students and an estimated 175,000 of all ages). The number of Latino students has increased more than 10 percent each of the last five school years. Hmong students are the second-largest immigrant group in the schools and state (21,613 students, an estimated 60,000 of all ages). The Hmong population will continue to grow as more refugees from Thailand arrive in Minnesota. The Somali population is growing rapidly; current estimates are 5,734 students and a total state population of 25,000. Although the Vietnamese population is less visible than other Southeast Asian immigrant groups, there are an estimated 2,910 students and an estimated total population of 25,000 in Minnesota. The Laotian population has not increased as rapidly as other Southeast Asian groups, but there are 2,258 students and an estimated 13,000 people of all ages. Other immigrant groups in Minnesota include Russians (2,346 students, 12,500 total), Cambodians (1,718 students, 7,500 total), and Ethiopians (1,329 students and 7,500 total).[4] In addition, Minnesota is home to several American Indian tribes. The U. S. Census estimates that the population of American Indians in Minnesota is over 83,000 (2002 estimate).

Timeline of grant-making and grantee network meetings

The grant-making process, which used a competitive request for proposals and an advisory committee, was a new endeavor for the Blue Cross Foundation.

Grant-making timeline

July 2001:	Announcement of the *Growing Up Healthy* grants program.
September 2001:	Receipt of 118 pre-proposal inquiries.
October 2001:	Following a screening process, 25 applicants invited to submit full proposals.
November 2001:	A proposal preparation workshop was provided by the Blue Cross Foundation in collaboration with Wilder Research.
December 2001:	A total of 24 full proposals were received and reviewed by foundation staff and two consultants. A 10-member advisory committee, with representatives from the Minnesota Department of Health, American Indian Science and Engineering Society, Asian American Renaissance, the Brainerd Medical Center, the Bush Foundation, the Center for Cross Cultural Health, Health Advocates and Jennie-O Foods, assisted in making the grant determinations.

[4] Sources: US Census (2002), Minnesota Department of Education, and Minnesota State Demographic Center. From: Ronningen, B. (2004, June). *Estimates of selected immigrant populations in Minnesota: 2004.* Saint Paul: Minnesota State Demographic Center.

March 2002: After consideration by the *Growing Up Healthy* board committee, the Blue Cross Foundation board made final grant decisions. Nine grantees were selected.

Timeline of Learning Network meetings

June 2002: Funding was awarded to nine organizations. Blue Cross Foundation and Wilder Research staff began providing consultation and technical assistance to grantees via phone and email.

First Learning Network meeting (at Minnesota Landscape Arboretum) included discussion of expectations of Blue Cross Foundation, project plans, developing a learning network, and evaluation.

August 2002: Initial site visits by Blue Cross staff and consultants, including Wilder Research staff, to clarify goals and project plans.

November 2002: Learning Network meeting (at Lao Assistance Center in North Minneapolis) included project updates, discussion of role of bilingual/bicultural community health workers, and evaluation.

June 2003: Learning Network meeting (at Hennepin County Medical Center) included grantees presenting in clusters, a speaker discussing implications of statewide budget cuts for projects, and an evaluation update and discussion.

October 2003: Learning Network meeting (at Immanuel-Saint Joseph's Mayo Health Center in Mankato) included panel discussions, presentations of preventive health and dental guidelines, discussions of policy and systems change, and evaluation update.

June 2004: Final Learning Network meeting (at Cragun's in Brainerd) included time to share project stories and lessons learned; a sustainability workshop; a presentation about working with an asset-based model, and a discussion of the evaluation findings from the first year of *Growing Up Healthy*.

Strategies encouraged by the initiative

In the call for proposals for *Growing Up Healthy*, the Blue Cross Foundation encouraged proposals designed to:

- Develop partnerships among communities of color and/or recent immigrant groups, providers, counties, businesses, and other local organizations.
- Create youth-friendly preventive care environments and adopt clinical practices and tools that reflect the breadth of adolescent health issues.

- Address barriers to preventive care through education and outreach based on an understanding of the health-related cultural beliefs of the population(s) served.
- Demonstrate best practices using collaboration and sound evaluation methods.
- Effect changes in clinical practice, administrative systems, and organizational policy in order to promote culturally and linguistically appropriate services and to foster patient-centered preventive care models.

Who was the initiative designed to reach?

Overall, the initiative aimed to serve children and adolescents, particularly among American Indians, communities of color, and foreign-born populations. Each of the nine grantees used a different approach in focusing services and outreach on one or more specific groups.

Reaching parents

Four grantees worked primarily with parents of young children in order to increase the parents' knowledge of preventive care and available resources. These are Meld (based in Minneapolis and coordinating parenting groups nationally), Lao Assistance Center (in partnership with Southeast Asian Community Council and Pilot City Health Center in North Minneapolis), and Minneapolis Medical Research Foundation at Hennepin County Medical Center (serving Hennepin County families), and Somali Community Resettlement Services (in Olmstead and Steele Counties). Three of these four projects used bilingual/bicultural community health workers to conduct outreach or education with parents. For instance, Spanish-speaking bicultural dental health educators at the Hennepin County Medical Center visited with parents during well-child visits to inform them about preventive dental care and help families arrange dental appointments.

Another grantee, the Open Door Health Center in Mankato, provided preventive medical care at no charge or on a sliding fee scale to low-income, uninsured children and youth from South Central Minnesota who accompanied their parents to the center. The Open Door Health Center staff includes bilingual, bicultural community health workers and a social worker to help new immigrant families access needed resources.

Reaching children and youth

Three grantees connect with children and youth while they are at school. Apple Tree Dental and Red Lake Dental provide preventive dental care services to children. Apple Tree serves children in Head Start locations in Southwestern Minnesota, and also provides dental health information and referral to parents. Red Lake Dental serves

children in Head Start, elementary, and junior high schools on the Red Lake Indian reservation. Affiliated Community Health Foundation works with adolescents in school to increase their knowledge of and comfort with preventive health and dental care. The Willmar Wellness Center's activities are designed to promote wellness and preventive care in the Willmar high school, junior high school, and alternative learning center.

Reaching health professionals

The University of Minnesota's Preventive Care for Adolescents project targeted health care professionals through the use of teen actors as trainers and a curriculum that teaches health professionals skills, including psycho-social interviewing to learn more about adolescents and their health risks, in order to deliver more effective preventive care to this age group.

Evaluating the Growing Up Healthy initiative

Wilder Research was contracted to collaborate with Blue Cross Foundation staff (as well as the evaluators and staff at each grantee site) in the design, development, implementation, and reporting of evaluation activities for the initiative as a whole.

In its funding decisions, the Blue Cross Foundation made intentional efforts to choose projects that represented a diversity of types of organizations, strategies used, and populations served. While the projects vary widely, groups of them share common features as shown in figure 1. These groupings include those projects that provide direct preventive health and dental care; those who provide outreach, education, and referral; and those who developed a health education curriculum. In addition, projects were also categorized by whether they were primarily focused on adolescents or children, and whether they focused primarily on preventive health or preventive dental. These groupings are helpful in studying the results and successes of different approaches. At the same time, any grouping of projects also runs the risk of glossing over the uniqueness of each project. To counter that, the evaluation also looks at some challenges, successes, and lessons learned from individual projects.

Figure 1 describes the nine grantees, their major strategies, and their levels of funding.

1. At a glance: *Growing Up Healthy In Minnesota* grantees

Organization	Service area	Strategy	Age/focus	Ethnicity
DIRECT HEALTH AND DENTAL CARE				
Apple Tree Dental ($109,000 over 24 months)	Southwest MN (Marshall, Worthington)	Provide on-site dental care and education at Head Start centers; demonstrate best practices in dentistry for Head Start families.	Pre-school children Dental focus	Multi-ethnic/ Multi-racial
Open Door Health Center ($178,000 over 24 months)	South Central Minnesota (Mankato)	Increase culturally and linguistically appropriate community-based health promotion and clinic-based primary care for rural immigrant and refugee children.	Parents, children and teens Medical and dental focus	Focus on immigrants: Latino and East African
Red Lake Comprehensive Health Services ($120,000 over 24 months)	Red Lake Nation	Provide on-site dental prevention services to Head Start and elementary school-age children (expanded in Year 2 to include Junior High youth).	Children Dental focus	American Indian
EDUCATION AND REFERRAL				
Affiliated Community Health Foundation ($135,000 over 24 months)	Willmar	Establish a wellness clinic in three schools.	Teens Medical focus	Multi-ethnic/ Multi-racial
Minneapolis Medical Research Foundation (HCMC) ($107,652 over 18 months)	Minneapolis	Integrate preventive dental health services into well-child health visits for Latino children, using Spanish-speaking dental health educators.	Parents and children Dental focus	Focus on immigrants: Latino
Lao Assistance Center of Minnesota, Inc. ($188,662 over 24 months)	North Minneapolis	Provide outreach and access to preventive health care for Laotian and Hmong families through the use of community health workers.	Parents, children and teens Medical and dental focus	Focus on immigrants: Southeast Asian (Hmong & Lao)
Somali Community Resettlement Services, Inc. ($53,000 Year 1; $83,000 Year 2)	Steele & Olmsted counties	Provide outreach, education, and training programs for Somali families, involving community health workers, Somali television, and religious leaders.	Parents, children and teens Medical and dental focus	Focus on immigrants: African (Somali)
CURRICULUM DEVELOPMENT AND TRAINING				
MeId ($102,000 over 16 months)	National organization based in Minneapolis	Develop preventive care peer-education curriculum for parents to improve health-related outcomes for children in communities of color and immigrant communities.	Parents Medical and dental focus	Multi-ethnic/ Multi-racial
University of MN Division of Pediatrics & Adolescent Health ($109,815 over 12 months)	Minneapolis/ St. Paul	Develop and pilot a culturally competent adolescent preventive care training program for practicing clinicians in the Twin Cities, involving teen actors as instructors.	Teens Medical focus	Multi-ethnic/ Multi-racial

As a reflection of the foundation's desire to foster grantees' evaluation capacity and to ensure that results were measured and reported, the request for proposals specified that up to 10 percent of each project budget be dedicated to project-level evaluation. Each grantee was responsible for a project-level evaluation plan to document the process of implementing their project and measure the outcomes of their Blue Cross Foundation-funded activities. While most of the nine grantees had a project evaluator, Wilder Research provided technical assistance to the grantees to ensure that each of the evaluation plans addressed the overall goals of *Growing Up Healthy in Minnesota.*

Each project conducted its own data collection, including documentation of project activities, and Wilder Research conducted the following initiative-wide measurements:

Gathering descriptive information about those served

Wilder Research collected descriptive information about the individuals served through the initiative through two primary means: 1) grantees were asked to complete a summary table describing the numbers and characteristics of participants in their direct care, educational, and outreach activities; and 2) information was obtained from the grantees' interim and final reports to the Blue Cross Foundation.

Gathering process and outcome information

Wilder Research gathered information about successes and challenges related to project implementation from a variety of sources:

1. **Site visits**. Wilder Research and Blue Cross Foundation staff conducted site visits with each of the grantees in Year 1. These site visits were designed to learn more about project activities, communicate the goals of *Growing Up Healthy*, and discuss evaluation plans and progress.

2. **Key informant interviews with project staff and partners.** In Year 1, these were one- to two-hour conference calls ("check-ins") with relevant project staff (conducted in spring 2003). In fall 2003, follow-up phone calls were made with project staff to answer specific evaluation questions.

3. **Observations and discussions at the grantees' Learning Network meetings.** The meetings were convened twice a year by the Blue Cross Foundation. Wilder Research staff attended each of the meetings and recorded notes based on observing these discussions.

4. **Review of each project's progress report(s) and final evaluation report**. This involved the examination of each evaluation report prepared by grantee agencies based on their specific evaluation plans and the reporting requirements specified by the Blue Cross Foundation.

5. **Overall review of the process of awarding and overseeing the grants**. Information was gathered through two sets of key informant interviews with Blue Cross Foundation staff and a consultant who worked with staff throughout the grant period. Additional information was obtained from the key informant interviews with project staff and partners, described above.

6. **Summary data tables**. Outcome information was obtained from the whole range of data sources described above. In particular, information was collected using the data tables designed by Wilder Research. These data tables were completed by each project at the end of the grant period, and are also used to describe project participants.

Gathering satisfaction information

Some of the projects collected participant satisfaction information through a survey (Apple Tree Dental, Affiliated Willmar Wellness, Minneapolis Medical Research Foundation at Hennepin County Medical Center, Open Door Health Center, and University of Minnesota Division of Pediatrics). Others conducted focus groups with participants (Affiliated Willmar Wellness and Somali Community Resettlement). Wilder Research worked with each of the grantees to determine if it was feasible for Wilder Research staff to conduct follow-up surveys with participants. In four cases, it was determined that follow-up had already been conducted by the grantees and further participant interviews by Wilder would be redundant and possibly burdensome to respondents (Affiliated Willmar Wellness, Minneapolis Medical Research Foundation at Hennepin County Medical Center, and University of Minnesota Division of Pediatrics).

Wilder Research conducted 102 interviews with parents participating in four of the nine projects. These interviews were conducted in five languages including Hmong, Lao, Somali, Spanish, and English. Lists of participants were given by each organization. There is no way to know how well the responses of the participants surveyed represent the entire population of persons served by these organizations. Parents who participated in the follow-up interviews received a Target gift certificate.

Parent participants from the following agencies participated in follow-up surveys over the telephone:

- Lao Assistance Center (N=20) in Lao and Southeast Asian Community Council (N=25) in Hmong
- Meld (N=8) in English (with East African parents) and Hmong
- Open Door Health Care Center (N=17) in Spanish
- Somali Community Resettlement Services (N=32) in Somali.

The follow-up surveys asked questions about services provided by the organization including referrals for health or dental services, receipt of health or dental care, receipt of preventive services, perceptions of the care (including cultural sensitivity issues), barriers to care, and suggestions for program improvement.

In addition, self-administered questionnaires, designed by Wilder Research, were completed by 65 parents from the Red Lake Nation. However, there appeared to be confusion on the part of parents completing the self-administered questionnaire. In many cases, the parents' answers seemed to be directed toward Indian Health Services rather than the Red Lake School Dental Project funded through *Growing Up Healthy*. Therefore, only limited data from this questionnaire is included in this report.

One aim of the overall evaluation of the *Growing Up Healthy in Minnesota* initiative is to understand how grantees' plans and activities were actually carried out, and the ways in which various aspects of implementation may have affected the outcomes of the projects and of the initiative as a whole. For most of the grantees, the period covered is July 1, 2002 through June 30, 2004.

2. Numbers and characteristics of people served

2. Overview of the estimated number of persons served through the entire initiative

<table>
<tr><td rowspan="4">Total served
17,531</td><td rowspan="3">→ 6,757 children and youth</td><td>→ 2,324 children and youth receiving preventive health and dental care (93% racial or ethnic minorities)</td></tr>
<tr><td>→ 1,486 children or youth receiving help in accessing preventive care (such as referrals, appointment set-up, and transportation)</td></tr>
<tr><td>→ 2,947 children or youth who received large-group education only</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td rowspan="2">→ 10,774 parents and community members receiving outreach, education, and referrals to preventive care</td><td>→ 3,869 parents receiving outreach, education, and referrals to preventive care</td></tr>
<tr><td>→ 6,905 community members receiving media or large-group educational efforts only</td></tr>
</table>

Children who received preventive care directly from the grantees

Figure 3 shows that **2,324** children (unduplicated) received a preventive health or dental exam from four *Growing Up Healthy* grantees.

3. Number of children receiving preventive health and dental care directly from grantees

	Grantee				
	Apple Tree Dental: Southwest MN	**Red Lake Dental: Northern MN**	**Open Door Health Center: Mankato**	**Minneapolis Medical Research: HCMC Minneapolis**	**Total served**
Well-child visit / screening			279*		**279 children**
Preventive dental screening exam	321	1,536	63	125	**2,045 children**
Fluoride, fluoride varnish, or sealants	299	1,365			**1,664 children** (numbers overlap with above)
Of these, percent who had never had a preventive exam of this kind before	52%	Approximately 90%*	80%	100%	
Total (unduplicated) receiving direct preventive care from grantees	**321**	**1,536**	**342**	**125**	**2,324 children**
Of these, percent who are racial/ethnic minorities	47% (multiple groups)	100% (American Indian)	100% (Latino and East African)	100% (Latino)	93%

Notes. *Although other projects referred or connected clients to preventive care services (see figure 4), the projects shown here are those that directly provided preventive care. Minneapolis Medical Research Center is included here because it used Hennepin County Medical Center dental services. These services were closed to all new clients to the dental clinic except project children.*

** Reported in Year 1.*

Children and families referred or connected to preventive care

To estimate the total number of persons who received educational and advocacy services from *Growing Up Healthy* grantees, Wilder Research compiled records from the nine grantees and, to the best of our ability, eliminated duplication of persons receiving more than one service. We estimate that **3,869** parents or caregivers received referrals, education, and advocacy related to preventive health or dental care. These connections included appointments made for an estimated **1,486** children for well-child visits or preventive dental exams. About 95 percent of these individuals come from communities of color.

In addition, at least **13,700** community members were reached though large group activities or media campaigns.

After attempting to eliminating overlap between the provision of direct health services and the provision of information and referral, Wilder Research estimates that approximately **17,500** individuals were served through *Growing Up Healthy* activities. This includes **11,062** unduplicated persons (6,757 children and 4,305 adults) who received services through *Growing Up Healthy*, and about **6,500** additional community members who were reached through large-group activities).

Figure 4 shows the number of persons who received services in each activity area. Some families received more than one service.

4. Number of persons receiving education, help with access, or referral*

Approaches used by *Growing Up Healthy* grantees	Dental			Both medical & dental					
	Apple Tree Dental: Southwest MN	**Red Lake Dental: Northern MN**	**Minneapolis Medical Research Foundation: HCMC Minneapolis**	**Open Door Health Center: Mankato**	**Lao Assistance Center: North Minneapolis**	**Meld**	**Affiliated Youth Wellness Center: Willmar**	**Somali Community Services**	**Total served**
Direct assistance to access care (appointment setting, transportation, translation, etc.)	Not applicable – Care provider	Not applicable – dental provider	101 children not counted in previous table	Not applicable – Care provider	485 children			900 children	1,486 children
Referral to health screening or well-child care		6 children (hand-delivered referral)			111 children		27 youth referred to doctor or clinic	896 children	1,040 children or youth
Assistance with identification of health or dental insurer			40 families		94 families			851 families (translation)	985 families
Assistance with identification of a health or dental provider		1,536	125		83 families		1	1,890	3,635
Case management to reduce barriers to further care			40 families	398 received social worker services	243 families			689 families	1,370 families
Educating parents & professionals regarding importance of preventive care	51 parents	1,536 caregivers 211 teachers/ school staff	200 parents 76 professionals	90 professionals	107 parents	85 parents 15 pro-fessionals	8 school staff	1,890 parents	3,869 parents, 400 profess-ionals

4. Number of persons receiving education, help with access, or referral (continued)*

Approaches used by *Growing Up Healthy* grantees	Dental			Both medical & dental					
	Apple Tree Dental: South-west MN	**Red Lake Dental: Northern MN**	**Minneapolis Medical Research Foundation: HCMC Minneapolis**	**Open Door Health Center: Mankato**	**Lao Assistance Center: North Minneapolis**	**Meld**	**Affiliated Youth Wellness Center: Willmar**	**Somali Community Services**	**Total served**
Educating youth regarding availability & importance of preventive care	420 children in Head Start classes	1,536 children in schools	226 children at HCMC (also counted above)	63 children and youth	249 children and youth	16 young parents	328 youth (1 to 1 session); 2,500 youth in group settings	100 Somali youth	5,110 children or youth
Educating community regarding availability and importance of preventive care*		2,249		700	538		4,562	5,700	13,749 individuals
Total (unduplicated) number of persons served through project activities in this table*	**471**	**3,996**	**426**	**1,478**	**770**	**100**	**4,590**	**5,700**	**17,531**

** Estimates based on the most conservative figures in the reports.*

Professionals trained and materials developed

Finally, two projects developed training materials. Meld developed a health education curriculum to be used in its parent support groups nationwide. This curriculum is intended to be adapted by each group's facilitator and tailored to the cultural needs of participating parents. The facilitator of the parent group typically speaks the same language or comes from the same culture as participants. The University of Minnesota developed an adolescent health curriculum to be used with clinicians, including physicians and nurse practitioners. The project used adolescents as actors to train health professionals, and includes a segment on effective communication across cultures and with adolescents.

An estimated 71 clinicians or staff received specific training. Many of the professionals trained provide both acute and preventive care.

5. Number of clinicians and other professionals receiving training

Activities related to training and curriculum development	U of M Department of Pediatrics: Twin Cities	Meld: Twin Cities	Open Door Health Center: Mankato	Total served
Cultural competency training for providers	40 (including staff from the University of Minnesota and 2 staff from Open Door Health Center)		7 staff were trained: 2 nurse practitioners received Spanish immersion training in Mexico & 2 additional staff attended several trainings related to cultural competence; 26 other non-project professionals were trained	71
Development of curriculum	Adolescent competency curriculum developed	Health education curriculum components developed		Not applicable

Characteristics of children and families served by the grantees

- 6,757 children age 18 and under were served by *Growing Up Healthy* project activities.
- Half were adolescents.
- 34% of children age 18 and under received direct preventive dental or well-child visits.
- Approximately 95 percent of the individuals served came from communities of color. The largest group served through education and referral was African immigrants. The largest group receiving preventive medical or dental care services was American Indian children.
- Based on limited data, it appears that projects served more females than males.

For those who received a preventive dental or well-child visit:

- Most of the preventive care services were provided to young children: 78 percent were children under 12, and 22 percent were 12 to 18.
- Of the 2,324 children who received direct health care as part of the initiative, 93 percent came from communities of color. The majority were American Indian followed by Latino and African immigrants.

For those who received education and referral to preventive care services, but not a direct visit:

- When age was tracked, most of the education and referral occurred with adolescents.

Figures 6, 7, and 8 illustrate the ages, race or ethnicity, and gender of children and adolescents served.

6. Ages of children served

Number of children: 6,757	Direct service	Education and referral	Total
Age 0 to 5 (preschool children)	415-Apple Tree 339-Red Lake 117-Open Door = 871	372-Minneapolis Medical Research 89-Lao Assistance = 461	1,332
Age 6-11 (elementary children)	814-Red Lake 112-Open Door 3-Apple Tree = 929	188-Lao Assistance 54- Minneapolis Medical Research = 242	1,171
Age 12-18 (junior and senior high youth)	383-Red Lake 113-Open Door = 496	2,500-Affiliated-Willmar Wellness 115-Lao Assistance 17-U of M Division of Pediatrics 16-Meld young dad's & mom's group 15- Minneapolis Medical Research = 2,663	3,159
Age unknown/not tracked	2-Apple Tree	1,000-Somali Community Resettlement 93- Lao Assistance =1,093	1,095
Total number of children/adolescents served, by project	1,536-Red Lake 420-Apple Tree 342-Open Door	2,500-Affiliated Willmar Wellness 1,000-Somali Community Resettlement 485-Lao Assistance 441- Minneapolis Medical Research 16-Meld	
Total (percent of total)	**2,298 (34%)**	**4,459 (66%)**	**6,757**

Note. *Data for Affiliated Willmar Wellness, Lao Assistance, and Somali Community Resettlement are estimates. In addition, 215 of the children listed by Minneapolis Medical Research Foundation participated in the research project, but were not referred for further services because they were in a comparison group for research purposes.*

7. Race or ethnicity of people served

Number of individuals: 9,771*	Direct service	Education and referral	Total	Percent
Black or African American	28 - Apple Tree	12 - Meld parents 4 - Affiliated Willmar Wellness 3 - U of M Division of Pediatrics	47	0%
White	172 – Apple Tree	237 - Affiliated Willmar Wellness 78 - U of M Division of Pediatrics 2 - Meld parents	489	5%
Southeast Asian (Hmong and Lao)	23 - Apple Tree	342 Hmong & 285 Lao - Lao Assistance 17 - Meld parents 2 - U of M Division of Pediatrics	669	7%
Latino/Hispanic	335 - Open Door 179 - Apple Tree	634 - Minneapolis Medical Research Foundation 84 - Affiliated Willmar Wellness 24 - Meld parents 2 - U of M Division of Pediatrics	1,258	13%
African immigrant	7 - Open Door	5,700 - Somali Community Resettlement 29 - Meld parents 11 - Affiliated Willmar Wellness 2 - U of M Division of Pediatrics	5,749	59%
American Indian	1,536 - Red Lake 11 - Apple Tree	2 - U of M Division of Pediatrics 1 - Meld parent	1,550	16%
Multi-racial	6 - Apple Tree	3 - U of M Division of Pediatrics	9	0%
Total number of persons served for whom race/ ethnicity was tracked	**2,297**	**7,474**	**9,771**	**100%**

Note. *Race was not tracked for every project participant – particularly in large-group educational settings.*

8. Gender of individuals served

Number of individuals for whom gender was recorded: 2,505	Total number
Male	1,057
Female	1,448

Note. *Gender was not tracked for every participant in project activities – particularly in large – group educational settings. Somali Community Resettlement served more females than males. No information was available about gender of participants at Red Lake.*

Health insurance coverage

At a grantee Learning Network meeting, staff from Affiliated Community Health Foundation's Wellness Center, Lao Assistance Center, Meld, Minneapolis Medical Research Foundation at Hennepin County Medical Center, and Somali Community Resettlement Services discussed the striking number of families who had health insurance, primarily Medical Assistance. This was also evident in the needs assessment of Hmong and Lao families conducted by Lao Assistance Center. Of the 73 families surveyed, 92 percent had health insurance, and 88 percent had dental insurance. However, there is one exception to this trend. Grantees agreed that undocumented immigrants' lack of insurance interferes seriously with their access to preventive health care services – and there are few options for alleviating this problem. During most of the grant period, Open Door Health Center exclusively served clients without insurance. Many of these clients were new immigrants.

- In Year 1, for projects that collected information on insurance at the time clients entered the program, 618 of 970 children (64%) had health insurance.
- At least 974 were served without health insurance, and 1,085 were served without dental insurance.
- Projects report that over 1,700 clients made progress toward getting health insurance due to help from the project.
- At least 75 participants were newly insured after receiving project services.

Figure 9 shows information that projects collected at intake about the health insurance status of the children and families they served.

9. Access to health and dental insurance

	Health insurance	Dental insurance
Number of participants insured at project entry	2,521	1,725
Number of participants who made progress toward getting insurance due to help from project	1,707	608
Number served without insurance	974*	1,085*
Number newly insured after receiving services	75	75

Note. **Somali Community Resettlement numbers were not included in this item, because the numbers could not be verified. In addition, this table contains no information about insurance needs of youth in Willmar Public Schools (Affiliated). This question did not apply to the University of Minnesota Division of Pediatrics and Adolescent Health project. Number of newly insured was only available for Minneapolis Medical Research and Lao Assistance Center.*

3. Introduction to results

In its *Growing Up Healthy* Call for Proposals document, the Blue Cross Foundation identified the following objectives to be targeted by this initiative:

- **To increase the ability of families from tribal communities, populations of color, and foreign-born populations to access and appropriately use child and adolescent preventive services.**
- To **remove barriers to adolescent preventive care**, especially for teens from ethnic and minority communities; and to create youth-friendly preventive care environments and adopt clinical practice approaches and tools that reflect the breadth of adolescent health issues.
- To develop **partnerships** between communities of color and/or recent immigrant groups, providers, counties, businesses, and other local organizations.
- To address barriers to preventive care through education and outreach based on an **understanding of the health-related cultural beliefs** of the populations served.
- To demonstrate best practices using **collaboration** and sound evaluation methods.
- To effect changes in clinical practice, administrative systems, and organizational policy to promote **culturally and linguistically appropriate** services and to foster **patient-centered** preventive care models.

In order to best present the progress made toward achieving these objectives, the results that follow are organized in these sections:

- Progress toward increasing access to and use of preventive care
- Progress toward removing barriers to adolescent preventive care
- Progress toward developing partnerships
- Progress toward increasing the cultural competency of providers
- Parent satisfaction with grantee services.
- Grantee satisfaction with grantmaking and oversight.

4. Progress toward increasing access to and use of preventive care

- More than 6,700 children were served.
- More than 2,300 children received a preventive health or dental exam.
- The majority of these children had never received a preventive health visit before.
- Over 90 percent of the children who received direct preventive health or dental care were American Indian, Latino, African American, Southeast Asian or multi-racial.
- Projects report that over 1,700 clients made progress toward getting health insurance due to help from the project.
- In all, about 17,500 individuals (parents, youth, and children) received outreach, training, or referrals.

The projects that provided these services were able to increase access to preventive services for families of color through three primary methods:

- Bringing the services to the child, by providing preventive care at schools and preschools (Apple Tree Dental Head Start Smiles Project and Red Lake Dental project),
- Reaching out through bilingual/bicultural community health workers (CHWs) who advocate, translate, and bridge cultures for families from immigrant communities (Hmong and Lao CHWs through Lao Assistance Center, Latina CHWs at Minneapolis Medical Research Foundation/Hennepin County Medical Center, Latino and Ethiopian CHWs at Open Door Health Center, an American Indian CHW at Red Lake Dental, and Somali CHWs at Somali Community Resettlement Services).
- Engaging community leaders to change cultural norms and traditional health beliefs regarding preventive care.

The projects report extensive activities undertaken to increase knowledge about preventive care and persuade parents to obtain regular preventive care for their children, most commonly through education and outreach activities. However, measuring whether project activities increased the knowledge and subsequent behavior of participants is a difficult task.

To do this, one project, the Minneapolis Medical Research Foundation's work with Latino families at Hennepin County Medical Center, administered pre- and post-tests with an intervention group and a comparison group. This was the most rigorous research method used by any of the projects. The program provided dental health education and age-appropriate dental care supplies, including toothbrushes, toothpaste, floss, and washcloths, to 226 families. In addition, Spanish-speaking community health workers taught families appropriate home dental care for their children. This research found that those families who participated in dental education activities through a bilingual community health worker at their child's well-child visit had statistically significant increases in both knowledge and subsequent behavior regarding dental care. At the time of the four month follow-up, 84 percent of children age 1 and older in the intervention group brushed their teeth once or more per day compared with 68 percent of children in the control group. At the time of the four month follow-up, 81 percent of the children in the intervention group had completed a dental visit, compared with 38 percent of children in the control group.

Changes in parents' knowledge and behavior

To understand more about project participants' perceptions of how their knowledge and behavior may have changed, Wilder Research conducted follow-up telephone interviews with a sample of participants in services provided by Lao Assistance Center/Southeast Asian Community Council, Open Door Health Center, Meld, and Somali Community Resettlement Services. In addition, a self-administered questionnaire was given to the parents of children participating in the Red Lake Dental project. However, it appears that there may have been some confusion between these services and the services provided by Indian Health Services.

Figures 10 through 19 show the responses of parents surveyed about their use of preventive health or dental services – since their first contact with the grantees. In sum:

- The vast majority had two or more contacts with project staff.
- Over half received help from the project to get medical care for their children.
- Over half received help from the project to get dental care for their children.
- About one-third received assistance getting medical or dental insurance for their children.

- Over half of parents surveyed report that their child had a well-child visit, teen checkup or immunization since receiving services from the project. Nearly all of these parents said that they would go back to that doctor or clinic.

- Almost half of parents surveyed report that their child had a preventive dental exam since receiving services from the project. Ninety-four percent said they would go back to that dentist.

10. Frequency of contact between parent and *Growing Up Healthy* project

	Just once		Two to five times		More than five times	
***Growing Up Healthy* project**	**N**	**Percent**	**N**	**Percent**	**N**	**Percent**
Lao Assistance Center (N=25)	1	4%	4	16%	20	80%
Southeast Asian Community Council (N=18)	4	22%	12	67%	2	11%
Open Door Health Center (N=17)	2	12%	9	53%	6	35%
Somali Community Resettlement Services (N=31)	2	6%	11	35%	18	58%
Red Lake (N=65)	8	12%	49	75%	8	12%
Meld (N=8)	0	-	1	13%	7	88%
Total (N=164)	**17**	**10%**	**86**	**52%**	**61**	**37%**

11. Number and percent of parents surveyed who received help accessing care or insurance coverage

***Growing Up Healthy* project**	**Number**	**Percent**
Parents received help finding or getting medical care for their children (N=101)	53	52%
Parents received help in finding or getting dental care for their children (N=101)	59	58%
Parents received help finding or getting medical insurance for their children (N=99)	32	32%
Parents received help in finding or getting dental insurance (N=100)	36	36%
Parents report that their child had a well-child visit, teen checkup or immunization since receiving services from the project (N=100)	56	56%
Of those who had a well-child visit, parents who would go back to the doctor or clinic	*53*	*97%*
Parents report that their child had a preventive dental exam since receiving services from the project (N=99)	49	49%
Of those who had a dental visit, parents who would go back to the dentist	*46*	*94%*

Surveyed parents were also asked about the information they received. While it is not known how much the information changed their knowledge about preventive care, the survey shows that parents found the information helpful and were highly satisfied with the overall services provided by the projects. Nearly all of the respondents surveyed were immigrants and spoke a primary language other than English.

- Nearly three-quarters of parents surveyed report receiving information about preventive health care from the projects.
- 100 percent of parents who received health or dental information from one of the projects found the information very helpful or somewhat helpful.
- Seven out of 10 parents surveyed reported that the project had helped them overcome barriers to receiving care that they had experienced. The most common barriers mentioned were cost of care too high or lack of insurance and transportation.
- Eighty-four percent of parents surveyed said they had difficulty reading or speaking English. Of these, 93 percent reported that the project staff helped them with this.
- About two-thirds of parents rated the overall benefit of services to their family as "very good." One-quarter rated the benefit as "good."

Figures 12 through 19 show parents' responses to questions regarding the services they received concerning information about preventive health care.

12. Number of parents who received information about preventive health care from a *Growing Up Healthy* project

***Growing Up Healthy* project**	**Number**	**Percent**
Lao Assistance Center (N=24)	15	63%
Southeast Asian Community Council (N=20)	12	60%
Open Door Health Center (N=16)	10	63%
Somali Community Resettlement Services (N=32)	26	81%
Meld (N=8)	8	100%
Total (N=100)	**71**	**71%**

13. Parent ratings of the helpfulness of the health or dental information they received

	Lao Assistance Center & Southeast Asian Community Council		Open Door Health Center		Somali Community Resettlement		Meld		Total	
	N=26	%	N=10	%	N=26	%	N=8	%	N=70	%
Very helpful	22	85%	10	100%	25	96%	6	75%	63	90%
Somewhat helpful	4	15%	0	-	1	4%	2	25%	7	10%
Not helpful	0	-	0	-	0	-	0	-	0	-

14. Parent ratings of the staff's ability to refer them to community resources

	Lao Assistance Center & Southeast Asian Community Council		Open Door Health Center		Somali Community Resettlement		Meld		Total	
	N=41	%	N=17	%	N=29	%	N=7	%	N=94	%
Very good	16	39%	9	53%	22	76%	2	29%	49	52%
Good	12	29%	7	41%	6	21%	3	43%	28	30%
Okay	12	29%	0	-	1	3%	1	14%	14	15%
Poor	1	2%	1	6%	0	-	0	-	2	2%
Terrible	0	-	0	-	0	-	1	14%	1	1%

15. Parent ratings of the results of the services they received

	Lao Assistance Center & Southeast Asian Community Council		Open Door Health Center		Somali Community Resettlement		Meld		Total	
	N=43	%	N=17	%	N=30	%	N=8	%	N=98	%
Very good	18	42%	13	77%	22	73%	5	63%	58	59%
Good	15	35%	4	24%	8	27%	2	25%	29	30%
Okay	10	23%	0	-	0	-	1	13%	11	11%
Poor	0	-	0	-	0	-	0	-	0	-
Terrible	0	-	0	-	0	-	0	-	0	-

16. Parent ratings of the overall benefit of the program to their family

	Lao Assistance Center & Southeast Asian Community Council		Open Door Health Center		Somali Community Resettlement		Meld		Total	
	N=43	%	N=17	%	N=30	%	N=8	%	N=98	%
Very good	23	53%	12	71%	23	77%	5	63%	63	64%
Good	12	28%	5	29%	7	23%	1	13%	25	26%
Okay	8	19%	0	-	0	-	1	13%	9	9%
Poor	0	-	0	-	0	-	1	13%	1	1%
Terrible	0	-	0	-	0	-	0	-	0	-

17. Parent ratings of barriers to accessing care experienced in the past year

"In the last year, has... kept you from getting health or dental care for your children?"	Lao Assistance Center & Southeast Asian Community Council		Open Door Health Center		Somali Community Resettlement		Meld		Total	
	N=45	%	N=17	%	N=31	%	N=8	%	N=101	%
Cost of care was too high or lack of insurance	34	76%	5	29%	1	3%	0	-	40	40%
Transportation	18	40%	7	41%	6	19%	3	38%	34	34%
Communication or language problems	23	51%	0	-	1	3%	0	-	24	24%
Inconvenient doctor schedules	16	36%	1	6%	3	10%	2	25%	22	22%
Wanted to wait until child was sick	7	16%	2	12%	0	-	0	-	9	9%
Felt uncomfortable with the doctor or dentist	3	7%	0	-	0	-	0	-	3	3%

18. Number of parents who report that the project helped them reduce barriers to accessing care

Growing Up Healthy project	Number	Percent
Lao Assistance Center (N=25)	23	92%
Southeast Asian Community Council (N=20)	16	80%
Open Door Health Center (N=17)	10	59%
Somali Community Resettlement Services (N=31)	20	65%
Meld (N=8)	1	13%
Total (N=101)	**70**	**69%**

19. Parents who report difficulty speaking or reading English; and percentage who received help from the project in understanding materials and procedures in their home language

Growing Up Healthy project	Have difficulty speaking or reading English	Of these, percentage who received help from the project with understanding materials or procedures in their home language
Lao Assistance Center (N=25)	23 (92%)	91%
Southeast Asian Community Council (N=20)	20 (100%)	85%
Open Door Health Center (N=17)	13 (77%)	100%
Somali Community Resettlement Services (N=32)	23 (72%)	96%
Meld (N=8)	7 (88%)	100%
Total (N=102)	**86 (84%)**	**93%**

Effective strategies for connecting families to preventive care

Interviews with 40 project and partner agency staff assessed their perceptions of the effectiveness of service and the impact of the grant. Efforts were made to gather input from staff and partners who had a variety of roles in the project to ensure that there was a broad range of perspectives and feedback. Wilder Research asked participants about their roles in the project in order to better understand and generalize their responses. Sixty percent of respondents interviewed were planners or managers providing oversight of project activities, 25 percent of respondents were evaluators, 23 percent were line staff, and 18 percent were health care providers. Some respondents had multiple roles (e.g. six of the seven health care providers were also planners or managers; four of the evaluators were also planners or managers).

These staff and partners were asked their views on effective strategies for connecting children, youth, and families to preventive care (responses shown in figure 20, followed by selected comments).

- Staff in programs focused on immigrants mainly emphasized building trust and relationships with the community (5 of 6 projects), public visibility and community awareness (4 of 6 projects), and making care more accessible (4 of 6 projects).

- Staff from programs focused on adolescents were most likely to emphasize creating a welcoming environment in the health care setting (2 of 2 programs).

- Staff from dental programs, more than those from medical or combined programs, emphasized co-locating services in schools and efforts to make care more accessible. Respondents from medical and combined medical and dental projects were more likely than those from dental projects to emphasize building trust and relationships with the community.

- Health care providers (6 of the 7 of whom are also in management roles) especially mentioned the use of outreach clinics, donated care, or other means of making care more easily accessible (57%), creating a welcoming environment in the health care setting (29%), providing interpreters (29%), and co-locating services in places where community members were already likely to go (29%).

20. Grantee and partner perspectives on effective strategies provided as part of *Growing Up Healthy*

Activities focused on community:	**Mentioned by:**
Public relations/social marketing/raise consciousness or awareness; educate the community about health issues	Affiliated Willmar Wellness, Lao, Meld, Minneapolis Medical Research, Red Lake, Somali Community Resettlement
Build trust/relationships with community; go through trusted community institutions or leaders	Affiliated Willmar Wellness, Lao, Open Door, Minneapolis Medical Research, Meld, Somali Community Resettlement
Use a holistic approach (whole family or whole health)	Lao Assistance Center
Use small group-based education and support	Meld
Use bilingual/bicultural workers and/or information materials	Lao, Open Door, Minneapolis Medical Research, Somali Community Resettlement
Provide assistance to help people access care (e.g. transportation)	Lao, Apple Tree, Meld
Provide interpreters	Lao, Minneapolis Medical Research, University of MN Division of Pediatrics, Apple Tree
Put services where people are already (e.g. in schools)	Apple Tree, Red Lake
Activities focused on providers:	
Create a welcoming environment; staff who can connect; redesign services	Affiliated Willmar Wellness, Open Door, University of MN Division of Pediatrics
Sponsor health fairs	Affiliated Willmar Wellness, Red Lake, Meld
Conduct outreach clinics; address resource shortages that make care inaccessible; make screenings more accessible	Apple Tree, Lao Assistance Center, Minneapolis Medical Research, Open Door, Red Lake
Help make connections between community and providers; help people schedule appointments; facilitate appropriate referrals, ensure follow-up	Affiliated Willmar Wellness, Lao Assistance Center, Minneapolis Medical Research, Somali Community Resettlement

Selected comments from grantee staff and partner agencies:

> Providing these services through trusted community agencies. Using a whole family approach rather than exclusively focusing on children and youth. (Lao Assistance/SEACC)
>
> [W]e have a staff that speak the language and are from the culture, and have built good trust and also a relationship with the community so it is easier for the community to work with the staff. (Lao Assistance/SEACC)
>
> We used a task force within this institution which was very helpful. It was composed to include Latino educators, providers and payers, all Latinos. It was effective in discussion and solving barriers between the groups. (Minneapolis Medical Research)
>
> One strategy was to start with elders or parents of children [in the ethnic communities] to know we are trustworthy and culturally diverse, because we have access to more interpreters than your average dental clinic. (Open Door)

Strategies to make preventive care more accessible

In the key informant interviews, staff and partners were also asked their views of strategies to make preventive care more accessible (responses in figure 21, followed by selected comments).

- Eight of the nine projects, including all three dental projects and five of the six medical and combined programs, emphasized health education and awareness as a strategy.
- Two-thirds of combined medical and dental programs mentioned the provision of supportive services (such as help with transportation, translation, appointment setting, and assistance with applications for insurance coverage) and building trust and relationships with the community.
- The two projects targeting adolescents both emphasized reducing provider-side barriers to access.
- Among all four types of staff members (managers, evaluators, health care providers, and front-line staff), building relationships and trust and working through already-trusted organizations, and reducing provider-related barriers, were among the top strategies mentioned.
- Health education and awareness was a top strategy among all staff except health care providers.

21. Grantee and partner perspectives about strategies to make preventive care more accessible

Activities focused on community:	Mentioned by:
Health education/awareness; special events	Affiliated Willmar Wellness, Apple Tree, Lao Assistance Center, Meld, Minneapolis Medical Research, Open Door, Red Lake, Somali Community Resettlement
Supportive services (transportation, translation, appointment setting, and assistance with applications for insurance coverage)	Affiliated Willmar Wellness, Apple Tree, Lao Assistance Center, Minneapolis Medical Research, Open Door, Somali Community Resettlement
Work through organizations where target population already goes or trusts to build relationships	Affiliated Willmar Wellness, Apple Tree, Lao Assistance Center, Open Door, Red Lake, Somali Community Resettlement
Keep community decision-makers aware of needs and barriers	Affiliated Willmar Wellness, Minneapolis Medical Research
Activities focused on program structure/ organization:	
Hire bilingual advocates/community health workers; provide bilingual into materials	Apple Tree, Lao Assistance Center, Meld, Minneapolis Medical Research, Open Door
Holistic focus	Lao Assistance Center
Include members of the target population as advisors/planners	Affiliated Willmar Wellness
Activities focused on providers:	
Reduce barriers on the provider side (free or sliding fee scale, increase number of appointment slots; help schedule appointments provide interpreters; culturally competent staff/procedures; flexible hours)	Affiliated Willmar Wellness, Apple Tree, Minneapolis. Medical Research, Open Door, University of MN Division of Pediatrics
Develop new clinic sites or services	Open Door
Make group appointments, such as serving a whole classroom of children in one day	Apple Tree

Selected comments from grantee staff and partner agencies:

> The community health workers did a lot of direct service: taking people to the doctor, making appointments. In the course of taking them to the doctor, they'd talk to people about why they were going to the doctor and the importance of that. (Lao Assistance/SEACC)

We worked closely with [staff of] dental clinics to increase the number of appointment slots. We promised them that if they scheduled appointments with our families that the families would keep the appointments. We made our families available for last-minute appointments, so our families took other people's missed and cancelled appointment times. When they realized that our families were going to keep their appointments – the dental clinic started opening up entire days for Spanish-speaking families because they knew they would come. (Minneapolis Medical Research)

We kept reporting on a regular basis to the advisory committee and foundation to make them better aware of issues teens were facing. We tried to bring the activities and outcomes to the greater community through the advisory committee and the steering committee. (Affiliated Willmar Wellness)

A lot of outreach was done in the community at health fairs, going to ESL classes, and talking to parents. Every parent who comes here with a child [for any reason] is counseled on nutrition and also asked about dental care. (Open Door)

We require staff to become competent in either Spanish or an African language. At the reception desk, we require a bilingual person there all the time, and then any new hires, we give preference to those that are bilingual. I think the other piece of it is that most primary care clinics focus on one service. We've expanded that to include dental [and] oral health, and then some mental health. We're trying to put as many services under one roof as we can. (Open Door)

We deliver treatment in [the] school setting, which eliminated the need for transportation. [We] delivered educational information through the free area newspaper and the free community health fair, and in each classroom, and one-on-one with students. (Red Lake)

The project did a number of things by building partnerships with a number of providers, and providing information about the nature of preventive health, and they helped a lot of families apply for insurance. (Somali Community Resettlement)

The Head Start centers have translators and staff and supports in place that make the families more comfortable. It makes it easier for people to participate because it is in a familiar setting. (Apple Tree)

Empowering the community to seek preventive care

Staff and partners were also asked to share their perspectives about whether or not the communities they served had become more empowered as a result of their efforts (see figure 22). At least one survey respondent from each of the eight projects (excluding the University of Minnesota's provider training project) felt that the communities did take more responsibility as a result of the project. For example, Somali Community Resettlement Services convened a community meeting with local dentists and public

health representatives to address the serious shortage of access to dental care for Somali families

Others restricted their response by stating that only the directly affected participants took more responsibility and that they did not perceive that this change had occurred among the community more broadly.

22. Grantee and partner perspectives about activities that empower communities

Activities focused on community:	Mentioned by:
Public relations/media work to advocate for youth	Affiliated Willmar Wellness
Education about health care issues/facts	Lao Assistance Center, Minneapolis Medical Research, Meld, Red Lake, Somali Community Resettlement
Education about health care resources available; teach them to be advocates for themselves	Affiliated Willmar Wellness, Lao Assistance Center, Open Door, Meld, Red Lake, Somali Community Resettlement
Education about the importance of preventive care; change attitudes about Western medicine	Apple Tree, Lao Assistance Center, Minneapolis Medical Research, Red Lake, Somali Community Resettlement
Ensure that community has more contact with providers and thus acquires more trust of them	Apple Tree, Lao Assistance Center, Somali Community Resettlement, University of MN Division of Pediatrics
Train community members to be bilingual advocates/leaders/members of providers' boards	Affiliated Willmar Wellness, Open Door, Meld, University of MN Division of Pediatrics
Provide them with needed equipment (toothbrushes)	Red Lake
Activities focused on providers:	
Make care (more) accessible and/or respectful by providing services such as translation, transportation, appointment setting and accompaniment, and other support.	Affiliated Willmar Wellness, Apple Tree, Open Door, Somali Community Resettlement, University of MN Division of Pediatrics
Providers more open to receiving ideas and suggestions from community	Open Door
Get care paid for/covered; stress the affordability of care	Affiliated Willmar Wellness, Lao Assistance Center

Selected comments from grantee staff and project partners:

> They were treated with dignity (the consumers) as opposed to some dental clinics that were insensitive to their plight. I had parents ask me when is the next time the clinic will be available – so they were proactive and taking more responsibility about their child's dental needs. I do think their attitudes changed as a result of getting good dental care. (Apple Tree)
>
> Sometimes in refugee communities, it is a constant search for reference points: reference points in language, in custom. We helped provide reference points. I've never thought of it like this, but we helped them medically assimilate. (Lao Assistance/SEACC)
>
> I think attitudes were changed. Our evaluation seems to support that; people really did change their home practices in ways that would be much more supportive of dental health. Families were more receptive to providing their young children with dental care, their own perception of whether or not that was really required has been really changed, our education put that much more on the radar screen for families. (Red Lake)
>
> In the last three years, because of the message we are sending, the people are taking more responsibility, for their health care. Evidence of that is people call in and coming to the meetings, and they have questions and feedback regarding their dental and health care and where to go. The overall interest of the community has increased. Attitudes were changed and there are more clinics willing to work with us. (Somali Community Resettlement)
>
> We empowered the community by involving the stakeholders from day one. (Affiliated Willmar Wellness)

5. Progress toward removing barriers for adolescents

- At least 3,100 adolescents received outreach or referral services from *Growing Up Healthy* grantees. Most of these youth received education about preventive health and accessing care through large group presentations provided by Somali Community Resettlement Services (through televisions and mosques) and the Willmar Wellness Center (though health and wellness fairs and other presentations).
- 496 American Indian and Latino adolescents received a preventive health or dental exam directly from grantees.
- 40 clinicians received specific training and feedback from adolescent actors as part of the University of Minnesota Division of Pediatrics and Adolescent Health project, the only grantee to focus on addressing intrinsic barriers to adolescent preventive care by designing a continuing education program for practicing clinicians. These clinicians, included primary care physicians and nurse practitioners, practiced developing effective clinical relationships with adolescents and were trained in a culturally competent approach.
- A school wellness center approach was effective in building relationships with teens and integrating a wellness approach into the school environment; however, it had limited impact on directly connecting adolescents to teen checkups.
- Teens report that a positive relationship with a provider motivates them to access care. In addition, teens report that positive views toward a health care provider can make a difference in encouraging repeat health care visits.

Two projects focused on adolescent preventive care: the Affiliated Community Health Foundation's Wellness Centers at Willmar's secondary schools, and the University of Minnesota's Division of Pediatric and Adolescent Health's "Preventive Care for Adolescents" training project for clinicians. Although both focused on teens, especially those from ethnic and minority communities, they used varying methods and met with limited initial success in connecting with minority communities.

The Willmar Wellness Center project served thousands of students through broad-based educational activities related to preventive health services. The Wellness Coordinator provided consultations to over 300 youth in the Willmar junior and senior high, and at the

alternative learning center. The Wellness Center established itself very quickly within the Willmar secondary schools. Project staff served fewer students than expected who needed or wanted individualized advocacy, appointment-setting, or referrals related to preventive health care. The project staff also reported serving fewer youth of color than expected during the first year. In the second year, more Latino youth were served due in part to increased collaboration with a Latino retention specialist located in the schools. While the project was not as successful as expected at directly connecting adolescents to health services, it was successful in creating a welcoming "wellness" environment within the schools. In surveys, staff saw the benefits to students of integrating wellness activities into the school setting. As a result, the schools have decided to embrace the theme of wellness and incorporate it into curriculum and afterschool activities.

Surveys of students at Willmar Senior High and the Alternative Learning Center found that:

- the majority of respondents had heard of the Wellness Center;
- those who were exposed to the Wellness Center in both years of the project had a greater number of actual visits to the Wellness Center;
- students at the high school were most likely to have heard of the Wellness Centers from a poster at school, while those at the Alternative Learning Center most commonly heard about it from a teacher or other staff member;
- of those students who had used the Center, the majority were very or somewhat satisfied with the services and materials received;
- more female respondents found it important to have health promotion activities offered at school than their male counterparts;
- the majority of respondents felt that it was very or somewhat important to have health promotion activities offered at school.

Building on a successful model within the pediatric residency program, the University of Minnesota Division of Pediatric and Adolescent Care's "Preventive Care for Adolescents" designed a training program for practicing clinicians in which adolescents themselves help teach primary care providers how to work effectively with adolescents from diverse cultural backgrounds to screen for health risk behaviors and psychosocial issues. The grant funds were used to develop an adolescent health training curriculum for medical providers that focused on the particular preventive health needs of adolescents – frequently unaddressed in traditional clinical encounters – and the general cultural competency of the providers. While the program will be rolled out as a continuing

medical education offering, it is unclear to what extent the unique approach of using teen actors as trainers can be replicated.

Although not focused on adolescents, the mutual assistance association grantees (Somali Community Resettlement Services, Lao Assistance Center/Southeast Asian Community Council) reported serving adolescents with educational activities. Somali Community Resettlement conducted focus groups with adolescents to assess their ideas for increasing access for Somali adolescents.

As the project-level evaluator stated about youth involved in the focus groups:

> They confirmed that time in country, access to health insurance and parent's receiving information about preventative health care are factors influencing Somali teens participating in checkups.

Overall, few other projects in *Growing Up Healthy* offered direct preventive services targeted for adolescents. However, Red Lake Dental expanded its services to include junior high students and served 383 American Indian adolescents. Open Door Health Center served 113 Hispanic adolescents. Overall, 22 percent of children receiving preventive health or dental exams through grantees were adolescents. The rest were under the age of 12.

6. Progress toward developing partnerships to promote preventive care

Fifty different agencies collaborated with *Growing Up Healthy* grantees. These partners served in many roles, including help with implementing the project, sharing knowledge about one another's services and resources, help with financial sustainability efforts (grants, fundraising), providing direct financial support, serving as a champion in the community, help with designing and steering the project, providing speakers on health topics, and training community health workers.

The grantees' partners and collaborators included:

- Medical and dental clinics and providers
- City and county health departments, public health, tribal health, and migrant health agencies
- Community-based organizations serving the specific populations that Growing Up Healthy wanted to reach (including cultural-specific health care providers/programs)
- Community-based organizations and government programs not specific to cultural populations (such as Lamaze, fitness programs, domestic violence shelter, WIC)
- Churches and mosques
- Public and private schools, preschools, and Head Start sites
- Tribal, state, and county government (including agencies other than health)
- Insurance providers
- Higher education
- Private businesses and economic development organizations
- Philanthropies and United Way
- Media (culture-specific newspapers, TV, radio).

All *Growing Up Healthy* projects involved partnerships or collaborations between grantees and other organizations. In the first year, projects that involved community partners in the service design or delivery found that this practice brought both successes and challenges. In southern Minnesota, the involvement and endorsement by Somali community elders, including faith leaders, began to change cultural norms regarding preventive health and also allowed the community to be more receptive to health messages. In fact, 97 percent of Somali parents who participated in the follow-up telephone survey had seen health messages about getting immunizations for their children on Somali television. This collaboration generated nearly 900 health-related referrals. In addition, Somali Community Resettlement Services collaborated with faith leaders to give presentations in Rochester mosques that generated over 300 health-related referrals to health or dental providers.

Some projects faced temporary setbacks due to changes at organizations with whom they had originally agreed to partner. Most of these issues were resolved by the end of Year 1:

- In the Minneapolis Medical Research Foundation's partnership with Hennepin County Medical Center, HCMC's dental clinic initially closed its services to new clients being referred by the dental health educators. The project had to scramble to find alternative dental services, and successfully identified a number of local dental providers who agreed to accept referrals.

- Lao Assistance Center's partnership with Pilot City Health Center faced some difficulty getting off the ground because of restructuring that was occurring at Pilot City Health Center.

- Apple Tree Dental was unable to recruit local dentists in Southwest Minnesota, as planned, to provide preventive care as well as follow-up care to children after dental screenings. The grantee transported its own Twin Cities staff to provide preventive services at regular intervals. Recognition that this model was not sustainable led to the establishment of a new dental hub to serve southwest Minnesota preschoolers and others.

Views on the value of partnerships

In the key informant interviews with staff and collaborating agencies, some themes emerged about why partnerships and collaborations were helpful.

23. Main themes described by project staff and collaborating agencies about the effectiveness of partnerships

Theme	Mentioned by staff or partners of:
Partner helped implement the project	Affiliated (Willmar), Apple Tree, Lao Assistance Center
Increased knowledge among partners about services and resources provided by one another in the community	Affiliated (Willmar), Lao Assistance Center, Somali Community Resettlement
Partner helped in financial sustainability efforts (grants, fundraising)	Affiliated (Willmar), Apple Tree
Partner provided financial support	Minneapolis Medical Research (HCMC)
Partner was a champion in the community	Affiliated (Willmar)
Partner helped design/steer the project	Affiliated (Willmar), Apple Tree, Lao Assistance Center, Minneapolis Medical Research (HCMC), Open Door, U of M Division of Pediatrics
Partner (health provider) has an improved relationship with immigrant communities	Lao Assistance Center, Somali Community Resettlement
Partner helped provide a new direction for the organization or project beyond *Growing Up Healthy*	Affiliated (Willmar), Apple Tree, Lao Assistance Center
Partner was taught about other cultures from the project	Lao Assistance Center, Somali Community Resettlement
Partner provided support/health training to community health workers	Lao Assistance Center, Somali Community Resettlement Services
Partner provided speakers on health topics	Somali Community Resettlement
Partnership worked well (unspecified)	Open Door

Selected comments from grantee staff and partner agencies:

> We were very fortunate to have much networking between health and human services organizations and to keep them very active for two years. It was very instrumental that we had a Steering Committee and the Student Advisory Committee, because they were the go-to groups. Probably to have champions in the community is very essential. We are very fortunate to have the superintendent of schools be very actively involved and the president of the clinic. (Affiliated Willmar Wellness)

> The net summary from all of the agencies was that it was very positive. Pilot City got entry into the Lao and Hmong communities. Southeast Asian Community Council got to respond to some of the health care needs of its communities, both parents and kids. For us, it changed our direction completely. Because of the response of community to the education endeavors, we are looking at restructuring to become a resource center for information for elders, families, everyone; instead of focusing on citizenship or employment services. Those are important as well, but we got such a huge response from the community about the education resources. (Lao Assistance/SEACC)
>
> We work with each others' capacities and assets. We teach each other a lot. We know that it's a learning process for all of us, especially a community health worker, they need to learn a lot of the Western health medicine and oral health. That's one of the things that Pilot City teaches us, at the same time we teach Pilot City about our values and traditions. (Lao Assistance/SEACC)
>
> People came to the dental task force meetings and worked to improve access for children. Partnerships occurred through the dental task force primarily. Metro Health Plan did donate $5,000 worth of dental health education materials. Everyone was concerned about the large number of Spanish-speaking children who had never been to the dentists and the large numbers of Spanish-speaking children who needed dental surgery. (Minneapolis Medical Research)
>
> It's had a long history, at least five years. It came about as a result of a Robert Wood Johnson Foundation grant, and it has always had a focus on the underserved, underinsured. Building key assets, community and youth. If you are going to have a partnership, you have to have a common focus and money has to flow into a neutral agency. Our fiscal agent was Region 9, and that was a neutral agent that we could gather around because there were payers and providers and the county and the state. (Open Door)
>
> Very good – these people educate us and we educate the community. They give us messages in English and we give it to the community. (Somali Community Resettlement)

Some partners and staff mentioned the difficulties of collaboration:

> One of the biggest challenges was the collaboration with the dental providers and interpreters – schedules etc. It is not easy to combine the schedules of very busy and desired people. But we were pretty successful. (Minneapolis Medical Research)
>
> Partnership development is time-consuming. To the extent that people had time to nurture the relationship they were successful. (Open Door)

7. Progress toward increasing the cultural competency of care providers

- Over 90 percent of parents surveyed felt that the *Growing Up Healthy* staff's ability to relate to their cultural background was "good" or "very good."
- At least 70 clinicians were trained through *Growing Up Healthy*.
- Grantees promoted cultural competence in the preventive care system by training care providers in language skills and cultural understanding, hiring or including bilingual/ bicultural staff in their own projects, and modeling culturally competent services for other providers.
- In addition, the role of the community health worker was a great success in these projects. These bilingual/bicultural workers effectively promoted preventive care by advocating, translating, and bridging cultures for families in immigrant and tribal communities.

Growing Up Healthy grantees used two main approaches to increasing cultural competency of providers: training in cultural competency and language skills, and the integration of bilingual/bicultural community health workers and other staff.

Overall, parents gave high ratings to the staff's ability to relate to their ethnic or cultural background. It is interesting to note that Southeast Asian participants may be slightly more critical of mutual assistance associations that serve their communities. This may be because they feel more comfortable giving criticism or they may have higher expectations of people from their own cultural groups.

24. Parent satisfaction with *Growing Up Healthy* project staff's ability to relate to their ethnic or cultural background

	Lao Assistance Center & Southeast Asian Community Council		Open Door Health Center		Somali Community Resettlement		Meld		Total	
	N=40	%	N=17	%	N=29	%	N=8	%	N=94	%
Very good	15	38%	12	71%	24	75%	6	75%	57	61%
Good	17	43%	5	29%	5	16%	1	13%	28	30%
Okay	8	20%	0	-	0	-	1	13%	9	10%
Poor	0	-	0	-	0	-	0	-	0	-
Terrible	0	-	0	-	0	-	0	-	0	-

Several of the projects already had bilingual/bicultural staff at their agencies before the start of *Growing Up Healthy*. This was true of the two mutual assistance associations, Lao Assistance Center and Somali Community Resettlement Services. Meld's historic model for parenting groups has been to provide additional curriculum materials to parent facilitators who come from the communities of the parents in the group. Therefore, the facilitators (who are not Meld employees) are often bicultural. Figure 25 provides an overview of cultural competency training and capacities of providers funded through *Growing Up Healthy*.

25. Building cultural competence of projects and providers

Progress toward provider cultural competency	Occurred before start of project	Added during project (related to *Growing Up Healthy*)
Projects with bilingual/bicultural staff	Lao Assistance Center Meld Minneapolis Medical Research Foundation (HCMC) Open Door Health Center Somali Community Resettlement Services	Lao Assistance Center – 2 CHWs Meld –1 project coordinator Minneapolis Medical Research Foundation (HCMC) – 2 CHWs Open Door Health Center – 2 CHWs, 1 medical director, receptionist, interpreters, 2 nurse practitioners and 1 primary care provider (total of 8 bilingual staff added since grant) Somali Community Resettlement Services – 2 CHWs
Projects with bilingual/bicultural community health workers (CHWs)		Apple Tree Dental Lao Assistance Center Minneapolis Medical Research Foundation (HCMC) Open Door Health Center Red Lake Dental Somali Community Resettlement Services
Projects that provide interpreters	Lao Assistance Center Open Door Health Center	Apple Tree Dental Lao Assistance Center Minneapolis Medical Research Foundation (HCMC) Open Door Health Center Somali Community Resettlement Services
Projects that train providers and staff in cultural competency	Lao Assistance Center	Affiliated Community Medical Foundation (Willmar Wellness) Lao Assistance Center Open Door Health Center Somali Community Resettlement Services University of MN Department of Pediatrics

Source: *Project records and reports.*

All nine projects reported efforts to reduce cultural barriers to preventive care for immigrants and communities of color. The following is a brief summary of project efforts in these areas:

Affiliated Community Health Foundation originally planned to hire a bilingual Spanish/English speaker as its wellness coordinator. Latinos are the largest and fastest-growing minority group in the Willmar public schools. Due to lack of qualified applicants, the project hired a White female who was educated in the local public schools and who had experience in public health and youth development. The wellness coordinator worked with Latino staff in the schools and involved Latino students as project advisors. However, the coordinator expressed some disappointment in the number of Latino students who participated in Wellness Center activities in Year 1 – although there was increased participation by Latino students in Year 2.

Apple Tree Dental tapped Latino bilingual Head Start outreach workers through its partnership with the two southwest Minnesota Head Start programs. The outreach workers assisted with translation during dental appointments and classroom education sessions, and informed parents about the project. This approach appeared to be effective in securing consent from parents. (Transportation barriers proved to be a greater barrier to reaching parents.) Two Apple Tree staff attended a day-long training on cross cultural communication for professionals as part of the *Growing Up Healthy* grant activities.

Lao Assistance Center and its project partner, the **Southeast Asian Community Council**, are organizations that focus all of their services on the Lao and Hmong communities, respectively, primarily in north Minneapolis. These mutual assistance associations have extensive experience working with immigrants and connecting them to community resources. There was no need to train staff in cultural issues. Instead, their training efforts focused on teaching staff about the health care system and about the preventive health goals of *Growing Up Healthy*.

Meld's pilot curriculum was available only in English, which presented some problems for facilitators of the non-English groups. As part of their orientation to the new curriculum, the bilingual facilitators were asked to read the materials and present content to the group. Meld's project coordinator conducted a needs assessment focus group with each of the pilot parent groups at project outset. The project coordinator then customized the curriculum to meet the needs of each group. While this culturally-specific approach is appropriate, from an evaluation standpoint it is difficult to assess the consistency of curriculum implementation. However, the Meld project coordinator, who is of East African origin, did facilitate one of the groups and reported a high degree of satisfaction with the curriculum's adaptability for the cultural group with which she met.

Minneapolis Medical Research Foundation trained bilingual/bicultural Latina community health workers, already on staff, to become dental educators for families who were at Hennepin County Medical Center for a well-child visit. These CHWs provided education and materials about age-appropriate preventive dental health in Spanish to families, and referred them to appropriate dental services. Again, cultural issues were addressed by using bilingual/bicultural community health workers.

Open Door Health Center reports that they employ three main strategies to build the cultural capacity of their organization: placing a priority on hiring bilingual staff, training existing staff in medical and conversational Spanish, and participating in cultural training and community events. Since July 2001, Open Door has employed bilingual case managers, a bilingual receptionist, and a bilingual medical interpreter/ receptionist. The clinic's medical director is also bilingual. The languages spoken by bilingual staff at Open Door are Spanish and Oromo (an East African language common in Ethiopia). In addition, two Open Door nurse practitioners who see a majority of immigrant/refugee patients attended an intensive 11-day medical Spanish training program in Mexico. Many Open Door health practitioners have also participated in professional development workshops (including the "Preventive Care for Adolescents" pilot training from the University of Minnesota Division of Pediatrics), and other seminars to build cross-cultural literacy. Open Door's nurse manager and social worker have also attended training seminars focused on the Somali culture, issues related to poverty, and health-related concerns in the Latino community.

Red Lake Comprehensive Health Services hired an American Indian dental assistant through the *Growing Up Healthy* grant. The dental assistant helped to recruit families, secured parental consent for preventive dental services, and assisted the dental hygienist. This individual also proposed ways for families to navigate the health system on the reservation, reduce systemic barriers to preventive care, and build community support for the project.

Somali Community Resettlement Services, also a mutual assistance association, focuses its efforts on providing services to Somali people in Rochester and Owatonna. This project faced challenges similar to those described by the Lao Assistance Center, in that the agency did not need to focus on developing cultural competency, but instead on exploring the best way to share health education messages with the community.

The University of Minnesota Division of Pediatrics "Preventive Care for Adolescents" curriculum project intended to address issues of provider cultural competency through training. In order to develop the training program, project staff interviewed 17 community members with experience working with adolescents of color. Of these, five are people of color, including two bilingual interpreters (Hmong and

Somali). Project staff used information gathered from these interviews to create the cultural competency sections of the Preventive Care for Adolescents curriculum. A primary premise of the curriculum is that "cultural competence is grounded in respect for differences coupled with a set of communication skills" (Sylvester et al., 2003, p. 6). The project decided to focus its training on preparing practitioners for successful interaction, even when their knowledge of a given culture is limited. The training focuses on quickly teaching communication skills that bridge differences between the clinician and the youth, and then having the clinician practice these skills with a youth actor. The curriculum itself emphasizes developmental issues distinctive of adolescence, and does not include specifics about different cultural practices. Unfortunately, the project was not able to test the outcomes of the newly developed curriculum within the parameters of the *Growing Up Healthy* grant. It is not known whether providers are more culturally competent as a result of receiving the training.

Effective strategies for building cultural competence

At least one respondent for each of the nine grantees said that their project tried to build the cultural competence of providers and/or community organizations. Majorities of respondents from six of the projects said this was a goal for their projects: Apple Tree, Lao Assistance Center, Minneapolis Medical Research, Open Door, Somali, and University of Minnesota Division of Pediatrics (although two of the Lao Assistance Center staff reported that this happened more incidentally than deliberately).

26. Grantee and partner perspectives of effective activities for building cultural competency of providers

Activities linking community and providers:	Mentioned by:
Build partnership (collaboration, relationship) between health care provider(s) and community-based organization(s)	Affiliated Willmar Wellness, Apple Tree, Lao Assistance Center, Somali Community Resettlement, University of MN Division of Pediatrics
Activities focused on providers:	
Provide specific training for health care providers in language skills and/or cultural understanding	Apple Tree, Lao Assistance Center, Open Door, Somali Community Resettlement, University of MN Division of Pediatrics
Include staff who are bilingual or bicultural themselves	Apple Tree, Lao Assistance Center, Open Door
Bring providers out into the community	Lao Assistance Center, Open Door, Red Lake,
Providers who participated in the project modeled for or educated other providers in cultural competence	Open Door, Minneapolis Medical Research

Selected comments from grantee staff and partner agencies:

> This was not a planned goal of the grant; I think it occurred more as a result of the Pilot City person working in conjunction with the Lao Assistance Center and Southeast Asian Community Council staff. I think she learned a great deal as a result of developing and delivering the curriculum. It was an unintended benefit of the project. The work between [three project staff] was one of the most effective and respectful collaborative relationships I've witnessed. (Lao Assistance/SEACC)
>
> We are the service provider, and worked with Pilot City. As a result, Pilot City has hired Hmong and two of them speak Lao and two were educated back in Laos. They are 100 percent Laos bicultural, they probably know to a certain extent the Lao language. One of them was an M.D. back in Laos and he knows the Lao terminology – using word choice and gender appropriately. A good example is the lobby; we spoke with them to have Hmong and Lao staff there. They have one or two staff there who are Hmong. We are part of the board, the community board, so we are really able to get involved in the organization. One other thing is that, for example, the oral health, that they actually teach our community health worker so that [the CHW] can teach the community while they have someone there [for an appointment]. (Lao Assistance/SEACC)
>
> Grand Rounds presentations for physicians, interns, and medical residents held at Hennepin County Medical Center teaching hospital. Members of the dental task force talked to other providers about ensuring dental care for Spanish-speaking clients. Also, a presentation was done at a national meeting of pediatricians. (Minneapolis Medical Research)
>
> [Project staff] provide on-site training [to] providers and community organizations and they just modeled culturally appropriate practices. And the modeling was very successful because the providers could see how practical the modeling was. (Open Door)
>
> [Project staff] have ongoing partnerships with providers, both public health and Mayo Clinic and they're working to develop those in Rice and Steele counties. They do provide some training sessions to health care providers, but having the relationship means that when there is an issue that comes up, there is somewhere the providers can turn to for interpretation, for answers to questions, to understand issues. (Somali Community Resettlement)
>
> We did provide some cultural education to the administration and staff at the clinic: What's appropriate or inappropriate to say. At the same time we educated the clients about going to the clinic, what to expect, how to talk to the doctor, what the doctor might say and why. (Lao Assistance/SEACC)
>
> What do patients need and what do providers need are the two pieces that are important to bridging the cultural gap. I guess number one would be offering services jointly, so collaborating directly with [Head Start] and providing services in that setting. (Apple Tree)

Role of community health workers

Several projects used community health workers as bridges between cultural communities and preventive health care.

27. Grantee and partner perspectives of the role of the community health worker

A**ctivities focused on community:**	
Health education activities (educate the target population about Western/preventive medicine)	Affiliated Willmar Wellness, Apple Tree, Lao Assistance Center, Open Door, Minneapolis Medical Research, Meld, Somali Community Resettlement
Provide assistance to facilitate access to care:	
- Help people make and/or keep appointments	Lao Assistance Center, Open Door, Minneapolis Medical Research, Somali Community Resettlement
- Other health-focused support (translation, curriculum development)	Affiliated Willmar Wellness, Apple Tree, Lao Assistance Center, Open Door, Minneapolis Medical Research, Somali Community Resettlement
- Non-health-focused support (child care, transportation)	Affiliated Willmar Wellness, Lao Assistance Center, Open Door, Minneapolis Medical Research, Somali Community Resettlement
Build relationships and trust with the community	Affiliated Willmar Wellness, Apple Tree, Lao Assistance Center, Open Door, Minneapolis. Medical Research, Somali Community Resettlement
Recruit or refer participants to the project; spread the word about its existence	Affiliated Willmar Wellness, Open Door, Minneapolis Medical Research, Red Lake, Somali Community Resettlement
Activities focused on providers:	
Educate health care providers about the target population	Affiliated Willmar Wellness, Apple Tree, Lao Assistance Center, Open Door, University of MN Division of Pediatrics

Selected comments from grantee staff and partner agencies:

> They [community health workers] are teachers, they are advocates, they are nags, they are transportation coordinators, they are appointment makers, basically they are exquisite follow-up. They were the be-all and end-all of the Lao and Hmong communities in which we work. (Lao Assistance/SEACC)
>
> They pretty much create the trust between the children and parents and the doctors. And make sure [that families] make it to the appointments that they have set. (Lao Assistance/SEACC)

They did direct patient education, scheduled appointments, and they did advocacy. For example, if someone didn't make an appointment because they didn't have insurance, because they had no birth certificate, because the name on the birth certificate was written incorrectly, they helped get it corrected so the child could be on Medical Assistance. Another advocacy piece was they helped people problem-solve transportation and child care problems so they could take their children to the dentist. The three women who were our community outreach workers were respected members of the community, and they have the cultural license as maternals to be able to tell the younger Latina women what to do. (Minneapolis Medical Research)

We have two bilingual community health workers. One works with the African population, the other works with the Latino population. They help patients arrange appointments, and get through some of the red tape. They also do interpreting. They work very closely with our social worker to help patients with accessing different systems; i.e., Medical Assistance, legal assistance, mental health care. (Open Door)

What they do is serve as the bridge between the system, health care, insurance etc. and the community that has resettled in the Rochester area. All of their volunteers may not speak perfect English but many of them do and they are fluent in both languages and they provide rides, help with appointments, and go to appointments to make sure the patient understands what's going on. They do whatever it is that's needed to make sure that the patient gets the kind of health care that they need. (Somali Community Resettlement)

8. Families' satisfaction with grantee services

Wilder Research and Blue Cross Foundation staff strongly encouraged each grantee to collect satisfaction feedback from participants and most programs did so, albeit in different ways. In the first year, this was sometimes done through the use of focus groups or group check-ins (Affiliated, Meld, Somali Community Resettlement Services). Other projects administered satisfaction surveys (Apple Tree Dental, Minneapolis Medical Research Foundation at Hennepin County Medical Center, Open Door Health Center, and University of Minnesota Division of Pediatrics). For example, Open Door Health Center completed satisfaction surveys with 49 Latino patients. When asked, "Overall, do you feel we helped you with your medical concerns today?" 98 percent of respondents said yes. Nearly all respondents reported good communication with the doctor or nurse during their visit.

The Apple Tree Dental project completed surveys with 117 parents in Year 2. Of these, 89 percent were very satisfied with the services their child received, 9 percent were somewhat satisfied, and 2 percent were a little satisfied. In addition, 73 percent of parents said the program staff's sensitivity to their cultural background was very good and 27 percent said it was good.

In Year 2, Wilder Research conducted follow-up surveys with a selected sample of participants who had given prior permission to be contacted. Lists of participants were given by each organization that had not previously conducted follow-up. Parents who received services from the following grantees participated in follow-up calls: Meld (N=8) in English and Hmong; Lao Assistance Center (N=20) in Lao and Southeast Asian Community Council (N=25) in Hmong; Open Door Health Care Center (N=17) in Spanish; Somali Community Resettlement Services (N=32) in Somali. In addition, self-administered questionnaires, developed by Wilder Research, were completed by 65 parents from the Red Lake Nation.

- On the Red Lake Reservation, parents of school-age children were asked to fill out a questionnaire that was sent home from school. Overall, parents who completed the questionnaire were highly satisfied with the dental services received at their child's school. Eighty-nine percent were "very satisfied" or "somewhat satisfied" with the services provided by the dental hygienist at school.

Lao, Hmong, Somali, and Latino parents from the four programs who participated in the telephone survey conducted by Wilder Research gave high ratings for various project services including:

- 95 percent of parents rated the usefulness of staff's suggestions or recommendations as good or very good.
- 94 percent of parents rating the project staff's ability to understand their concerns or problems as good or very good.
- 92 percent of parents rated the respect shown them by staff as good or very good.
- 90 percent of parents rated the staff's ability to relate to their cultural background as good or very good.

28. Parent ratings of *Growing Up Healthy* project staff's ability to understand their concerns or problems

	Lao Assistance Center & Southeast Asian Community Council		Open Door Health Center		Somali Community Resettlement		Meld		Total	
	N=42	%	N=17	%	N=29	%	N=8	%	N=96	%
Very good	21	50%	12	71%	23	79%	5	63%	61	64%
Good	15	36%	5	29%	6	21%	2	25%	28	29%
Okay	6	14%	0	-	0	-	1	13%	7	7%
Poor	0	-	0	-	0	-	0	-	0	-
Terrible	0	-	0	-	0	-	0	-	0	-

29. Parent ratings of the usefulness of the project staff's suggestions or recommendations

	Lao Assistance Center & Southeast Asian Community Council		Open Door Health Center		Somali Community Resettlement		Meld		Total	
	N=43	%	N=16	%	N=30	%	N=8	%	N=97	%
Very good	21	49%	8	50%	21	70%	3	38%	53	55%
Good	18	42%	8	50%	9	30%	4	50%	39	40%
Okay	4	9%	0	-	0	-	1	13%	5	5%
Poor	0	-	0	-	0	-	0	-	0	-
Terrible	0	-	0	-	0	-	0	-	0	-

30. Parent ratings of *Growing Up Healthy* project staff's respect for them

	Lao Assistance Center & Southeast Asian Community Council		Open Door Health Center		Somali Community Resettlement		Meld		Total	
	N=44	%	N=17	%	N=29	%	N=8	%	N=98	%
Very good	18	41%	13	77%	25	86%	5	63%	61	62%
Good	20	45%	4	24%	3	10%	2	25%	29	30%
Okay	6	14%	0	-	1	3%	1	13%	8	8%
Poor	0	-	0	-	0	-	0	-	0	-
Terrible	0	-	0	-	0	-	0	-	0	-

Parents were asked what they liked best about the services they received from the *Growing Up Healthy* grantees (Lao Assistance Center/Southeast Asian Community Council, Somali Community Resettlement Services, Open Door Health Center, and Meld). Many said that they liked "everything." Others gave a variety of responses which are summarized in figure 31.

- Parents from Lao Assistance Center/Southeast Asian Community Council were more likely to state that they "liked everything" about the services without giving details. They were also more likely to appreciate the help with paperwork provided by the program.

- Parents from the Somali Community Resettlement Services were more likely to mention their appreciation for the transportation provided by the program, and the general feeling that they were welcomed and respected by program staff. When asked, about one-third of respondents independently stated that they like that program staff speak the same language as they do. Respondents also were receptive to the program's encouragement for them to get immunizations for their children.

- Parents from Open Door Health Center were more likely to comment about the individualized attention that they received from clinical medical and administrative staff. They were also appreciative of interpretation skills of the Spanish language interpreters available at the clinic. In addition, they valued the low cost of the service.

- Fewer parents from Meld were interviewed. Meld gave Wilder Research the names of two parent groups to participate in follow-up calls (Amharic and Hmong). These parents were more likely to mention the social aspect of the program such as making

friends and fun activities. They also mentioned that they were taught about healthy eating and dental care.

31. Summary of open-ended feedback about best aspects of the services

	Total N=102	Percent %
Liked everything	25	25%
Translation/interpretation	17	17%
Transportation provided	12	12%
They speak the same language	10	10%
Clinic staff were attentive and caring	9	9%
Help with paperwork	8	8%
Encouraged me to get immunizations for my children	7	7%
Doctor was attentive	7	7%
Took care of my children/teach them respect	6	6%
Respected me	6	6%
Fun activities provided	5	5%
Helped with accessing basic needs/ resources (housing, filling out taxes)	5	5%
Education about health	5	5%
Low cost of services	5	5%
Taught me about dental	4	4%
Set up appointments	4	4%
Dentist was kind/caring	3	3%
Taught me about eating healthy	3	3%
Took my child to doctor/dentist	2	2%
Free medication	2	2%
Reminded me about appointments	2	2%
Built friendships	2	2%
Gave information about living in this country	2	2%

Note. *Respondents could give more than one answer. Up to three items were categorized for each respondent. One respondent (each) gave the following responses: helped explain health care billing, gave me an emergency ID card, taught my children to take care of their teeth, helped me get medical insurance, and taught me about annual doctor visits.*

Some selected responses mentioned by parents about what they liked best about the program or services included:

> I really like the new card that the program provides for us [those who cannot speak English]. This card is designed to help parents access to hospital or receive the needs they need. For example, if I get in accident or injured, I show/give the person the ID card, then that person will get me fast to the hospital. It's an emergency card. (Lao Assistance/SEACC)
>
> Southeast Asian Community Council helps explain everything to me and picks me up for appointments, doctor and dentist. (Lao Assistance/SEACC)
>
> They help me to get my medical insurance, transportation, housing or Section 8, general health, and interpretation. They encouraged me to be healthy all of the time. (Somali Community Resettlement)
>
> Health; a lot of information about health – like dentists for my children. We speak same language. They are my people. (Somali Community Resettlement)
>
> Their kindness [of the staff], the attention we received from the doctor. They responded to and answered all of our questions. And they helped us understand how to use the medicine. They even [the non-Spanish speakers] try to speak a little Spanish to us. We can tell they care about us. (Open Door)
>
> I like the treatment that my family has received and the people in charge of interpretation. They are very friendly people that make you feel you can trust them. The doctors, too. And the low cost of the services, because I've been to normal clinics where it's expensive and I couldn't afford it, but this is very reasonable. (Open Door)
>
> They taught us about eating healthy. They told us about yearly checkups. They told us about children's health. (Meld)
>
> It helped for information and to get out to be with other people. They taught me not to eat too much fried food like McDonalds and not too much soda, too much fat. (Meld)
>
> We shared experience. And they helped me to have information to live in this civilized country. They shared experiences and information that helped me live in this country. And I got more friends. It is a great thing to get friends. (Meld)

9. Grantees' satisfaction with grantmaking and oversight

To assess how the grant-making and oversight process went for grantees, Wilder Research conducted key informant interviews with 45 grantee staff and partners in the summer of 2004. In addition, key informant interviews were conducted with foundation staff members Joan Cleary and Kaying Hang in November 2003 and again in December 2004 about their perspectives on the successes and challenges during the course of the grant period. A consultant to the foundation, Susan Showalter, was also interviewed in December 2004. Wilder Research staff also observed interactions between staff and grantees at site visits, phone check-ins, and the Learning Network meetings.

Blue Cross Foundation staff took an active role in the *Growing Up Healthy in Minnesota* initiative. They conducted an applicant workshop in November 2001, convened five Learning Network meetings for grantees, visited each grantee at least twice, and contacted grantees by telephone and e-mail.

- 80 percent of project staff or partners who participated in Learning Network meetings found them to be "very helpful" in helping them learn more about other projects. The remaining 20 percent found them "somewhat helpful."

- The majority of participants in the Learning Network meetings found them "very helpful" (62%) or "somewhat helpful" (31%) in giving them ideas for their own projects.

- 89 percent of project staff found Blue Cross Foundation staff to be "very helpful" in answering questions related to the *Growing Up Healthy* initiative's vision and goals as they impacted their project.

- Grantees reported that Blue Cross Foundation staff members were "very helpful" (81%) or "somewhat helpful" (19%) in answering financial questions.

With regard to the Learning Network meetings, front-line staff members were most interested in learning about other projects' challenges and how they faced them. They also found the networking and meeting other people useful. Overall, representatives of projects focusing on immigrant populations were most likely to cite benefits from networking. Managers and health care providers mainly appreciated the opportunities to share information about challenges in project implementation and how those were dealt with; however, many also commented that the information was not always transferable to their own project because each project was so unique.

The projects were somewhat disparate, so the learning didn't happen as much as they might have wanted. And that's not a criticism, just an observation. When I looked at what other people were doing, it was so different from what we were doing, and there wasn't much they could share with us. I appreciated the message of the foundation pulling the grantees together and investing time and money into that. (Lao Assistance/SEACC)

There were agencies I wasn't familiar with, especially in greater Minnesota, that I now have knowledge of. (Meld)

I really enjoyed meeting with the other dental projects. Several were billing for their services, so it helped us figure out how we could make the project sustainable. (Minneapolis Medical Research)

I think I was interested in what other people were working on, what challenges they were facing and how they dealt with it. (Minneapolis Medical Research)

It was a wonderful opportunity to meet all the other grantees and their projects. But our project was so unique from the others that I couldn't take their strategies and apply them to ours. Networking – we had a chance to sit around and talk with one another and listen to a presentation from another grantee, both formal and informal. I personally found that the contact that I had with them face to face was something I used and enjoyed. (Affiliated Willmar Wellness)

As a social worker I became aware of additional services I was not aware of. We were able network with one another and learn about other agencies that we have done follow up with so we can learn what has worked with their programs and also share what has worked with our own program. (Open Door)

How would we know anything about the other projects if we didn't hear someone talking about them? It was an interesting chance to hear what others were doing and it built up our enthusiasm to do what we're doing. Going to those meetings is energizing, it's that energy that they bring back to the job and want to do better. (Red Lake)

Because they called in experts in an area. I feel like I have a narrow field of what's out there. But the people they called in were very knowledgeable and very helpful in helping you see a problem from a different perspective. The one I was most impressed with was at the Brainerd meeting, the woman that was talking about communities and sustainability. (Red Lake)

Meeting at Lao Community Center was very helpful and I remember some of the presentations I found very helpful – one by the director of the rural development agency, and it was about changing demographics in the state and another one was an agency head talking about working through some of the cultural issues and trust issues in their project. I especially learned a lot from the sustainability workshop. (University of Minnesota Division of Pediatrics)

Twelve respondents, from seven different grantee projects, reported that they had contact with other grantees outside of the networking meetings. At all the dental projects, some respondents reported having contact with other grantees outside of Learning Network meetings; two-thirds of the medical or combined projects reported such contacts.

Reasons for the contact included sharing ideas for effective service, technical issues such as billing or sharing equipment, organizational issues such as mutual referrals or where to get donations or services, and attendance at another grantee's training.

Helpfulness of foundation staff

Among all types of projects, respondents gave strongly positive comments about the helpfulness and responsiveness of Foundation staff. Respondents were asked separately about Foundation staff's responsiveness to questions about financial matters and about vision and goals. Because responses to both questions were similar, they have been combined in the table below.

Project representatives reported that Foundation staff were accessible and prompt, helpful (always had an answer, and gave complete and accurate information), and consistent.

32. Staff and partner ratings of the helpfulness of Blue Cross staff in answering questions

Helpfulness of the Blue Cross staff in answering your questions related to…	Very helpful		Somewhat helpful		Somewhat unhelpful		Very unhelpful	
Growing Up Healthy's vision and goals as they impacted your program (N=27)	24	89%	3	11%	0	-	0	-
Finances (N=16)	13	81%	3	19%	0	-	0	-

Foundation staff observed that their work with the nine grantees through *Growing Up Healthy* has helped them in thinking about their new strategic direction. With its focus on socio-cultural barriers to preventive care, *Growing Up Healthy* has served as a valuable learning process for the foundation's new grant-making priorities.

10. Challenges and barriers

Barriers to accessing preventive care

Many of the projects systematically collected data from families about barriers to care. For instance, Lao Assistance Center and Southeast Asian Community Council conducted a needs assessment survey with over 70 families and found that while most families have health insurance, many need assistance with language barriers. (Results of this survey are summarized in the Appendix of the Year 1 report.) Open Door Health Center also conducted a feedback survey with patients during Year 1 and again in Year 2, in which patients were asked where they would go if they did not go to Open Door. During the period of April through June 2002, 43 percent said they would go nowhere, 22 percent said they would visit another clinic, 17 percent said an emergency room, 10 percent said urgent care, and 8 percent said they did not know. During Year 2, 29 percent said they would have gone to an emergency room, and 38 percent said they would not have sought treatment.

Clearly, the families served in *Growing Up Healthy* face barriers to preventive health care (see figure 33). In discussions and reports by project staff, four themes were evident:

- **Tension between focusing on urgent needs or preventive care.** Many of the projects struggled with the preventive focus of *Growing Up Healthy*. They encountered resistance to this from parents who had other priorities or crisis situations that they wanted help with first. Many of the projects provided a variety of social services, advocacy, and referrals to meet the basic needs of participants and to alleviate family crises.

- **Communication, language barriers, and cultural practices.** Several of the projects hired bilingual/bicultural community health workers to translate written materials, assist families with applying for insurance and making appointments, and educating families about the health care system. Still, issues related to communication remained a barrier to accessing preventive health care. Feedback from community health workers indicated that developing trust and building relationships with health care providers is a fundamental first step for immigrant families toward accessing care.

- **Transportation and missed appointments.** Several of the projects provided transportation to appointments (e.g. Somali Community Resettlement Services and Lao Assistance Center) or brought services to the children (Apple Tree Dental,

Affiliated Community Health Foundation, and Red Lake Dental). However, transportation was still named by project staff as a primary barrier to accessing care. Other projects expressed frustration about the rates of "no shows" to appointments, even with extensive reminder contacts.

- **Poverty.** Many of the families served by *Growing Up Healthy* grantees experienced problems directly related to poverty. In discussions with the grantees, it was evident that poverty is a factor that heightens many of the other barriers families face such as: lack of adequate or dependable transportation, a focus on crises (many of which involve basic needs such as housing or money to pay bills), and little time to attend to preventive health needs (because of lack of child care or working more than one job). For instance, Open Door Health Center noted in its interim report that its patients faced a lack of housing, affordable transportation, and inability to pay for follow-up medications. Open Door also observed that many of the clients could not afford health care and were ineligible for publicly funded health insurance programs because of their immigration status. Anecdotal information about the prevalence of poverty in the communities served was reported by Apple Tree Dental, the Open Door Health Center (all 284 children received free health care, because they did not have insurance and were low income), the Red Lake Dental project, and Somali Community Resettlement Services.

Barriers to accessing preventive care for those who already have insurance, as observed by grantees

For those already insured, respondents cited barriers relating to that insurance coverage; health care providers' availability, attitudes, and services; and community members' attitudes, knowledge, and circumstances. Near the top of the list for all were individuals' lack of awareness of the need for, and importance of, preventive care, and individuals' lack of comfort or trust with health care providers and procedures. Also mentioned frequently was low-income individuals' lack of time, or conflicts for the priority use of scarce time and resources in which preventive care is perceived as having lower priority than other, more pressing needs.

33. Barriers to accessing preventive care

Barriers relating to insurance systems:	Mentioned by:
Insurance is not accepted, or is hard to access/not enough dentists accept publicly-funded insurance	Affiliated Willmar Wellness, Apple Tree, Lao Assistance Center, Open Door, Minneapolis Medical Research, Meld, Red Lake, Somali Community Resettlement
Co-pays and premiums are unaffordable/budget cuts are making affordability worse	Affiliated Willmar Wellness, Lao Assistance Center, Open Door, Red Lake, University of Minnesota Division of Pediatrics
Hard to know what is covered/hard to navigate complex system/changes in public programs are confusing	Affiliated Willmar Wellness, Lao Assistance Center, Open Door, Minneapolis Medical Research, Meld
Some insurance plans do not cover immunizations/ wellness care	Affiliated Willmar Wellness, Open Door
Barriers relating to health care providers:	
Lack of interpreters/bilingual staff	Apple Tree, Lao Assistance Center, Open Door, Minneapolis Medical Research, Meld, Somali Community Resettlement
Not flexible enough to adapt to target population; not culturally sensitive/respectful	Apple Tree, Lao Assistance Center, Open Door, Minneapolis Medical Research, Meld, Somali Community Resettlement
Too many different places to go; need to integrate/co-locate services	Affiliated Willmar Wellness, Apple Tree, Open Door
Not enough medical care providers in rural Minnesota	Affiliated Willmar Wellness
Lack of child care on-site	Minneapolis Medical Research
Health care providers don't understand preventive care	University of Minnesota Division of Pediatrics
Dentists can't handle kids with special needs	Apple Tree
Barriers relating to individuals:	
Lack of awareness of the need for/importance of preventive care	Affiliated Willmar Wellness, Lao Assistance Center, Open Door, Minneapolis Medical Research, Meld, Red Lake, Somali Community Resettlement, University of Minnesota Division of Pediatrics
Lack of time or conflicts for time or priority	Affiliated Willmar Wellness, Apple Tree, Lao Assistance Center, Open Door, Minneapolis Medical Research, Meld, Red Lake, Somali Community Resettlement
Fear/lack of trust of health care providers/ procedures	Lao Assistance Center, Open Door, Minneapolis Medical Research, Red Lake, Somali Community Resettlement, University of Minnesota Division of Pediatrics
Lack of transportation/distance	Apple Tree, Lao Assistance Center, Open Door, Minneapolis Medical Research, Meld, Somali Community Resettlement

33. Barriers to accessing preventive care (continued)

Barriers relating to individuals (continued):	Mentioned by:
Language barrier	Apple Tree, Lao Assistance Center, Open Door, Minneapolis Medical Research, Meld, Somali Community Resettlement
Don't know how to/need help to make appointments	Apple Tree, Open Door, Minneapolis Medical Research, Somali Community Resettlement, University of Minnesota Division of Pediatrics
Lack of awareness of the availability of care, where to go	Affiliated Willmar Wellness, Lao Assistance Center, Minneapolis Medical Research, Somali Community Resettlement
People don't keep appointments/come on time	Open Door
Stress of single parenting	Affiliated Willmar Wellness
Think it is the school nurse's responsibility	Affiliated Willmar Wellness

Selected comments from grantee staff and project partners:

> Even if people are insured, there are co-pays and premiums. The second thing is awareness. Many are not aware of how often kids should go in for various exams, awareness if child is at risk for diabetes or obesity, for example. (Affiliated Willmar Wellness)
>
> I think in certain parts of greater Minnesota there's an inadequate provider base, so even if families want a wellness exam, they may have to wait three weeks before there is an opening where there are limited providers. (Affiliated Willmar Wellness)
>
> The Western medical people always see it as their way or no other way. I mean the providers, that's very frightening and not very welcoming to the community. (Lao Assistance/SEACC)
>
> If insurance is still provided, it's still hard to understand what is and isn't covered, and to access that when you don't speak English. (Meld)
>
> Lack of knowledge of how to navigate our complex medical system. Need for more availability of interpreter services and the ability to get them scheduled along with the appointment services. Get the providers to understand that our time schedule is not always everybody else's time schedule, culturally. (Minneapolis Medical Research)

> Language is a tremendous barrier, despite all our efforts, especially when it comes to preventative care which requires good communication, much easier to treat an illness than to prevent it, especially in another language. The changes that happen in their coverage for families enrolled in public programs or medical assistance are confusing as to what system they are in, what do they get, implications, how do they get to stay in that coverage. Some may even have different kids in different systems; with language problems too this becomes extremely hard. (Minneapolis Medical Research)
>
> I think one is just that families, even if they do have insurance, have so many stressors and competing priorities on their lives, that if it comes down to going to work or bringing the child in for a checkup, you'll go to work. (Open Door)
>
> There's piecemeal care, go here for this, there for that. The preventive services should be made available to people of all ages, and the more integration we can do – beginning with oral, physical, and behavioral health – is good. (Open Door)
>
> I'd say the lack of preventive education is the biggest barrier. Culturally, they don't seek care unless there's a problem. They are more reactive than proactive. Fear of the medical community and dental. (Red Lake)
>
> The cost of going to the dentists – even for people with insurance. The dentists can get more insurance money from other clients. (Red Lake)

Challenges that affected specific projects

Not surprisingly, projects serving immigrants were more likely than other projects to identify the unavailability of interpreters as a challenge. Immigrant-focused projects were also more likely to mention challenges relating to building trust and comfort with Western medicine and providers, convincing community members of the importance of preventive care, and transportation and travel time. Immigrant-focused projects were somewhat less likely than projects focused on American Indians and adolescents to mention challenges relating to shortages of staff or resources for the scope of the work needing to be done.

Dental projects were most likely to mention challenges associated with a shortage of (dental) care providers

Figure 34 displays the challenges faced by projects, and the solutions devised to address them.

34. Staff and partner views of program challenges

Challenges identified through Growing Up Healthy	Strategies employed to overcome the barrier
Barriers related to the populations served	
Cost of care	Help people get insurance Establish a network of providers who will accept Medical Assistance, a particular gap in dentistry Establish a network of providers who are willing to donate occasional services
Primary language other than English	Provide written health messages in native language at appropriate reading levels Provide native language health messages on television (especially for new immigrants) Provide more interpreters on staff Teach health care provider staff some basic language skills in the primary non-English languages spoken in the community served by the provider
Logistics of getting children to providers	Take the services to the child (mobile health and dental clinics, especially in rural areas, and school-based services) Provide longer clinic hours to meet the needs of working families Provide rides to appointments
Familiarity with (and value attached to) preventive medical and dental care	Provide community health workers to accompany clients to appointments and explain the services Engage trusted community leaders as project advisors Create a welcoming environment Provide continuous outreach to community, including home visits; go through trusted community members; identify culturally competent people in the provider organization; allow time for trust to develop
Difficulty making the case for preventive care when families have crisis needs	Provide social marketing, health education Provide referrals and help to address other needs
Awareness of the need to *keep* appointments.	Remind clients about appointments and why it is important to keep them Build personal rapport and accountability to community health worker.

34. Staff and partner views of program challenges (continued)

Challenges identified through Growing Up Healthy	Strategies employed to overcome the barrier
Barriers related to the health care system	
Providers not accepting patients.	Help patients get insurance that providers will accept [See other strategies under "Cost of care," above]
Not enough qualified interpreters, or interpreters do not come because they think clients will not keep appointments	Provide follow-up to ensure that clients who need interpreters keep appointments Use community health workers to fill gaps when interpreters are not available.
Not enough providers, particularly in dental care	Maintain a list of providers that accept Medical Assistance Provide a forum for providers, public health professionals, and community groups (particularly from minority or immigrant communities) to address gaps in services Encourage parents to look farther afield when screening shows their child needs care, but local care options are not feasible
Providers' lack of confidence or skill in delivering age-appropriate, culturally competent preventive care to youth	Make training interactive and give opportunity for practice Use bicultural persons on staff to communicate cultural norms of immigrant groups to better understand issues that may impact health
Lack of health information materials in languages other than English	Use the Internet to locate resources Develop materials in other languages Share materials with other agencies
Lack of connections between care providers and community members	Expend effort to bring together providers and community members; support relationship-building

Selected comments from grantee staff and project partners:

> I think one of the biggest challenges was to get teens to realize the need for healthy behaviors, and the importance of it. [Anything else?] The finances. Ideally it would have been nice to pay for services if possible, but we didn't have funding – especially for dental services. (Affiliated Willmar Wellness)

The people we negotiated the contract with [left the agency], and there was a new crew. It took a while to convince the new people that it was a worthwhile project. There are always environmental and organizational changes that you can't account for. It was a new area for us, so there was a steep learning curve. The first year was about learning to do and the second year was about doing, and we did it. (Lao Assistance/SEACC)

Our vision is to help educate and to broaden the community understanding of the Western medicine and addition to that is to broaden the Western medicine providers to better understand what the community understands and believes, and why are there the fear of the Western medicine standing. Being a brokerage between the medicine and the community. It's hard sometimes and doable, if we have a little more time to continue and to bring the community to the table or bring the others to the community. (Lao Assistance/SEACC)

The challenges were not from the families, they were from the health care system. Our system will not accept patients for ongoing dental care. They'll only do emergency care, and they need referrals from our clinic. So what we did is refer people for routine care as though it were [an] emergency – since many of these kids had never seen a dentist before and they were young kids, then people could say it was an emergent need. (Minneapolis Medical Research)

The trust issue was the biggest thing. Getting parents to trust us. Transportation was a big barrier. We have people traveling one hour to get here. If they work 12 hours (7 a.m.-7 p.m.) and we're not open after that, then that's hard. We've adjusted our hours. People have had to rely on family member's or friend's car, case managers. Also learning our culture about keeping appointments and about not calling, not showing up for appointments. Sometimes the language barrier. We have a full-time interpreter on staff. (Open Door)

You have to build trust and respect with these populations, and one of the ways you do that is to identify who are some of the key people in community that you can work with and then find staff people at your organization who can work with them. (Open Door)

[W]e underestimated how difficult it would be to reach the 3 and 4 year old children who did not attend Head Start, I think we only reached 10 percent of the children who did not attend Head Start. The list that is maintained by the tribal government of all children 3 and 4 years of age is inaccurate, so the phone and address is inaccurate and the phone was disconnected or they moved to the Cities. (Red Lake)

Biggest challenge is the insurance itself. If they don't have insurance, then they are reluctant to seek medical care. Also some providers won't accept the insurance they have. A lot of the clinics won't accept different types of insurance. There is one clinic who accepts Blue Plus (county plan) and we had to transport to the one clinic that would accept their type of insurance. (Somali Community Resettlement)

> The economy, I think there were a number of Somalis who have lost jobs or been laid off. Cuts in the health care services and increases in copays have made it much harder to keep health care a priority. It probably makes people hesitant about even a basic preventive visit. If you're hardly making it through the month with the rent, a $30-40 co-pay isn't to be sneezed at. (Somali Community Resettlement)
>
> A lot of people don't feel comfortable talking with people of a different culture and language about their health issues. It's good to take Somali health people to other's houses and educate them. (Somali Community Resettlement)
>
> One of the biggest challenges in this model was to try and offer the training to all clinicians within the clinic. This was challenging because if you put all the clinicians in the training, who is going to be in the clinic? Doing it this way, you can have great impact on the individual culture of the clinic but at the same time it became a scheduling nightmare. (University of MN Division of Pediatrics)
>
> I think some of the challenges early on was the comfortableness of the minority community in school to get involved in wellness and I think that was some of the point of student advisory groups that had students of color. Many times the students didn't want to talk to parents about health needs and the parents had the insurance, and we never figured out how to get around that block because the students had confidentiality. (Affiliated Willmar Wellness)
>
> Most providers don't appreciate the opportunity there is to get preventive care to teens during a sports or camp physical. (University of MN Division of Pediatrics)

Fit between project activities and initiative-level goals

During the first year site visits, it became clear that there were two serious issues regarding the goals of *Growing Up Healthy*. First, many of the projects did not define "preventive" health in the same way as was defined by the Blue Cross Foundation for *Growing Up Healthy*. Preventive health can mean many things, but *Growing Up Healthy* was meant to increase child and teen checkups – often called "well-baby" or "well-child" visits – and preventive dental visits for children. In order to clarify these goals, Blue Cross Foundation and Wilder Research staff worked with the nine grantees to refocus project activities toward increasing access to child and teen checkups and preventive dental visits for children. In addition, two experts convened workshops at a grantee "Learning Network" meeting to define and answer questions about what is included in a child and teen checkup and a preventive dental visit.

While progress was made in this area, there continued to be some misunderstandings. Part of this occurred because grantees felt that they needed to address the acute needs of families before they could address preventive health.

The second issue occurred for projects that already had similar activities underway when they were funded by Blue Cross Foundation. For these cases, it was found that projects that were already underway with the support of other funding sources were at greater risk of goal dilution. This can occur when resources are needed to continue current activities and when current project activities represent only a partial fit with Blue Cross Foundation funding goals. One of the foundation staff observed:

> Our grants' unique objectives can become obscured within the organization's overall mission. It became clear to me in the midyear site visits that we needed to remind them of our specific objectives. They needed to measure and evaluate themselves against those goals. There were a few that were not holding our joint objectives in close focus.

Trends or policy changes affecting projects

During the period of *Growing Up Healthy*, many nonprofits serving low-income communities faced reductions in services, because of policy changes that impacted levels of local, state, and federal government funding. In eight of the nine projects (all except University of Minnesota Division of Pediatrics), at least one respondent said that there had been trends or policy changes that had affected the project, its outcomes, or its future.

Project staff reported state cuts to health care funding (resulting in fewer dentists willing to provide care under Medical Assistance, and more uninsured people in need of care), and changes in insurance plans (including state-funded ones) resulting in higher premiums and co-pays. Other trends ranged in scope from very broad (economic slump resulting in layoffs and hence less coverage) to very local (restaurant smoking bans).

Trends or policy changes that affected the projects

- State cuts to health care funding (fewer dentists providing MA care, more uninsured people need care)
- Changes in insurance plans raising premiums and co-pays
- Community-level smoking bans
- School policies against programs that pull children out of class
- Economic slump causing more layoffs and less insurance coverage
- Dental hygienists now licensed to do screening and health education
- Hennepin County Medical Center policy to see no new dental patients

- There is more technology available for teledentistry
- New state policy that undocumented children are not eligible for coverage
- Not enough mental health funding
- Increase in needs (no specific cause mentioned)

Trends or policy changes as a result of the project

Grantee staff and project partners were also asked for their reflections about potential policy changes that may be related to the work of the *Growing Up Healthy* project. Several respondents felt that there may have been some correlations in the following areas:

- Schools are considering changing their basic health curriculum (Affiliated Willmar Wellness)
- Communication with city and county health boards has given grantees a voice in policy decisions (Lao Assistance Center)

The following are some selected comments from grantee staff and project partners related to policy changes that may have impacted, or resulted from, the work of the project:

> Because of the involvement with this, I've been more related with health at the city and county level. I'm part of the Minneapolis Blue Ribbon team and we talk about health with Minneapolis and Hennepin County and its board, and we talk with St. Paul and about metro area health. It's both directly and indirectly impacted other policies because of our involvement. (Lao Assistance/SEACC)
>
> At the very beginning of the project was when they [HCMC] changed the policy of not taking new patients for medical care. So that was a barrier to work around. (Minneapolis Medical Research)
>
> The only other interesting policy that has been transpiring over time has been smoking bans and that the many of the students have been trying to quit tobacco because so many areas are becoming tobacco free. Lots of restaurants and bars have gone tobacco free, and if students worked there they were struggling. So some made decisions to quit tobacco. (Affiliated Willmar Wellness)

Political/economic changes came from the legislature July 1st of last year. Undocumented children were no longer eligible for health care coverage through the state of Minnesota. Also the poverty levels were lowered, meaning less families were eligible for services, particularly MinnesotaCare. There is also a cap on how much can be paid out for dental and prescription coverage and that has had an impact on our families. Raising of the cost of health care premiums with insurance companies and this has had a big impact on many families you work with. (Open Door)

Schools began designating certain periods as sacred, where people couldn't be taken from the class during math and reading. This was at the end of the year, just before we started our project. (Red Lake)

No [policy changes] but there was ongoing discussion about consent and confidentiality (in legislature). We have a law that permits adolescents to seek care on their own in several critical areas. So far the law is still in place (Consent and Confidentiality Law). Should this law get changed, that would have a huge impact on this project. (University of MN Division of Pediatrics)

I guess the first one would be changes in the Dental Practices Act that are designed to change the role of the hygienist in settings like Head Start. It's widely referred to as collaborative agreement legislation. It allows hygienists to work in settings like schools, Head Start programs, and nursing homes and see patients without the requirement that the patient first see the dentist. (Apple Tree)

11. Summary of lessons learned

Growing Up Healthy in Minnesota is an ambitious effort by the Blue Cross Foundation and the nine grantees to increase access to preventive medical and dental care for children and youth, especially those from immigrant communities and communities of color. During Year 1, the projects tested innovative ways to reach out to families from these communities and increase their access to preventive care. More than 2,300 children received a preventive health or dental exam as a direct result of *Growing Up Healthy* grant funds. More than 17,500 individuals were reached by outreach efforts. Over 90 percent of the individuals served through project activities were from communities of color.

Projects included targeted efforts to reach new immigrant families, as well as American Indians and other communities of color. Grantees translated materials, produced educational materials in several languages, hired and trained bilingual and bicultural community health workers, and trained clinicians to be more culturally competent. They learned more about the health care attitudes, insurance coverage status, and self-reported care needs of their clients. They started new programs, built new partnerships, and became better guides and advocates for their clients. Overall, these projects represent extensive efforts to be creative and inclusive in reaching American Indian and immigrant children and youth.

Lasting impact

Several grantees achieved impressive outcomes in the sheer number of children and families served. Beyond that, some of the successes of *Growing Up Healthy* projects were unexpected, including these:

- The high impact of the dental projects and some changes in dental policy due to advocacy from grantee agencies. This included a new partnership between Apple Tree Dental, the Madelia Hospital, and Minnesota State University Mankato to provide and staff a regional dental clinic serving low-income patients in Southwestern Minnesota.

- Increased community awareness and expectations regarding the acute dental care needs of children of the Red Lake Indian Nation. Also, the project spurred renewed discussion about the need for fluoridation in the water.

- A decision to integrate a new wellness and fitness approach into the Willmar Public Schools.

- A new focus on health education and outreach to the Lao community in North Minneapolis by the Lao Assistance Center.

- In southern Minnesota, the involvement and endorsement by Somali community elders, including faith leaders, began to change cultural norms regarding preventive health.

- A decision by Hennepin County Medical Center to integrate fluoride varnishes into well-child visits. This preventive dental care at well-child visits is being submitted for third party billing.

Several of the projects experienced challenges such as staff turnover, training needs, and unexpected gaps in resource availability. Other projects learned that many families needed help with basic needs and crisis issues such as severe acute health problems, lack of housing, lack of financial resources, and legal problems – priorities that needed to be addressed first, before preventive health messages could be delivered or received.

Prior to receiving funding through *Growing Up Healthy in Minnesota*, some of the grantees had no experience with public health, preventive care, or health insurance coverage. These grantees had more difficulty understanding the preventive health objectives outlined by *Growing Up Healthy*. These grantees also had more difficulty documenting project activities. However, it is clear these organizations, particularly those focused on new immigrant groups, effectively reached these communities. Grantees delivering clinical care were more experienced in documenting client visits, noting insurance status, and tracking demographics and service delivery.

Other key lessons learned over the course of the initiative:

- **The importance of building relationships and developing trust**. Community health workers at Hennepin County Medical Center and Somali Community Resettlement Services found success in building relationships and seeing the impact of word-of-mouth in the use of their services. It was essential for several projects to invest in building trust with community leaders and elders in order to ensure community participation and commitment to project efforts.

- **The importance of trying non-traditional outreach efforts to reach new immigrant communities**. One example was a Somali walking group begun as part of the outreach efforts of the African immigrant outreach worker at Open Door Health Center. This group allowed women and their children the opportunity to get out of the home, provide mutual support for each other, and share resources.

- **The importance of providing help that addresses many social service needs**. Several of the projects provided help with basic needs and crisis management, as well as public health services. Community health workers tended to be "one-stop shops" that helped families find resources and navigate a variety of systems, while they also provided transportation and interpretation.

- **The value of making ongoing education about cultural competence a routine aspect of organizational life**. Paraprofessional bilingual/bicultural community health workers provided a wealth of culturally specific training to others in their organizations through ongoing conversations and discussions. Staff from various racial and ethnic backgrounds who came together to discuss barriers faced by families often learned valuable lessons from one another about cultural practices and norms. This was voiced by several project representatives at the grantee Learning Network meetings.

- **The value of collaborating with other agencies and taking advantage of opportunities that arise**. This is exemplified by Meld's approaching a Hmong community group that felt the timing was opportune for families in that group to learn more about preventive health. Grantee resilience and resourcefulness was exemplified at the beginning of the Minneapolis Medical Research Foundation's project, Hennepin County Medical Center ended dental services to the project. Project staff worked to involve key leaders and decision-makers at Hennepin County Medical Center to think creatively and find ways for clients to receive dental health services.

12. Issues to consider

Overall, the evidence has been that *Growing Up Healthy in Minnesota* has been successful in achieving its stated objectives. Service delivery information indicates that grantees were successful in reaching foreign-born populations and American Indians – communities that have experienced disparities in access to care.

Each of the *Growing Up Healthy* grantees modified their project work plans over the course of the initiative, based on such factors as staffing, training, coordination with partners, and changes in clients' needs. Each learned and shared valuable lessons over the course of the two years that helped to inform the work of other grantees as well as Blue Cross Foundation staff. This exchange was facilitated by grantee "Learning Network" meetings sponsored by the funder.

The following represents a summary of implications that are likely to strengthen future work related to increasing the health of Minnesota children and youth, and reducing health disparities among racial and ethnic minority groups in our state.

Implications for improving preventive services for adolescents

- **Target messages toward parents.** Educate parents about the importance of preventive health and dental care beyond the early childhood years (mentioned by many Stakeholders)

- **Establish relationships and build trust with adolescents.** Parents and adolescents will not access preventive services unless they feel comfortable. Community health workers appear to be an effective link between foreign-born parents and clinicians. Yet, many projects found that the relationship-building skills and cultural competency of the provider are also critical in increasing the families' willingness to access care or return for continued services.

- **Provide a welcoming environment to adolescents.** The need to provide a welcoming environment to adolescents was brought forward by project staff and partners who work with teens. Adolescents are in a time of many transitions and may not access care unless they feel welcome. This was mentioned by an adolescent at a focus group who talked about the desire to get stickers as a reward at a health visit. These issues were also emphasized by the University of Minnesota teen actors project.

- **Build more collaboration and partnerships among organizations and parent groups on how best to reach teens.** Projects that focus on teens are still struggling with questions about the best ways to encourage teens to access preventive medical and dental care.

Implications for working with communities of color and new immigrants on accessing preventive care for children

- **Continue to test strategies that worked in this initiative.** The projects that were most effective in increasing access to and use of preventive services for families of color used two primary methods.

  1) Bringing the services to the child, by providing preventive care at schools and preschools.

  2) Reaching out through bilingual/bicultural community health workers who advocate, translate, and bridge cultures for families from immigrant communities.

  3) Engaging community leaders to change cultural norms and traditional health beliefs regarding preventive care.

  These methods worked well, particularly when they were well focused on the goals of the initiative, and when staff had the passion to address barriers that families faced.

- **Provide services located where the children are.** As mentioned above, an effective method that decreased barriers was to provide services at places where the children and families were already going. For instance, the Apple Tree Dental and the Red Lake Dental projects did much of their screening on-site at the children's schools and preschools. Apple Tree Dental reported that 49 percent of children did not have a source of accessible dental care at the time they enrolled in Head Start. Red Lake Dental reports that only 10 percent of children ages 3 to 14 on the Red Lake Nation received a dental preventive service prior to the start of the *Growing Up Healthy* project. Together, these projects provided dental screening for over 1,500 children.

- **Provide preventive health care outreach in conjunction with other services.** Preventive health education may be best undertaken during "teachable moments" such as those times when families are seeking care for related but more acute health needs. Several projects struggled with delivering the preventive health message directly to families in crisis or families who felt distrustful of the Western health care system. Project staff, particularly the bilingual/bicultural community health workers

spent extensive time helping families to meet their basic needs: food, clothing, shelter, legal issues, and acute health care issues. While addressing these needs, they began working with the family to develop trust and educate the families about preventive health care and navigating the system. These "teachable moments" appear to be necessary first steps to connecting these children with preventive health and dental services.

- **Invest in building relationships and developing trust.** Community health workers at Hennepin County Medical Center and Somali Community Resettlement Services found success in building relationships and seeing the impact of word-of-mouth in the use of their services. It was essential for several projects to invest in building trust with community leaders and elders in order to ensure community participation and commitment to project efforts.

- **Continually work to minimize families' barriers to preventive care.** Individuals served through the grants commonly struggle with difficulty with language, not "knowing the system," and transportation. Project staff noted that they were surprised by how many of their clients had insurance, yet these same clients did not always understand how to use their insurance or know where to go for primary care. Grantees such as Lao Assistance Center, Open Door Health Center in Mankato, Minneapolis Medical Research Foundation, and others observed difficulties faced by undocumented immigrants because they did not have insurance. Other barriers were found with low-income working families who were just above the poverty line and thus ineligible for many benefits. For projects that target children and youth, there were some barriers to reaching the parents. Many projects found that transportation was often a barrier for parents. Several stakeholders mentioned the need to reach out to parents of older children, many of whom are not commonly the targets of preventive health messages or outreach.

- **Involve community leaders.** Success in immigrant communities is far more likely when respected community leaders endorse the messages related to preventive health care. Somali imams and other leaders endorsed and communicated the messages about the importance of preventive health care in Olmstead and Steele counties. Health messages were reinforced in Mosques, community meetings, as well as through Native language media sources. This proved an effective way of engaging the Somali community.

- **Increase the number of trained bilingual/bicultural health staff.** When asked to brainstorm about implications for working with communities of color and new immigrants, many of the staff and partners felt that there is a need to increase the number of bilingual/bicultural health staff. This group includes not only community

health workers, but front-line staff such as receptionists as well as nurses and doctors.

- **Examine government policies that may disproportionately impact new immigrants' access to care.** Many project staff and partners mentioned "fear" as a primary barrier to accessing care. Both real and perceived changes in policies may contribute to the fact that both documented and undocumented immigrants are afraid to use the system – even for their U.S.-born children.

- **Don't dismiss non-traditional outreach efforts to reach new immigrant communities.** One example was a Somali walking group begun as part of the outreach efforts of the African immigrant outreach worker at Open Door Health Center. This group allowed women and their children the opportunity to get out of the home, provide mutual support for each other, and share resources.

- **Integrate preventive care with families' other critical needs.** Several of the projects provided help with basic needs and crisis management, as well as public health services. community health workers tended to be "one-stop shops" that helped families find resources and navigate a variety of systems, while they also provided transportation and translation.

- **Make ongoing education about cultural differences a routine aspect of organizational life.** Paraprofessional bicultural community health workers provided a wealth of culturally specific training to others in their organizations through ongoing conversations and discussions. Staff from various racial and ethnic backgrounds who came together to discuss barriers faced by families often learned valuable lessons from one another about cultural practices and norms. This was voiced by several project representatives at the grantee Learning Network meetings.

- **Encourage collaboration with other agencies and be ready to take advantage of opportunities that arise.** This is exemplified by Meld's approaching a Hmong community group that felt the timing was opportune for families in that group to learn more about preventive health. Another example was the need for joint problem-solving when, at the beginning of the Minneapolis Medical Research Foundation's project, Hennepin County Medical Center ended dental services to the project. Project staff worked to involve key leaders and decision-makers at Hennepin County Medical Center to think creatively and find ways for clients to receive dental health services.

Practical implications

The work of increasing access to and use of preventive medical and dental care for children and youth from communities of color, American Indian communities, and foreign-born communities is far from completion. The following considerations arise from the *Growing Up Healthy* evaluation research for those who play pivotal roles in ensuring that all of Minnesota's children grow up healthy.

Implications for health and dental care providers

- Focus on the whole family, not just individuals.
- Use acute care visits as an opportunity to do preventive health work, including bringing immunizations up to date.
- Be aware that even if clients have insurance, they may still be hampered by barriers related to affordability of care (costs of copays, prescriptions, transportation, missed work).
- Make extra efforts to ensure that immunization records for immigrant children are up-to-date in the statewide immunization registry.
- Remind clients about appointments. Ask them if there are any barriers to getting to care. Tell them the reasons why it is important to keep appointments.
- Collaborate with schools and Head Start sites to reach children where they are.
- Collaborate with other organizations to promote the general stability of families and prevent crises, in order to make it possible for them to think about preventive care.
- Collaborate with community organizations to strategize on the best ways to meet the health care needs of families before they become acute.
- Involve trusted community leaders. Success can be facilitated in immigrant communities when respected community leaders endorse the messages related to preventive health care.
- Involve community health workers who can be very successful in bridging cultural gaps and presenting health messages to communities of color.
- Build some basic language skills in your organization, from front-desk staff to medical staff. Patients appreciate even receiving a greeting in their language.

- Make ongoing education about cultural competence a routine aspect of organizational life.
- Consider new technology to reduce barriers to accessing care, particularly in Greater Minnesota (such as teledentistry and mobile clinics).
- Better integrate dentistry and medicine. Use a well-child visit as an opportunity to do a dental screening.
- Create a welcoming environment. This is particularly important for adolescents.
- Share specific patients' stories with funders so that the message hits home.

Implications for community organizations serving immigrant communities and communities of color

- Make efforts to promote the general stability of families and prevent crises, in order to make it possible for them to think about preventive care.
- Collaborate with health care providers to strategize best ways of meeting the health care needs of families, and providing care in a welcoming and accessible way.
- Help families navigate the health care system and secure insurance.
- Involve community health workers who can be instrumental in bridging cultural gaps and presenting health messages to communities of color.
- Involve respected community leaders, including faith leaders, in spreading the messages related to preventive health care.
- Use native language media to convey health messages to immigrant groups.

Implications for schools and educators

- Encourage individual youth to get preventive health care. Youth hear health messages delivered in unorthodox ways from trusted sources.
- Strengthen the health messages delivered to youth and families. Schools are a great source for information about how to access care.
- Develop partnerships with health or dental providers to provide school-based health services.

Implications for payors and insurers

- Provide coverage related to the services provided by community health workers. These workers are very successful in bridging cultural gaps, motivating communities of color to access preventive care, and eliminating barriers to getting care (such as transportation, language, and cultural beliefs).

- Recognize that effective care can be provided in nontraditional settings (such as in schools or through teledentistry).

Implications for funders and policy-makers

- Recognize that affordability of care is a major issue for low-income persons. Even if families have insurance, they can still be hampered by barriers related to affordability including costs of premiums, copayments, prescriptions, transportation, and missed work.

- Emphasize efforts that promote stability and prevent crises for families (example: affordable housing), in order to make it possible for them to embrace preventive care.

- Better understand the short-term and long-term impact and costs of new policies such as stricter eligibility requirements for Medical Assistance. This may include higher future costs of acute or emergency health visits.

- Support innovative partnerships between organizations serving communities of color, health providers, or schools. Support efforts that bridge cultural gaps through bicultural workers or bring the services to locations in which children frequent.

- Support efforts that promote bilingual/bicultural health-related workforce development (such as the efforts of Blue Cross Foundation and Minnesota State Colleges and Universities to train community health workers or training of existing health care providers in foreign language or cultural competency skills).

Implications for parents

- Recognize that youth learn health behaviors from parents. Teach children and teens about the importance of preventive care, including self-care and regular check-ups.

- Learn how to help your children stay healthy at every stage. Ask your children's health and dental providers, your community health worker, parent group, immigrant-led organization, Head Start, or school staff for the information you need.

- Support school-based wellness programs, on-site preventive care at school and Head Start, and the fluoridation of water to protect children's teeth.

Stakeholders' reflections on the initiative as a whole

At the last grantee Learning Network meeting, held in June 2004, participants engaged in a discussion about lessons learned over the course of the initiative. The following comments are highlights of this discussion:

> *Growing Up Healthy* is not a collection of nine separate projects, but rather a network of projects that learn from each other.
>
> *Growing Up Healthy* means healthy parents, a good home environment, a healthy school environment, and having opportunities to contribute.
>
> Each meeting we have signifies a major impact. We take the messages from our meetings back to share with our colleagues.
>
> One thing this project has done for me is to show me how to use prevention as a lens through which I view all social services programs.
>
> The opportunities through *Growing Up Healthy* are in working with individuals and families, putting individual sealants on individual teeth, but the more important influence of the project has been its impact on the way people look at the world – their desire to have a healthy lifestyle. Prevention is not just about going to the doctor whether you're sick or not, but also about thinking about the world differently – looking for prevention opportunities in the long run.
>
> It is essential to develop relationships with communities and organizations that work with our client base. Unorthodox outreach methods need to be used with immigrant communities. We are using these methods with this program.
>
> Grantees learned more about their clients' attitudes and insurance needs through this project. Efforts were made to find creative ways of reaching Indian kids and immigrants.
>
> Current health care systems don't really have the kind of concentration and concerted efforts on prevention and focus on living healthy lifestyles that is the focus of this program.
>
> Every year, the bar is raised for what is counted as 'poverty' – families must be poorer and poorer to be eligible for government programs such as Medical Assistance and MinnesotaCare. The working poor can't afford premiums.

The Lao and Hmong communities don't want to go to hospitals because they don't believe in Western medicine. They use herbs and their own remedies. Then, they only go to the doctor when it is too late and they are already seriously ill. It prevents others from these communities from going to the doctor when they hear these stories and rumors about how someone died after going to a Western doctor.

My experience is that, without exception, immigrant parents want to do a good job raising their children and they look for reference points for how to be good parents. It is important for us to give them a benchmark or standards for what a healthy kid looks like.

Heath care providers should integrate dentistry and medicine.

Most advocates of policy change focus on issue-oriented topics and are reactive to current crises. Instead, we should train advocates to emphasize the cost-based case for preventive care when pushing for policy changes.

13. Sustaining the projects

Most of the projects have actively sought continued funding after the completion of the *Growing Up Healthy in Minnesota*.

In fall 2004, the Blue Cross Foundation board approved the following one year sustainability grants to *Growing Up Healthy* grantees:

- Affiliated Community Health Foundation, *Willmar:* $36,500 to integrate the school-based teen health and wellness center into the school curriculum

- Apple Tree Dental, *Minneapolis:* $39,000 to establish a regional dental access center in Madelia in order to sustain the Head Start Smiles project in southwest Minnesota. This regional dental center is a collaboration between Apple Tree Dental, the Madelia Hospital, and Minnesota State University Mankato to provide and staff a dental clinic serving low-income patients in Southwestern Minnesota.

- Lao Assistance Center of Minnesota, *Minneapolis*: $30,000 to strengthen organizational capacity for providing health education and patient advocacy to Hmong and Lao residents of North Minneapolis. Lao Assistance Center has expressed an interest in pursuing a health direction in its work as a mutual assistance association, and is exploring a variety of funding sources

- Minneapolis Medical Research Foundation, *Minneapolis*: $49,000 to sustain *Una Sonrisa Saludable*, a project that aims to improve dental access and care among Latino children as part of their well-child visit. Minnesota Medical Research Foundation's Healthy Smiles project was an impetus to a new policy at Hennepin County Medical Center's well-child visits to integrate a fluoride varnish application into all visits. They are billing third party, including Medical Assistance, for the applications. They are also pursuing using some of these funds to fund the dental education program. The dental health educators that worked with Latino families as part of *Growing Up Healthy* recently received honors as Champions of Health through Blue Cross and Blue Shield of Minnesota.

- Somali Community Resettlement Services, *Rochester*: $49,800 to build long-term organizational viability needed to continue health education and access efforts for Somali families.

- Open Door Health Center, *Mankato:* $39,900 to help secure the financial future of south central Minnesota's regional safety net clinic while maintaining preventive care services and outreach to immigrant families. Open Door Health Center,

traditionally a free or sliding-fee health care facility, has shifted to billing Medical Assistance for eligible clients. They have also added billable dental services, both new developments that may help ensure financial viability.

- University of Minnesota, *Minneapolis:* $23,139 to implement plans to make Preventive Care for Adolescents provider training a financially self-sustaining program. The University of Minnesota's Division of Pediatric and Adolescent Health training program has the intention to become self-sustaining. However, the project needs to seek additional funding to evaluate the outcomes, and make changes to the training based on this feedback. The project intends to market the training to managed care systems and to health-related consortiums throughout Minnesota in partnership with the University of Minnesota's Office of Continuing Medical Education.

Appendix

(These materials are found in a separate Appendix document.)

A. Wilder Research evaluation plan for the initiative

B. Evaluation tools used in the initiative

C. Growing Up Healthy in Minnesota budget

D. Grantee projects clustered by main strategy

E. Accomplishments and activities of projects providing direct medical and dental preventive care

F. Accomplishments and activities of projects providing education, referral, and outreach

G. Accomplishments and activities for projects focused on curriculum development

H. Grantees' project evaluators and logic models

I. Overview of grantees' partnerships and collaborations in Growing Up Healthy

J. Summary of responses from interviews with project staff and partners

K. Summary of responses from follow-up interviews with parents served by grantees conducted by Wilder Research

L. Minnesota Child and Teen Checkups (C&TC) summary of guidelines

M. Reports and other deliverables produced by Wilder Research for the Blue Cross and Blue Shield of Minnesota Foundation

N. New tools, guides and other materials developed through Growing Up Healthy

O. Learning Network meeting dates, locations, and agendas